Northumberland
County Council

Your ref:
Our ref:
Enquiries to: Lesley Bennett
Email: Lesley.Bennett@northmberland.gov.uk
Tel direct: 01670 622613
Date: 5 March 2024

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, MOPRETH** on **THURSDAY, 14 MARCH 2024** 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

disability confident EMPLOYER

Love Where You Live

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, 8 February 2024 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
       Registrable Interest or Non Registrable Interest in a matter being
       considered in exercise of their executive function, they must notify the

Monitoring Officer and arrange for somebody else to deal with it.

NB Any member needing clarification must contact monitoringofficer@northumberland.gov.uk. Members are referred to the Code of Conduct which contains the matters above in full. Please refer to the guidance on disclosures at the rear of this agenda letter

4. **NORTHUMBERLAND ADULT SERVICES SELF-ASSESSMENT (LASAIR)** (Pages 7 - 68)

To receive the current version of the Adult Services Self-Assessment (LASAIR) document for Northumberland, which has been developed in preparation for the Local Authority CQC inspection. The self-assessment provides an overview of how Northumberland's Adult Social Care Service meets the Care Act 2014 legislative requirements including a summary of the key strategic priority areas, strengths and risks and challenges. The report will be presented by Sarah Zarraga, Senior Manager – Adult Social Care.

5. **TRANSPORT HEALTH NEEDS ASSESSMENT** (Pages 69 - 146)

To receive a report identifying what is currently provided in terms of public and community transport across Northumberland, what is needed by the people of Northumberland and where the gaps are. The report will be presented by Kaat Marynissen, Public Health Trainee.

6. **DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023 - AGEING WELL IN NORTHUMBERLAND** (Pages 147 - 220)

To receive a report presenting the independent Director of Public Health (DPH) Annual Report for 2023. The report focusses on ageing well in Northumberland and highlights the ways we can promote independence and function ability in older adults.

7. **COUNTY PARTNERSHIP AND INSTITUTE OF HEALTH EQUITY GOVERNANCE** (Pages 221 - 230)

Members will receive an update and presentation from Gill O'Neill, Executive Director of Public Health, Inequalities and Stronger Communities.

8. **HEALTH AND WELLBEING BOARD – FORWARD PLAN** (Pages 231 - 238)

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

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

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

10.   DATE OF NEXT MEETING

The next meeting will be held on Thursday, 11 April 2024, at 10.00 a.m. at County Hall, Morpeth.

IF YOU HAVE AN INTEREST AT THIS MEETING, PLEASE:

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

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

Registering Interests

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

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

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

1. You must ensure that your register of interests is kept up-to-date and within 28 days of becoming aware of any new interest, or of any change to a registered interest, notify the Monitoring Officer.

2. A 'sensitive interest' is as an interest which, if disclosed, could lead to the councillor, or a person connected with the councillor, being subject to violence or intimidation.

3. Where you have a 'sensitive interest' you must notify the Monitoring Officer with the reasons why you believe it is a sensitive interest. If the Monitoring Officer agrees they will withhold the interest from the public register.

Non participation in case of disclosable pecuniary interest

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

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

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

Disclosure of Other Registerable Interests

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

Disclosure of Non-Registerable Interests

7. Where a matter arises at a meeting which ***directly relates*** to your financial interest or well-being (and is not a Disclosable Pecuniary Interest set out in **Table 1**) or a financial interest or well-being of a relative or close associate, you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

8. Where a matter arises at a meeting which ***affects*** –

   a. your own financial interest or well-being;

   b. a financial interest or well-being of a relative or close associate; or

   c. a financial interest or wellbeing of a body included under Other Registrable Interests as set out in **Table 2** you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied

9. Where a matter (referred to in paragraph 8 above) ***affects*** the financial interest or well- being:

   a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;

   b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

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

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

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

Table 1: Disclosable Pecuniary Interests

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

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

	where—
	(a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and
	(b) either—
	i. the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or
	ii. if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

* '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)

This page is intentionally left blank

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

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

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

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

IN ATTENDANCE

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

57. APOLOGIES FOR ABSENCE

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

58. MINUTES

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

59. 0-19 GROWING HEALTHY NORTHUMBERLAND

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

1

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

Key issues included:-

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

The following comments were made:-

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

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

IT WAS AGREED that the presentation and report be noted.

60. **FAMILY HUBS**

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

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

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

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

A number of comments were made including:-

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

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

RESOLVED that the presentation be noted.

61. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members noted details of forthcoming agenda items at future meetings.

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

62. DATE OF NEXT MEETING

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

CHAIR _____

DATE _____

Northumberland
County Council

Health and Well-being Board

Thursday, 14 March 2024

Northumberland Adult Services Self-Assessment (LASAIR)

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

Responsible Officer(s): Neil Bradley, Executive Director for Adults, Ageing & Wellbeing

1. Link to Key Priorities of the Corporate Plan

Achieving Value for Money – The report demonstrates how the portfolio contributes to Value for Money by securing best value in contracting and commissioning. The portfolio also ensures value for money through continuous service improvement and transformation plans.

Tackling Inequalities – The report demonstrates how the portfolio plays a key role in tackling inequalities by maintaining safe and equitable service provision for all adults, regardless of age, background, illness, or disability.

Driving Economic Growth – The report demonstrates how the portfolio contributes to driving economic growth by implementing key initiatives to support the care sector in Northumberland.

2. Purpose of report

The purpose of the report is to share the current version of the Adult Services Self-Assessment (LASAIR) document for Northumberland, which has been developed in preparation for our Local Authority CQC inspection.

The self-assessment provides an overview of how Northumberland's Adult Social Care Service meets the Care Act 2014 legislative requirements including a summary of the key strategic priority areas, strengths and risks and challenges.

3. Recommendations

The Committee is recommended to note the report and provide feedback.

4. Forward plan date and reason for urgency if applicable

The report does not require a key decision and is not urgent.

5. Background

5.1 In 2022, the Government announced that the CQC (Care Quality Commission - the independent regulator of Health and Adult Social Care in England) would be responsible for assessing local authorities' delivery of their Adult Social Care duties under Part One of the Care Act 2014.

5.2 The inspection process will involve some off-site data analysis by CQC followed by a traditional on-site inspection. The inspectors will want to see information and evidence in relation to nine quality statements across four key themes. The themes are: Working with People - Assessment, Care Planning and Review Processes; Providing Support; Ensuring Safety and Leadership.

5.3 Each Local Authority will be required to complete a self-assessment relating to the quality statements being assessed, as well as provide key performance information and strategic, and business documentation to support the self-assessment.

5.4 Northumberland has drafted its self-assessment statement now and is in the process of sharing it with staff, partners, stakeholders and people with lived experience to test the content and presentation of the information. We are keen to receive any comments, views and particularly any challenges on the information within the document. It is coming to the Health and Wellbeing Board now, with this purpose in mind, although some Board members may have seen it presented in other forums already.

5.5 There is both the full LASAIR document and an executive summary and comments are welcome on both.

5.6 It should be noted that the document is a live document that will be constantly updated as the information within it changes over the coming months. This will continue up to the point that Northumberland receives the notification of inspection and then it will be submitted to CQC.

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

The Committee is recommended to note the content of the report and provide feedback.

7. Implications

Policy	CQC are inspecting Local Authorities to ensure they are compliant with Part One of the Care Act 2014
Finance and value for money	There are no direct implications.
Legal	There are no direct implications.

Procurement	There are no direct implications.
Human resources	There are no direct implications.
Property	There are no direct implications.
The Equalities Act: is a full impact assessment required and attached?	No - no equalities issues identified Not applicable. There are no direct Equalities Act implications
Risk assessment	There are no direct implications.
Crime and disorder	There are no direct implications.
Customer considerations	There are no direct implications.
Carbon reduction	There are no direct implications.
Health and wellbeing	There are no direct implications.
Wards	(All Wards);

8. Background papers

Not applicable.

9. Links to other key reports already published

Not applicable.

10. Author and Contact Details

Sarah Zarraga, Senior Manager – Adult Services
Email: sarah.zarraga@northumberland.gov.uk

This page is intentionally left blank

Northumberland Self-Assessment

January 2024 - Report

Contents

1. Acronyms

ADASS	Association of Directors of Adult Social Services
AMHP	Approved Mental Health Professionals
AQPAG	Adult Quality, Performance and Audit Group
ASCOF	Adult Social Care Outcomes Framework
ASC	Adult Social Care
ASYE	Assessed and Supported Year in Employment
BCF	Better Care Fund
CCF	Complex Care Forum
CCG	Clinical Commissioning Group
CHC	Continuing Healthcare Funding
CNTW	Cumbria, Northumberland, Tyne and Wear Mental Health Trust
CPVA	Child to Parent Violence and Abuse
CQC	Care Quality Commission
CTR	Community Treatment Reviews
DASS	Director of Adult Social Services
DFG	Disabled Facilities Grant
DP	Direct Payment
ERC	Enquiry and Referral Coordinator
ICB	Integrated Care Board
IOD	Indices of Deprivation
IMCA	Independent Mental Capacity Advocate
IMHA	Independent Mental Health Advocate
ISL	Independent Supported Living
JELs	Joint Equipment Loans Service
JSNAA	Joint Strategic Needs Asset and Assessment

Page 13

LA	Local Authority
LD	Learning Disabilities
LGA	Local Government Association
LGInform	Local Government Inform
MASH	Multi-Agency Safeguarding Hub
MCA	Mental Capacity Act
MDT	Multi-Disciplinary Team
MH	Mental Health
MPS	Market Position Statement
MSIF	Market Sustainability and Improvement Fund
NCT	Northumberland Communities Together
NCC	Northumberland County Council
NCASP	Northumberland Child and Adult Safeguarding Partnership
NENC	North-East and North Cumbria Integrated Care Board
NHCT	Northumbria Healthcare NHS Foundation Trust
NHS	National Health Service
NICE	The National Institute for Health and Care Excellence
NIHR	National Institute for Health and Social Care Research
SSCR	School for Social Care Research
OADR	Old Age Dependency Ratio
OT	Occupational Therapy
OCN	Open College Network
OPG	Operational Process Group
OSC	Overview and Scrutiny Committee
PCF	Professional Capabilities Framework

Page 14

PCN	Primary Care Network	
PSW	Principal Social Worker	
RAG	Red, Amber, Green	5
SAB	Safeguarding Adults Board	
SAR	Safeguarding Adult Review	
SCIE	Social Care Institute for Excellence	
SLAs	Service Level Agreements	
SOPs	Standard Operating Procedures	
STSS	Short Term Support Service	
VALs	Vulnerable Adult List	

Page 15

2. Foreword from our Lead Member – Cllr Wendy Pattison

Producing this self-assessment has given us the opportunity to explore in detail our strengths and areas we need to develop within Adult Social Care in Northumberland.

We are absolutely committed to providing high quality adult services and working with our residents, our staff, and our stakeholders.

As the cabinet member for Caring for Adults I can see how dedicated our staff are and I look forward to continuing to work with them to deliver our vision for Adult Services which is to 'help people live the life that they want'.

Our self-assessment was completed in preparation for a CQC local authority assessment and producing it is important for helping us achieve that vision.

I believe it demonstrates our aim to provide the strongest possible support to clients and residents in Northumberland to help them live the best life they can.

P W Pattison

Cllr Wendy Pattison
Portfolio Holder for Caring for Adults

Page 16

3. Introduction to the self-assessment

The Health and Care Act 2022 gave the Care Quality Commission (CQC) new regulatory powers to undertake an independent assessment of Local Authorities' delivery of adult social care functions as set out in Part 1 of the Care Act 2024. To enable them to carry out their regulatory duties, the CQC have introduced a Single Assessment Framework which applies to Providers, Local Authorities and Integrated Care Systems.

The four themes of the Local Authority CQC assessment are:

- Working with people

- Providing Support

- Ensuring Safety

- Leadership

As part of preparations for the Local Authority CQC Assessment, Northumberland County Council have produced a self-assessment that provides an overview of how our adult social care service meets the Care Act 2014 legislative requirements. The self-assessment starts with an overview of Northumberland and provides a summary of our key strategic priority areas, our key strengths and our risks and challenges. There is then a more detailed assessment relating to the four CQC themes.

Page 17

4. Overview and summary

4.1 About us – Northumberland

Northumberland is England's most northern county, stretching from the Scottish Border in the north and east to Tyneside and County Durham in the south. Northumberland is a county of stunning contrasts. From ancient castles to high-tech industry, from pristine beaches to wild countryside. The county is the largest unitary authority by geographic coverage with the greatest area of Green Belt of any Local Planning Authority. With an area of 5,013 km² and a population of 323,820 (2020), Northumberland is the least densely populated of the North-East region's 12 local authority areas and the sixth most sparsely populated in England. The different parts of the county have distinct characteristics, from urban to rural, coastal to upland and well-connected to remote.

The south-east of the county is the most densely populated, with the three largest towns, Blyth, Cramlington and Ashington. These act as main employment centres, drawing from a wider area than just south-east Northumberland. Beyond the south-east, the county's main settlements are located along the Tyne Valley corridor and along the coast. Morpeth, Hexham, Prudhoe, Berwick and Alnwick are the main market towns, all of which have significant rural hinterlands. Almost 97% of the county's land area is classed as rural, with just under half of the population living in this area and over half of the population living in 3% of the land area, mainly in the south-east of the county.

Our Market Position Statement 2022 provides an overview of the health and care needs of our adult population. An ageing population is probably the county's most significant feature and the most challenging issue for health and social care and public policy more generally.

According to the Office for National Statistics the population is forecast to increase to around 339,415 by 2043, an increase of 4%. Northumberland has an ageing population with those aged 85+ projected to increase by 80% by 2043 (compared to England 60.5% and North-East England 58.2%).

In 2021, the Old Age Dependency Ratio (OADR) - a simple ratio of the number of people of pensionable age and over per 1,000 people aged 16 to State Pension age - in Northumberland was 403; this was significantly higher than both the Northeast (305) and England (280) OADR. An ageing population, and higher aged dependency, presents a variety of wider considerations and concerns - whether it's cancer diagnoses, frailty-related hospital admissions for things such as falls or care needs of residents.

Approximately 12% of Northumberland's population live in one of the 10% most deprived areas of England (Indices of Deprivation 2019 (IoD 2019)). The county falls into the most deprived 20% of local authorities in the country for employment, ranked 39th overall and for the income scale (the number of people income deprived), ranked 50th.

Page 18

The 2021 Census tells us that 32.8% of households in Northumberland are single person (compared to 30.2% England and Wales) and 15.6% of all households are composed of a single person aged 66+ (compared to 12.9% England and Wales).

The heath and care needs of the population reflect some of the diversity of Northumberland, as evidenced in our current Market Position Statement. Examples of this are:

- Healthy life expectancy for Northumberland is high in comparison with the average for North-East England and health services are rated highly

- Life expectancy is lower in the urban South-East than in the rest of the county, for example, in Croft in Blyth life expectancy for women is 77 years and for men is 71 years; in comparison to Ponteland, life expectancy for women is 94 years and for men 88 years

- Access to care and support can be limited in more remote rural communities, particularly due to issues recruiting homecare workers

- The number of people with complex needs is rising due to advances in medical care including at birth, in childhood and following traumatic injury or illness

- It is increasingly difficult to characterise needs purely by age with many older people still in work or seeking work; many retired from work and playing an important role in looking after other family members and with others living with long term conditions or disabilities

- There is an increasing awareness of the importance of social interaction and that reducing isolation has a key influence on mental and physical health (as evidenced in 'A connected society', the Government's strategy for tackling loneliness).

Nearly 5,000 Northumberland residents were receiving formal care and support for Adult Social Care in 2021/22, arranged through a council contract or direct payment in comparison to over 5,700 in 2017/18. These figures demonstrate a reduction in the number of service users which is due to a range of factors including:

- Day services have reopened following the easing of lockdown; however, demand appears to have fallen and attendance rates are lower than before the pandemic. There are still reports of a reluctance to attend group sessions which has impacted on attendance figures

- Occupancy rates in residential and nursing homes reduced significantly during the pandemic. Although these are approaching pre-pandemic levels again now.

Page 19

Homecare / ISL (Independent Supported Living) was the highest demand service (as at March 2022) as we continue to prioritise increasing the number of residents supported in their own home environments.

Our Corporate Plan 2023–2026 sets out the vision – "A Land of Great Opportunities" and our corporate priorities – Achieving Value for money; Tackling Inequalities; Driving Economic Growth. These are underpinned by the four values People First, Respect, Excellence and Resilience. In Adult Services we promote the corporate vision and values with all staff and ensure that our strategies, policies and procedures reflect this.

There is a very strong history of genuine Health and Social Care integration in Northumberland over a long period, which is still evidenced today by leadership commitment, strong partnerships and operational collaboration with all parts of the NHS.

In terms of Adult Social Care Outcomes Framework (ASCOF) Performance information as published in December 2023 for the financial year 2022-23:

- 10 out of 17 report outturns for Northumberland **better** than the NE and England averages

- 6 out of 17 report outturns for Northumberland **between** the NE and England averages

- 1 out of 17 report outturns for Northumberland **worse** than the NE and England averages:

    o   Proportion of adults receiving direct payments

- 8 out of 17 indicators are ranked within the upper quartile of 151 authorities.

The following is a summary of the Annual Adult Social Care Survey results and the Biennial Carers Survey results (from the previous year) headlines:

- Survey results compared to NE and England – **6** out of 7 ASCOF indicators report outturns **better** than the NE regional and England scores

- 6 out of 7 indicators from the User survey were ranked in the upper quartile

    o   4A – "Proportion of people who use services who feel safe" is ranked **4th** in England. Note: the lower the ranking number the better
    o   1A – "Social care-related quality of life" is ranked **7th** in England. Note: the lower the ranking number the better

- All 5 indicators from the Carers Survey were ranked within the upper quartile, with 4 indicators ranked 2nd, 3rd, 4th and 6th in England.

4.2 Our strategy for adult services

Our key strategic priority areas are:

- Further upskilling of front-line teams to utilise **strengths and assets-based approaches** to support care planning, to help ensure we meet the **diverse needs** of our residents

- Review of **workforce capacity** and further solutions to attempt to increase that capacity

- Strengthen our approach to **engagement and co-production**, particularly with those with lived experience

- Enhance our **information and advice service** in collaboration with our key stakeholders

- Further **development of partnerships with Health** particularly the relationship with primary care and CNTW (Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust)

- A review of the use of **direct payments** and more flexible solutions to ensure this is a primary option for individuals and their families

- Continue to support the health and wellbeing of our **unpaid Carers**

- Development of NCC's 'Communities First' model that will focus on the layers of prevention from ASC 'front door' to the wider community. This will involve review of and increased interaction with **Northumberland Communities Together (NCT) and wider partners** to develop more **community asset options** for support

- Promotion of growth in **extra care and support housing** solutions

- Development of **specialist dementia care and dementia solutions** focusing on shortfalls in localities

- Full **engagement** in the Association of Directors of Adult Social Services (ADASS) **co-ordinated regional pilots of assistive technology**

- Further work with Integrated Care Board (ICB) and Trusts on **system wide solutions to the hospital capacity issues**

- Work with partners to strengthen our collective approach to **MCA assessment** and **Deprivation of Liberty Safeguards / Liberty Protection Safeguards**.

4.3 Our key strengths

Our key strengths are:

- We have developed and continue to promote a **positive and supportive culture** within Adult Services workforce

Page 21

- We have **strong integrated services** and **partnership arrangements** at strategic and operational levels, based on a long history of various forms of integration particularly with Health partners

- We have **maintained performance and financial performance** in most areas through some very challenging times for the service and the Council over the past 2-3 years

- Our **Safeguarding partnership** demonstrates **best practice** and leads on regional and national initiatives, and our innovative **Multi-Agency Safeguarding Hub (MASH)** provides an integrated children's and adults services response

- We have a **well-established integrated hospital discharge service** with Adult Services staff working into all Northumbria Health Care Trust sites

- We have established **effective and robust governance arrangements** since moving back into the Council in 2021

- We have recently established a **social work academy** within Adult Services which provides dedicated and consistent support for all newly qualified social workers and social work apprentices

- We have in place a very **strong collective focus in our senior management team** within Adult Services and a fresh and integrated Executive team at a corporate level in the Council. The platform for growth is strong

- In order to respond to the geographical challenges which Northumberland presents, we have **locality-based teams** to strengthen knowledge and provide the best possible support for each area.

4.4 Our key risks and challenges

Our key risks and challenges have identified the following areas for development:

- **Workforce Capacity:** Develop further capacity in the adult social care workforce to meet demand in the system

- **Engagement and Co-production:** Use client, stakeholder and workforce feedback to effectively drive forward service improvement and ensure there is an embedded culture of co-production in everything that we do

- **Strengths Based Approach:** Embed outcome focussed strength-based approaches across all of Adult Services

- **Direct Payments:** Enhance and strengthen our approach to Direct Payments

- **Housing solutions:** Speed up the delivery of new supported and extra care housing solutions across the geography of Northumberland

- **Technology:** Pilot and invest in new technology to provide innovative solutions to the key challenges that we face across Adult Services.

5. Theme 1: Working with people

5.1 What is our ambition and strengths?

In Northumberland our ambition is to strengthen our focus on the benefits of prevention and early intervention which actively promotes independence and wellbeing of our residents. We will maintain a flexible and responsive service that acknowledges the unique challenges of a large and diverse county.

Information, Advice and Guidance

Accessible, accurate and up-to-date information and advice is fundamental to enable people to make well-informed choices about their health and wellbeing, as well as how to meet and fund any care and support needs they may have.

- Clients have access to information, advice and guidance on their rights under the Care Act 2014 and examples of this include Information Sheets on our website and an Information Pack which is sent to all potential service users

- Our Front of House services include Onecall, Enquiry Referral Coordinators (ERCs) and Telecare. Our Onecall service provides a single point of access for referrals to a wide range of community health and social care services in Northumberland. This includes adult social care advice and needs assessments, requests for equipment at home, Occupational Therapy, and the Council's Telecare service. Audits of calls to Onecall and ERCs are carried out at each supervision session for compliance and any further learning is discussed and actioned with the staff members.

Prevention

We have a range of well-established services in Northumberland focused on helping people to stay heathy and independent, including reablement services, supported living and extra care, occupational therapy, home improvements and adaptations, assistive technology, aids and equipment, support for carers and our front of house services to include our safeguarding team.

Our approach to prevention supports our staff to deliver our Adult Services Vision to 'help people live the life they want' and is directly linked to our NCC Corporate Plan priority of 'tackling inequalities'.

A key element of our approach is the link to community assets provided by the voluntary and community sector and Northumberland Communities Together (NCT). NCT, was formed internally by the local authority as part of the emergency response to Covid and has subsequently evolved, working with local communities and partners to deliver their mission statement "connecting, strengthening and supporting people in local communities to improve health and life chances".

Page 24

Assessment, Care Planning and Review Processes

Assessments

Northumberland Adult Services are working towards a strengths-based approach to the assessment of client needs. The current assessment documentation provides a comprehensive framework to ensure all aspects of an individual's care is robustly identified and recorded. Our Quality of Practice Framework has recently been reviewed in collaboration with our workforce and there has been a renewed commitment to adopting strength-based approaches within Adult Services. The current documentation also provides the framework for setting the indicative budget which forms the starting point for discussion with people about their options. In addition to this, we work closely with Northumberland ICB to offer personal health budgets for clients where appropriate.

Our advocacy service is provided by a third-party provider, and we refer appropriately for Independent Mental Capacity Advocate (IMCA), Independent Mental Health Advocate (IMHA) and Care Act advocacy. We actively promote the uptake of advocacy services.

Examples of specific approaches to assessment which respond to the identified need of our diverse client group include:

- We have a sensory interest worker group consisting of staff based in all 4 localities. Staff can carry out robust assessments of need with the sensory provider if required. To support the sensory interest workers, we have commissioned specialist deaf blind assessor training which is Open College Network (OCN) accredited to Level 3 and Level 5. Our recent sensory impairment specification was co-produced with service users

- We carry out assessment of needs for prisoners who are identified as having eligible care and support needs prior to their release from prison. The completed assessment is then shared with the prison, probation and the respective local authority that person is being released to. To support our Learning Disability (LD) clients, we are able to offer, where appropriate, a joint assessment provided by our co-located LD Community Nurses

- Learning Disability clients who go into crisis or are considered high risk are discussed at the Complex Care Forum (CCF) or the Adult Support Register (DSR) meeting facilitated by our secondary health partner. Community Treatment Reviews (CTRs) are also held - these meetings are chaired by health and there is a multi-disciplinary presence from both health and social care professionals to review, manage risk and plan support

- 'Homesafe', our hospital discharge team, complete Urgent Needs Assessments with a focus on Discharge to Assess. The reason for this type of assessment is that whilst still in hospital if a client has a period of

acute crisis, it is not always appropriate to assess for long term provision of care

- The Occupational Therapy (OT) service undertake a functional assessment which holistically guides and supports the OT to work with clients. At the end of the intervention the OT completes an outcome measure with the client to determine if a positive change has been achieved. A Disabled Facilities Grant (DFG) will be completed where appropriate

- The Trusted Assessor model is in place for placements into those care homes that have signed up to the model

- Where a need is identified, a carers assessment will be offered and completed by Northumberland Social Care practitioners.

- Our social work inpatient team working in secondary care that supports with timely discharge from MH inpatient wards

Carers

As part of our commitment to supporting carers we have developed a comprehensive Carers Strategy which has been co-produced with the Carers Partnership Board and is owned by that Board.

The purpose of *Northumberland's Commitment to Carers Strategy 2022-24* is to support the health and wellbeing of all carers living in Northumberland and help them to live a life outside of caring, to actively promote open and honest co-production with carers and to ensure carers have a voice and are listened to.

Working with our stakeholders/partners our current focused priority areas are:

- To have a clear information offer and carers pathway which will consider key entry points for carers within their health and social care journey: Carers Northumberland lead on this

- Enable carer involvement and experience, allowing all stakeholders to capture the carers voice to shape future services: Healthwatch lead on this

- Ensure young carers are identified in a timely way and effectively supported: NCC Children's Services lead on this

- To expand the offer for carers of people with mental health problems across all ages: CNTW lead on this

- Create an offer and a pathway for parent Carers: NCC Children's Service and Carers Northumberland lead on this

- Workforce Awareness, to raise the profile of Carer Assessments and need: NCC Adult Social Care lead on this

- Continue with our audit process which ensures that we are carrying out good quality assessments: NCC Adult Social Care lead on this.

We welcome all feedback from carers. Our dedicated Survey People's Experience Group has focussed upon findings from the national Carers Survey. This resulted in a report with detailed actions and timescales to respond to our carers feedback.

We provide additional support to our carers through a variety of forums including:

- Awareness raising, for example National Carers Week

- Carers Northumberland – a commissioned charitable provider who support all unpaid carers across Northumberland. They offer a range of support including information and advice, carers groups, education and employment support, workshops and training, young carers, as well as a dedicated Carers Northumberland newsletter

- NCC Staff carers network group – support network for staff who are carers.

Care Planning

Care planning and support for a large proportion of service users and their families is provided by locally based teams made up of social workers and care managers.

Our social care assessment and care plan is a comprehensive combined document, co-produced with our client and advocate where appropriate, which is completed within 28 days from the point of referral, and once completed this will always be shared with our client or their identified appropriate person.

As a result of a recent audit, we have identified that if we are unable to immediately arrange all of the care that we have assessed for, we will still send the client a copy of the assessment and care plan. This makes it clear to the client what their outcome is and explains what will happen during the interim period until a service has been sourced. Clients that are awaiting packages of care, regardless if they are at home or have had to go into a short-term placement in lieu of Domiciliary Care, are monitored at least weekly or more frequently if necessary. In addition, we have two muti-disciplinary support hubs in each rural area to support with identifying alternative options to care provision.

We are currently undertaking a comprehensive review of our approach to Direct Payments via our Adult Services Transformation Board. Direct payments have always been available as a solution to enable clients and their families to take more control over their lives, but we recognise that comparatively our take up of direct payments in Northumberland is lower than many other Councils. The project is intended to support staff to think more widely and inventively about how a direct payment could create a more optimum solution to achieve the outcomes that are desired from the

Page 27

assessment process. Our Direct Payments review and action plan is currently in draft form and will be updated using the outcomes of the transformation project. It will outline the objectives, the framework linked to payments, Care Act duties and ASCOF information. It also details key areas of change, development and opportunities to raise awareness for staff about the importance of ensuring clients have Direct Payments as an option for their care planning.

As an example of our person-centred care planning, our Learning Disabilities (LD) In-House Services care plans are compiled based on service user strengths, level of independence and quality of life, and goals are kept to small measurable achievable targets. They are clear and easy to read and understand, giving step by step instruction. All care needs are assessed and developed with service users, where possible, otherwise a Multi-Disciplinary Team (MDT) approach is used which includes families, carers and professionals with regular reviews. It ensures that service users are appropriately assessed and aligned to services that support their independence and quality of life and reduces the level of support required.

Social Care Reviews

In meeting our statutory obligation, our normal practice is to review all new care plans within 6-8 weeks, or earlier if required, with a further face-to-face review completed within a 12-month period as a minimum. We have recently updated our review documentation to provide a clear person-centred structure for staff to consider when reviewing a client. We routinely review our performance relating to reviews at our monthly Performance and Finance review meeting.

Equity in experiences and outcomes

As part of our duty under the Equality Act 2010, the Council publishes Equality Objectives every 4 years. Out Equality Objectives for 2021-2025 are:

- Strengthen our knowledge and understanding of the needs of our communities

- Listen to, involve, and respond to our communities effectively

- Improve the diversity and skills of our workforce to help us embed equality, diversity and inclusion in how we deliver services and support our staff

- Create a positive culture, with a clear leadership commitment to improving equality diversity and inclusion both within the council, with our partners and the wider community.

All staff complete Equality and Diversity training as well as corporately aligned customer services training.

Examples of equity in experience include:

Page 28

- The NCC Accessible Information Standard guidance provides information on how staff can provide information in alternative formats as a reasonable adjustment for disabled people and to how to provide key information in alternative languages where there is a need for this

- There is access to interpreters as well as guidance on the commissioning of local interpreters, including a British Sign Language (BSL) interpreter

- On-line awareness training of accessible information standards for Adult Services staff

- At point of referral any special characteristics or specific considerations are recorded, and appropriate signposting as required

- The safeguarding adult review policy requires that protected characteristics are considered as part of the Safeguarding Adult Review (SAR) process. Our partner agencies are required to identify special characteristics at point of referral

- We encourage involvement of service users with lived experience in procurement of services, an example being the procurement of the sensory impairment provision

- NCC have a variety of recognised staff support networks run by and available to all staff including:

  - Apprenticeship staff network group

  - Armed Forces staff network group

  - Autistic Spectrum Disorder (ASD) staff network group

  - Carers staff network group

  - Enable (disability) staff network group

  - LGBT+ (Lesbian Gay Bisexual and Transgender) staff network group

  - Menopause staff network group

  - Mental Wellbeing staff network group

  - Race Equality staff network group.

5.2 What is our performance and how do we know?

Performance

Our comprehensive dashboards for all service areas, including national submission information, are shared and reviewed regularly within our Governance arrangements. This includes consequent action planning based

on the data, both at a lower service specific issue level and with the ability to influence more major project development.

Our senior management Performance and Finance Group are responsible for the analysis of LG Inform data on a quarterly basis, with a comprehensive review annually. An area of strong performance for Northumberland is in relation to the carers survey and we believe that our carers have the opportunity to engage with and shape the support available through the Carers Partnership Board and the Carers Strategy. This is demonstrated by findings from the most recent Carers survey. Some examples include:

- Quality of Life – Northumberland is 2nd in the country

- Proportion of Carers who said they had as much social contact as they would like – 3rd in the country

- Proportion of Carers who report that they have been included or consulted in discussion about the person that they care for – 4th in the country

- Proportion of Carers who find it easy to find information about services – 6th in the country.

We believe that a key reason behind the above performance could be linked to our proactive response during Covid where our Carers were contacted on a regular basis from a wellbeing perspective. Post Covid face to face contact has been restored and Carer wellbeing is a key part of these visits.

One reason for a reduction in the recorded number of direct payments in recent years is a conscious decision which we made in 2019. At that time, some of our contractual arrangements were resulting in a situation where significant numbers of people were being told that their only option for getting the support they had been assessed as needing was to agree to receive a direct payment to secure a service from a provider which we did not have a contract with. As a result, we made our contracts more flexible, and asked front-line staff to check when plans were reviewed whether people did in fact feel that the direct payment was giving them additional control, and want to continue with it, or whether they had agreed to it only because no alternative had been offered.

How we receive feedback from service users

Examples of how we receive feedback from service users includes:

- National surveys linked to Service User and carer feedback

- ASCOF Performance Indicators and subsequent local and national benchmarking information which are regularly shared with staff and key stakeholders

Page 30

- Direct feedback from client review meetings is used to inform commissioning services

- Compliments, shared with staff via internal communications and recorded within recipients' supervision session

- Complaints reported quarterly/yearly via Governance framework

- Sensory interest group provides clients with a sensory impairment with a forum to provide feedback on their lived experience and raise awareness, discuss gaps in service and support in planning services

- The Autism Partnership Board provides service user representation via Inclusion North and Splinter group. This board is still in its early phases but ultimately these service user groups will be used to influence the strategic autism plan for Northumberland. Inclusion North recently undertook work on service availability

- Short Term Support Service (STSS) customer satisfaction survey

- Care and Support, Learning Disability and Mental Health Team Manager Quality Record Audits include service user feedback

- A recent Healthwatch specific to homecare in Northumberland report provided valuable feedback on the experiences of users of homecare services

- STSS Reablement worker feedback regularly received and updated to support reviews of client needs and goals

- Our dedicated 'Peoples Advisory Panel', in collaboration with Healthwatch, provides us with a forum to receive regular feedback on a number of different areas, which help us to shape future service provision.

This feedback is analysed and actions identified to share good practice and to support continuous service improvement.

How we receive feedback from stakeholders

Examples of how we receive feedback from stakeholders includes:

- Staff example - We receive comprehensive and valued feedback from our corporate NCC staff survey which is then analysed at both corporate and service level. The subsequent Adult Services specific action plan is shared with Adult Services staff and our corporate lead for staff engagement

- Leaders example - Adult Services reports are routinely shared with Overview and Scrutiny Committee, attended by our portfolio holder, to gather their feedback

Page 31

- Partners example - Learning Disability Partnership Board provides a forum for updates on pathway developments.

5.3 What are our plans to maintain/improve our performance in this area?

Our plans to maintain/improve our performance in this area are:

- We are currently revising the assessment documentation to make it more user friendly and ensuring there is a focus on outcomes for the person. This will be informed via planned audits on care act assessments

- We are continuing with stage 2 of our project to increase the uptake of Direct Payments in Northumberland

- We identified within the needs assessment documentation that there was a requirement for a structured risk assessment and risk management framework. This is currently being piloted within specific specialist teams

- We have recently developed a Holding List Guidance Document to standardise the process for triaging and monitoring new referrals. Our approach will be developed further to ensure a robust and fair process in place

- We understand the importance of focussing on the needs and goals of the person. Quality interventions need to be more outcome focussed, with the outcomes defined by the individual to help them live the life that they want in accordance with our Adult Services Vision

- We will further develop and update our guidance for staff on when to refer to advocacy services – this will form part of advocacy awareness training

- NCC is currently updating the corporate website to a more user-friendly platform and has recognised that Adult Services information will be prioritised as part of this project. The project will be split into two phases. Our vision for Phase One is based on developing an online hub where members of the public, as well as staff, can go for information. This will include signposting to other services or organisations where appropriate. Phase Two will include consulting with service users and stakeholders to ensure the content meets their needs. We will also be exploring the potential to provide more self-service functionality so people can plan for their future. This will include interactive transactions such as online assessments and referrals to maximise efficiency and provide better value for money

- The Shared Lives service are setting up carer and user forums to achieve co-production of processes, training and how we engage with our stakeholders

- Across Adult Services we are reviewing the current methods of gathering service user feedback in order to enable us to effectively use this information to inform services

Page 32

- We have started a review of Front of House services, which forms part of the development of the 'Communities First model with a focus on prevention in ASC

- We have identified a need to review the assessment process and a pilot has been initiated with a small group of social workers supporting individuals with autism.

Page 33

6.1 What is our ambition, what are our strengths?

Health and Social Care Integration

The North East and North Cumbria (NENC) Integrated Care Partnership Board is a statutory joint committee between the thirteen Local Authorities across the Northeast and North Cumbria (including Northumberland LA) and the NENC Integrated Care Board (ICB).

There is a long history of genuine Health and Social Care integration in Northumberland, evidenced by leadership commitment, strong partnerships and operational collaboration and our key ambition is to maintain and strengthen these partnerships.

At an organisational level this has included the existence between 2002 and 2013 of a Care Trust within the NHS structure locally, to which the Council delegated almost all of its social care statutory functions. This transferred in 2013 to a partnership arrangement between the local Acute Trust and the Council following national changes in NHS structures. More importantly, there is a rich history both pre and post the partnerships with the NHS of joint teams, joint services and shared responsibility for funding.

Prior to becoming Northumberland ICB, there was a very strong culture of partnership working with colleagues across the Local Authority and the former Northumberland Clinical Commissioning Group (CCG), which was developed over a long period of co-location within County Hall in Morpeth. This cemented working relationships and helped to ensure that our values and workstreams were closely aligned. We are maintaining these key forms of service integration and continuing to explore opportunities for further integration.

The largest of the formal NHS partnership arrangements currently in place is an agreement under Section 75 of the NHS Act under which the Council commissions, case manages and administers NHS Continuing Health Care (CHC) services. The assessment of eligibility for CHC remains an NHS function. This partnership was originally with Northumberland Clinical Commissioning Group and has now transferred to the ICB. The agreement also covers the commissioning of care services for people receiving aftercare under Section 117 of the Mental Health Act, and the administration of funded nursing care payments, and support with personal health budgets under all applicable legislative frameworks.

For people receiving these services, the key benefit of this arrangement is continuity if their eligibility status changes. Care and support plans and professional involvements can be modified as necessary to reflect changes to people's needs, but there are no changes simply because of a transfer of organisational responsibility. For care providers, there is the simplification of a single contractual framework regardless of funding source, and a single payment process. The arrangement also maximises the joint ability of the NHS

Page 34

and the local authority to manage care markets and minimises administrative duplication.

The Northumberland System Transformation Board (comprising all of the main areas of the NHS in Northumberland and the Local Authority) was a consultative forum which became a sub-committee of the ICB on 1st April 2023. One of its key purposes is to agree joint commissioning arrangements and allocate joint funding, and examples include the allocation of funding to winter pressures and more recently hospital discharge, where Northumberland are using part of this funding to initiate a pilot to provide overnight social care support to clients who have been recently discharged from hospital to return home safely.

Up until October 2021, Adult Services were uniquely placed within Northumbria Healthcare NHS Foundation Trust (NHCT) via a partnership agreement. This arrangement has generated extremely close working relationships with the Trust, which have continued following the transfer of Adult Services back to NCC. A lot of effort went into making sure that the transition process was as smooth as possible for our clients and workforce.

Our Northumberland Health and Wellbeing Board have made a key commitment to 'work well together' to focus priority on improving health and wellbeing across Northumberland, supported by the Northumberland Joint Health and Wellbeing Strategy 2018-2028. Additionally, the Health and Wellbeing Board have signed up to the Northumberland Inequalities Plan, which defines our understanding of Inequalities in Northumberland and sets out themes for improvement.

We have a number of strategic partnership arrangements and strong working relationships with health providers to ensure that robust arrangements are in place to improve the health and social care outcomes of our population. Examples include Continuing HealthCare (CHC) Funding, Section 117, Joint Equipment Loans Services (JELs), and the Better Care Fund (BCF), which are supported by robust Section 75 partnership agreements where appropriate.

Our aim is to work collaboratively with the voluntary and community sector in order to provide preventive solutions for residents of Northumberland. We work alongside NCT to proactively develop the community offer for alternative support and solutions in localities.

There are a number of operational examples of Health and Social Care integration in practice:

- The Home Safe integrated service, based in Northumbria Healthcare NHS Foundation Trust (NHCT) hospitals undertake joint holistic assessments/reviews with appropriate professionals. Staff attend daily ward rounds and MDT meetings to discuss and share information

- The Short Term Support Service (STSS) is an integrated health and social care service providing care and rehabilitation in people's homes for patients in Northumberland following an accident or period of illness. The

aim is to help people live independently and safely. The service focuses on things which are important to the service user with an emphasis on trying to help them regain skills and confidence. The service can provide a rehabilitation programme led by a physiotherapist or occupational therapist; help with tasks such as washing, dressing or meal preparation; and equipment to help them live safely and independently at home

- The Joint Equipment Loans Service (JELS) provides equipment to people who live in Northumberland, or who are registered with a Northumberland GP, to help them maintain their independence in the community and to continue to live safely in their own home. Referrals come from Health and Social Care professionals following an assessment by a professional requisitioner e.g. district nurse, community nurse, occupational therapist, physiotherapist and paediatrician

- Social Work Team Manager Huddle with Home Safe Teams in the hospitals is attended daily by someone within the contracts team to assist with any complex hospital discharges and give advice on vacancies within Northumberland. In addition, a daily huddle also operates in the MH Social Worker inpatient team.

- Community Matron's are case holders for fast track CHC cases and have direct links with community teams to support with any social care issues

- Co-location of Social workers on local MH inpatient hospital site and CNTW Learning Disability service within our adult social care sites.

- Care and Support Social Work teams are aligned to the local Northumberland PCNs.

- Current working arrangements in place between Children's and Adults Services on a transitions protocol

- Close working with Public Health and commissioned health drug and alcohol service team (Humankind) in accordance with the National Drug and Alcohol strategy

- Mental health transformation board and subgroups provide us with an opportunity to discuss key mental health priorities across health and social care

- Development of Autism Strategy in partnership with the ICB and co-produced with clients who live with autism; ASC is a leading partner on one of the 6 principles

- Regular meetings with CQC to share information and agree actions with regard to care providers and quality. Meeting attendees include representatives from a range of NHS roles and the LA Safeguarding Team

- Complex Housing Hub established which promotes close working with the LA housing service, to identify appropriate accommodation for vulnerable clients at risk

- CNTW in partnership with the voluntary sector and the LA have developed a 'Safe Haven' in Ashington; a non-clinical environment to support people who are experiencing psychological distress. The project involves multi-agency partnership working to ensure inclusivity and accessibility across the county

- ASC involvement in the Older Person's Pathway Group led by health will enable the strategic delivery of community services for Older People and their families in Northumberland

- Bi-monthly meetings with Healthwatch Northumberland.

We provide high quality and responsive care and reablement services to enable people to return to their optimal independence. Our January 2023 Annual Conversation with Dr Carol Tozer identified that "it is clear that ASC's reablement offer is highly effective for the people who receive it". Our reablement offer includes:

- Reablement care plans where therapy intervention is goal focused following an initial visit with the client

- Reablement worker feedback regularly received and updated to support reviews of client needs and goals

- Home Safe Support Team available to provide wrap around support on hospital discharge

- We operate a same day and two-day reablement support response from multi-disciplinary team of OTs, Physios and Reablement Workers

Commissioning

Our Market Position Statement sets out our vision for commissioning adult care services to support adults with social care needs in Northumberland. It highlights our priorities, gives a sense of direction for care and support in Northumberland, and highlights potential business opportunities during a time of uncertainty and significant change.

The MPS identifies that the key challenges for Northumberland include:

- an ageing population

- a shortage of social care staff

- a shortfall in the number of qualified nurses

- the rurality of the county

- financial constraints.

In response to the care and support needs of our communities, tender opportunities are presented to providers to shape and develop a resilient market in order to introduce new and varied services that are required, an example being the current Dementia Service Tender initiated due to the identified need for dementia nursing beds in Northumberland.

The council engages with the provider markets in different ways and regular provider forums are a key part of our links with social care providers.

Our commissioning quality assurance process sets out our approach to assuring the standards of commissioned adult social care services in Northumberland including out of area services. This is governed by four key principles which underpin our approach to quality assurance:

- An overarching commitment to improving the quality and capacity of care services through training, information sharing and peer support

- Early identification and resolution of issues

- Emphasis on partnership working with social care providers

- The quality of our care and support services becomes everyone's responsibility, where information and intelligence are routinely and consistently shared and effectively responded to so that service users, family members and carers can be confident that the support and care being delivered is of a good quality.

Support to providers is critical to our social care market to continually develop the quality of services. Some examples of this include contracted social care providers and their staff are offered access to the councils training courses to improve the quality of the services that they deliver. This includes training on Safeguarding, Mental Capacity Act, and an Excellence Course to enhance the skills and knowledge of care service managers. We also provide programmes and events to facilitate the sharing of good practice of care providers rated as "outstanding" and supporting providers with their most difficult structural challenges such as recruitment and retention.

Locally defined Contracts Monitoring visits take place on a regular basis. The team will cross-reference information provided by CQC and other council services to inform their visits. Visits gather feedback from clients and staff and may observe the interaction between staff and service users, assess the environment, analyse support plans and documentation and ensure the service is operating in line with contractual obligations.

Feedback from the visits will be shared with relevant professionals and other colleagues to ensure collaborative and proactive working to resolve any identified issues.

The Contracts team aims to deal with provider concerns at as early a stage as possible. Where there is a contract default as a result of quality concerns, it is the role of the Quality and Compliance manager to support the provider in developing and reviewing an action plan in response to the concerns raised. The council will enforce the contract where a provider does not respond effectively to quality and performance concerns.

The Council uses diverse methods to monitor commissioned adult social care service quality, beyond simply reviewing CQC quality ratings, examples of this include:

- We hold information sharing meetings with professionals on a regular basis to discuss specific services and/or raise new concerns or information to agree actions

- Information is shared directly with the Council's contracts and commissioning team via CQC, adult social care operational teams, safeguarding, families and other council services

- Monthly quality monitoring framework meetings are undertaken within the team to discuss priority services, updates, changes, improvements and any outstanding actions to be followed up on

- Regular and timely quality monitoring visits are undertaken by our Contracts and Commissioning team, to ensure safe and effective service provision within commissioned services

- A RAG rated monitoring document has been developed and is used for each service area

- Commissioning officers maintain action plans for areas of improvement. This is shared with the provider following completion and focuses on core areas

- There is a central repository for the recording of issues, concerns, compliments and positive feedback. This is then forwarded on to the most appropriate member of the team for review and action

- All ongoing Safeguarding concerns are regularly reviewed with the safeguarding adults team and support is provided with any issues that fall within contracts remit.

We recognise that recruitment and retention within social care is a challenging issue nationally, and this is no different in Northumberland. We have initiated a strong local recruitment campaign and are supporting the regional North-East ADASS and national campaigns in order to address the current and future recruitment issues. Our local campaign features a dedicated recruitment website we also promote vacancies on our Council website and on social media, and we hold a series of recruitment events in market towns around Northumberland. Our model facilitates and supports quality improvement

Page 39

through a values-based recruitment process and encourages training and development for the care and support workforce through alignment with Skills for Care.

Examples where the local authority has used incentives/financial support for care and support workforce provision include winter pressure initiatives, grants and bonus scheme within the Domiciliary Care contract. In January 2022, the Cabinet backed a proposal to offer a contract variation and fee increase to providers who would guarantee to pay their staff the equivalent of the real living wage. A similar offer off a fee increase specifically to domiciliary care providers to raise minimum mileage reimbursement for their staff to 45p per mile was agreed and funded by the Council in the latter part of 2022 to further attempt to assist in recruitment and retention in the sector. In May 2023 the Council's Cabinet agreed to use of the Market Sustainability and Improvement Fund (MSIF) to increase the Northumberland minimum wage to £12 per hour for home care workers and develop "guarantees" for homecare workers terms and conditions.

6.2 What is our performance and how do we know?

Performance

In January 2024 there were 95 care homes in Northumberland, of these 35 care homes include nursing provision and the remaining 60 care homes are without nursing:

- 78 care homes (82.1%) are currently rated as good or outstanding (an increase from 77.3% in December 2022)

- 84.5% of beds in care homes in Northumberland are currently rated as good or outstanding (an increase from 74.7% in December 2022).

The number of care homes currently rated as inadequate is 0. 15 care homes have a current rating of requires improvement, and currently 2 care home is without a current rating.

We are benchmarking nationally with all Northumberland Care Homes and are performing above average for community-based locations rated as outstanding or good across the 5 CQC domains.

In January 2024 there were 50 locations in Northumberland providing community-based adult social care:

- 43 locations who provide domiciliary care

- 13 locations who provide supported living care

- 0 locations who provide extra care housing.

Page 40

There are 47 community care locations (94%) rated as good or outstanding. The number of community-based care locations currently rated as inadequate is 0. The number of locations currently rated as requires improvement is 1, and currently 2 without a current rating.

How we receive feedback from Service users

Examples of how we receive feedback from service users includes:

- The use of monitoring documentation to detail any discussion had with service users during a monitoring visit

- A summary of the Carers Survey information, as reported by The People's Experience Working Group, identifies actions following feedback from carers

- Compliments and complaints received into adult services

- Survey feedback from clients which has been completed by providers.

How we receive feedback from stakeholders

Examples of how we receive feedback from stakeholders includes:

- Regular meetings with Healthwatch Northumberland

- Monthly Provider Forums

- Provider Assurance Visits

- Northumberland Health and Wellbeing Board

- Home Safe meetings with NHCT which cover key areas linked to Length of Stay meetings, daily site briefs and senior management weekly catch ups

- Regular strategic and operational meetings between NCC senior managers and senior staff from the ICB, the Acute Trust and CNTW

- Feedback from Cabinet and Members, a recent example being the Market Position Statement 2022 which was discussed and approved by Members in November 2022.

6.3 What are our plans to maintain/improve our performance in this area?

Providing Support

Our plans to maintain/improve our performance in this area are:

- Work to maintain partnership arrangement with ICB on delivery of CHC in conjunction with social care funded services to streamline processes and

Page 41

simplify the interaction with the NHS and Local Authority (LA) for clients and providers

- Further develop the relationship with NCT under the Communities First model to stimulate service development in the community and voluntary sector

- Further joint commissioning of services with ICB including services commissioned to respond to hospital pressures, support discharge, and Transforming Care

- We are currently exploring new models of care and support for people living with Dementia that will enable them to continue to live independently (e.g. Lyndon Walk Challenging Behaviour Unit)

- Developing opportunities to pilot new and emerging technology linked to service delivery with a pilot scheme due to go live

- As part of the Council's strategic change programme, there is a dedicated workstream to review our use of direct payments against best practice across the country and a programme to expand our "shared lives" capacity

- We will be focusing on bringing forward independent supported living and extra care schemes for all categories of service over the next 3 years in line with our extra care and supported housing strategy. This will include review of the use of targeted DFG funding to support developments.

- We will look to review with the ICB and partners the options in relation to managing the various aspects of workforce pressures on services with particular focus on joint solutions and options that work in harmony rather than in conflict to other parts of the system

- We are continuously identifying innovative recruitment and retention solutions, an example being the use of an external independent specialist consultant to support recruitment of social workers

- We are currently looking to expand the Inpatient Mental Health Social Work team to include Community AMHP's, who will track and support their own inpatient admissions with the aim to reduce Mental Health Act Section 3 detentions.

- Adult Social Care are involved in the development of a Mental Health Crisis Café in Northumberland

- Work with Northumberland ICB, primary and secondary care in Northumberland to ensure a robust plan is in place re the delivery of S117 aftercare following discharge from hospital

- Our Mental Health Social Work inpatient team have established a close working relationship with CNTW, which includes an office to support with co-location and joint working at St. George's Park. The team also work

Page 42

close with Home Group (provider based at St. George's Park) regarding appropriate accommodation to support discharge, identify gaps in services that can be fed back to commissioners - to support with commissioning strategies

- There is joint working with the Humankind (health provider to support substance and alcohol) with a team of social care staff aligned to our safeguarding team in view of the close links with self-neglect cases.

- We have close working relationships with Northumberland ICB in order to deliver the NHS / Mental Health plan around Transformation (Leadership forums and all the workshops attended by NCC) with all relevant partner agencies including, third sector, voluntary sector, carers and service users and have a key role in developing and shaping the mental health provision across the communities of Northumberland.

Page 43

7. Theme 3: Ensuring Safety

7.1 What is our ambition, what are our strengths?

Safe Systems, Pathways and Transitions

Safety is a priority for everyone, and it is intrinsic within all our work.

Learning from adverse events: We have a flexible, resilient workforce who can respond effectively to adverse events and challenges when needed and learn from previous experiences.

Recent examples of learning from adverse events includes:

- Our proactive response to Covid. We held focus groups to understand the learning from Covid and from this we continue to utilise some of the valuable learning outcomes, an example of this would be the use of hybrid working both for staff and stakeholders

- Following the impact of Storm Arwen, the Local Authority undertook a detailed review and key lessons learnt have been implemented

- Risk to Staff meetings are held in response to any incidents relating to Violence and Aggression. As an example, our in-house provider services have NICE (National Institute for Health and Care Excellence) Guidance NG10 in place, which ensure compliance in learning lessons from violent and aggressive episodes.

Safe Systems

In order to ensure our systems are safe and effective, we have implemented the following:

- Comprehensive Business Continuity Plans in place for all Adult Services teams

- Health and Safety specific Statutory / Mandatory training completed by all staff

- Adult Services dedicated senior manager on-call system in place to support our operational teams 24-7

- Our Vulnerable Adults List (VALS) has been developed to support clients in an emergency response

- We work collaboratively with NHFT and CNTW to share hazard/risk warnings to support the safety of our collective workforce

- Corporate and Adult Services risk management processes

Page 44

- A review of our response to incidents recorded on our incident management system. All incidents must be reviewed by senior management and lessons learnt shared where appropriate

- Risk assessments across services, for example, individual moving, and handling risk assessments are regularly updated and recorded in order to keep clients and carers safe

- Consideration of consent, best interest decisions and safeguarding as part of our assessment processes

- The opportunity for staff to share anonymous concerns via 'Safecall' which is an independent confidential service

- A monitoring and review processes for unauthorised DoLS (Deprivation of Liberty Safeguards)

- A robust Section 21a challenge process in operation

Transitions between Children's and Adult Services

We aim to ensure there is a seamless transition for children/young people moving into Adult Services. This is supported by:

Transitions Protocol

- Monthly transition meeting with children services with clear Terms of Reference

- A dashboard is in place to highlight the data for transitions and ensure actions completed and feedback

- A high-level resource panel in place

- A Growing up in Northumberland Guide – produced in partnership with ICB.

We have used NICE Guidance NG43 to benchmark our transition arrangements and have a clear action plan in place to support continuous improvement in transitions. A themed transitions audit, based upon the NICE recommendations, has been developed.

An example of service specific transitions from children to adult services is in our Shared Lives service which ensures that the service:

- Attend a review of the young person before they transfer

- Attend any transition plans linked to their care and support

- Communicate regularly with the children's link worker

- Communicate with their identified adult's worker

- Request any capacity assessment for finance and/or accommodation.

Transition following hospital discharge

Staff have access to NHCT systems to support effective discharge arrangements. Detail about our hospital discharge process is included in Theme 2.

Pathways

In order to ensure continuity of care and support, robust Standard Operating Procedures (SOPs) and guidance tools are in place across all service areas. Our auditing framework enables auditors to identify the effectiveness of these and how they are applied to practice, with areas of focus for improvement.

Safeguarding

Our aim is to support people to live safely and independently for as long as possible in their own homes and safeguarding is very much about how we can support families to do that. In Northumberland we have a well-established Safeguarding Adults Board (SAB), which has recently integrated with the Children's Partnership to create the Northumberland Children and Adults Safeguarding Partnership (NCASP). This promotes a 'think family', life course approach to safeguarding. In accordance with our Care Act 2014 statutory duties, we have a SAB Strategic Plan 2021/24 and published annual reports.

We are an active member of the regional ADASS safeguarding network, and Northumberland have led on several pieces of work on behalf of the region. Recent examples include benchmarking of organisational abuse processes and the production of self-neglect resources which includes 7-minute guides and a self-neglect animation. During Safeguarding Adults Week in November 2023, Northumberland raised awareness relating to domestic abuse in older people and shared learning within the ADASS network. Right Care Right Person has been a focus within the regional ADASS safeguarding network during which, Northumberland have taken an active approach sharing information and learning in preparation for the launch along with supporting the network in developing cross authority safeguarding processes and SAR Champions Networks.

Our Partnership has a comprehensive suite of multi-agency safeguarding adult policies and procedures via the online platform Tri-X, which is accessible to all staff and partners. We update our online policies and procedures 6-monthly. We have benchmarked our Safeguarding Concerns and Section 42 Investigations against Local Government Association (LGA) and ADASS guidance frameworks.

Our Partnership is truly collaborative and is supported via a robust Joint Multi-Agency Information Sharing Protocol which enables us to share our data effectively and appropriately. We work with our partners proactively to support

collaboration, for example we have developed a pro-forma template for GPs, as they weren't always able to attend meetings or provide information to inform the Safeguarding meeting/safety plan. This continues to be reviewed to ensure best multi agency working is developed within the organisation and partnership.

NCASP have produced a range of information, advice and guidance including:

- Online practice guidance
- 7-minute briefings
- Leaflets and posters
- Animations to raise awareness of safeguarding adults with the public
- Tricky Friends, what to do about self-neglect
- Hidden Harm Video to raise awareness of Domestic Abuse in Older People
- Mental Capacity SWAY documents for front line staff
- Monthly NCASP newsletter is being implemented to ensure staff have up to date knowledge of NCASP developments
- Safeguarding website has been updated

We promote Safeguarding Adults Week annually, provide a number of events/webinars, and develop and promote a range of resources. All sessions are advertised in advance with all teams and follow-up presentations and resources are shared with all staff.

All Safeguarding Adults information / referrals / forms / guidance is available on the NCC website.

We commission and publish Safeguarding Adult Reviews in line with our statutory duties. There is a positive culture of learning and improvement and effective processes in place for sharing learning. We produce 7-minute guides and briefings on all of our reviews, and we have developed and delivered specific Lessons Learnt training to adult services staff and relevant stakeholders. There are a series of lessons learnt recorded webinars available on the internal Adult Services training platform Learning Together. Senior Safeguarding Managers regularly present to Social Work and Care Manager forums to present emerging themes and lessons learnt. We also undertake benchmarking in relation to National Reviews in our SAR subgroup and share learning. We have undertaken a number of joint Learning Reviews with Children, and have developed action plans, training and guidance in response.

Learning from our Safeguarding Adult Reviews has resulted in a number of improvement workstreams. For example, the development of our Child to Parent Violence and Abuse (CPVA) pathway which is joint across Children's and Adults services.

We have just recently reviewed our SAR Policy and Procedures to ensure they are more accessible and directly linked to the recently published national quality markers that were produced by SCIE (Social Care Institute for Excellence). We have also led on the co-production of a North-East quick guide to support decision making and commissioning.

We have developed a Learning Review toolkit and provided training for senior managers on the principles contained within the toolkit. The aim is to provide support and resources for senior managers whilst undertaking reviews in the future.

All safeguarding referrals are received through the front door and into the Multi-Agency Safeguarding Hub (children and adults). All decisions on referrals must be made within 24 hours via a dedicated safeguarding triage team which includes staff from Adult and Children's services; a sergeant, three detectives and eight civilian staff from Northumbria Police; an education worker and staff member from CNTW; two safeguarding health nurses from Northumbria Healthcare; and a domestic abuse worker from Harbour. There are also single point of contacts with other stakeholders who can be contacted when required.

We have developed a feedback loop to CQC (monthly) to provide outcomes of safeguarding concerns.

The safeguarding team also deals with organisational safeguarding, for example with providers such as care homes and domiciliary care. If we get an anonymous concern about an organisation we can make proactive unannounced visits to see what is happening and decide whether to take it into organisational safeguarding.

Our Transitional Safeguarding Protocol aims to promote robust transitional arrangements and ensure effective and timely referrals between Children and Adult Services. It recognises that harm is likely to continue post 18, and that abusers target vulnerability irrespective of age.

We have developed training to support our children and adult services workforce on transitional arrangements.

7.2 What is our performance and how do we know?

Performance

We have a comprehensive Safeguarding Adults Board Dashboard in place. We monitor Making Safeguarding Personal data within the Safeguarding Adult Board performance dashboard on a quarterly basis.

For the ASCOF indicator 'the proportion of people who use services who feel safe', Northumberland are ranked 4th in the Country.

Page 48

How we receive feedback from service users

Family involvement in SARs and Learning Reviews (and where appropriate involvement from the adult at risk) gives them the opportunity to shape service improvements.

We record what individuals express as their outcomes within safeguarding documentation and if these outcomes are achieved. In December 2023 – 83% of adults or representatives were asked for their outcomes, of those who expressed outcomes, 100% were fully or partially met.

How we receive feedback from stakeholders

Examples of how we receive feedback from stakeholders includes:

- We have robust arrangement in place to self-assess our safeguarding arrangements. We complete an annual multi-agency quality assurance framework and have recently adopted the safeguarding children Section 11 audit and applied it across children and adults safeguarding. Findings from the self-assessment contribute towards the safeguarding adult's strategic plan

- Members of NCASP are encouraged to challenge and provide constructive feedback on all aspects of safeguarding adults

- Northumberland Local Authority is an active member in national and regional safeguarding networks, proactively sharing our learning and improvement workstreams and requesting feedback. These include:

  o Regional ADASS Safeguarding Adults network

  o Regional Safeguarding Adult Review Champions

  o National Safeguarding Adults Network.

7.3 What are our plans to maintain/improve our performance in this area?

Our plans to maintain/improve our performance in this area are:

- Implementation of ArcGIS (interactive mapping tool) for visual tracking of vulnerable clients to enhance our emergency response

- Continue to raise awareness of our new online Safeguarding Adult Policy and Procedures. Whilst we have already carried out a number of introductory demonstrations with staff, we are planning to develop an online webinar demonstration which can be included in the staff induction

- We are developing information packs to provide to individuals who are within the safeguarding procedures

Page 49

- We are planning to develop further training courses on safeguarding decision making, chairing safeguarding meetings and making safeguarding personal

- We have identified that there are issues with the Section 42 data that is recorded, which results in Northumberland being an outlier. We have undertaken audits to assure safeguarding practice and decision making are robust and they are, but we are now making system and recording changes to fall more in line with the approach to recording and categorising that seems to be used in other areas

- We are undertaking work with partners about what constitutes a safeguarding concern to attempt to reduce inappropriate referrals

- We are planning to include a discriminatory abuse practice guidance section within our multi-agency policy and procedures

- We are looking at improving access to referrals for independent advocacy and enabling staff to understand the process of referrals

- We would like to improve our approach to gathering service user feedback of the safeguarding process

- Partner and public consultation on safeguarding website content

- We have developed an Adult Services Learning Review Action Tracker which will provide an overview of all actions attributed to Adult Services from Learning Reviews.

8. Theme 4: Leadership

8.1 What is our ambition, what are our strengths?

We are striving for a strong collegiate leadership culture of empowering and developing staff, teams and managers. This is very much in line with the NCC corporate leadership training programme which is currently being rolled out across the Council, "The Living Leader".

Our ambition is for Adult Services to build upon the strong and sustained history of governance arrangements that provide the necessary overview and assurance required to support our business processes.

Governance, Management and Sustainability

Corporate Governance

Our Corporate Plan 2023–2026 sets out the vision – "A Land of Great Opportunities" and our corporate priorities – Achieving Value for money; Tackling Inequalities; Driving Economic Growth. These are underpinned by the four values:

- People First

- Respect

- Excellence

- Resilience

In 2022 NCC reviewed their corporate vision and values to ensure that they were still appropriate.

Our Portfolio Holder for Adults' Wellbeing is Cllr Wendy Pattison, and we have a well-established Health and Wellbeing Overview and Scrutiny Committee. Adult Social Care is fully integrated into all Council business, and examples of Council corporate forums and projects involving Adult Social Care include:

- NCC Executive Team

- Strategic Leadership Team

- Health and Wellbeing Board

- Health and Wellbeing Overview and Scrutiny Committee

- JSNAA Steering Group

- Health Inequalities summit 2022

- Strategic Change Board.

Page 51

Our Director of Adult Social Services (DASS) is an Executive member of the corporate executive team and regularly provides updates on the issues and challenges facing adult services. They are also an active member and the Treasurer of our strong regional ADASS network.

An independent governance review in the Local Authority was undertaken by Max Caller in early 2022. That happened soon after the partnership arrangement between NCC and Northumbria NHS Trust ended in 2021 and the majority of Adult Services had just moved from Northumbria Healthcare Foundation Trust to NCC. This was a significant change in the overall structure of adult social care in Northumberland and it took over 9 months to manage to the transfer in full. However, it is to the credit of both organisations that it had limited impact upon Adult Services delivery and practice.

In January 2024 we had a Local Government Association Corporate Peer Review. The review team met with over 200 people including staff, elected members, our partners and those in our communities. The final report is due to be published in March 2024, however the review team provided initial feedback and noted that they saw significant progress has been made over the last year.

NCC has recently implemented a full corporate structural review at senior management level, led by the new Chief Executive who started in February 2023.

NCC has initiated a Strategic Change programme 'BEST' which aims to look at most aspects of the way the council works to ensure that we are fit for the future:

- Best Services to Customers

- Best Value for Money

- Best in Class Commissioning

- Best use of Resources

- Best use of Assets

- Best use of Technology

- Best Talent and Opportunities.

The main challenges the programme will focus on are finance, inequalities, and the geography of the county. This program will run in its first phase over the next 2-3 years, but is intended to continue on an ongoing basis ensure NCC remains a "best value" authority moving forward.

Page 52

Risk management is a key component of the Adult Services Governance process, with assurance provided via our Estates and Health & Safety Group. In line with the corporate framework, operational and strategic risks are owned and managed at a local level, whilst corporate risks are reported, owned and managed by the corporate Executive Team and Cabinet.

In conjunction with the NCC Civil Contingencies team, each Adult Services team has a Business Continuity plan which is reviewed and shared within the team on a regular basis. This supports managers to ensure they are ready to respond to an emergency situation when required. In addition to this, appropriate managers also take part in table-top exercises to test crisis response in a range of scenarios. One such example being the Tri-sector Challenge (North-East) where one of our senior managers won the Shining Star award.

The NCC Client Relations Team receive information relating to compliments and complaints from residents in Northumberland. As part of our Quality and Governance Group, a quarterly report is shared and discussed with Senior Managers specific to Adult Services.

Adult Services Governance

We have a robust self-assessment process in place to provide assurance on delivery of our Care Act duties as well as to identify any gaps or risks to service quality and delivery. An example of this is our internally managed quality assurance visits within each team.

We have a strong Governance framework in place to support the strategic and operational requirements of all the services which encompass Adult Services. This includes:

- Operational Process Group (OPG)

- Adult Quality and Governance Group

- Adult Services Transformation Board

- Adult Services Human Resources Dashboard

- Adult Services System / Information Technology meeting

- Adult Services Finance Meeting

- Adult Services Estates and Health and Safety Group

- Adult Services Review of Performance and Finance meeting

All meetings report into the monthly Adult Social Care Senior Management Meeting, where key information from these meetings is reviewed and discussed. We also share our key Governance information via a quarterly

Page 53

Governance report. The aim of the report is to translate our key information to share with stakeholders. Our monthly Adult Services Quality and Governance Group ensures that governance is embedded across all services and underpinned by a culture of open and honest reporting and learning.

An audit of our governance meeting terms of reference was undertaken for the period April 2022 – March 2023. A report summarising key findings and recommendations was shared with all meeting Chairs and our Quality and Governance Group in October 2023.

The Executive Director for Adults will raise any relevant issues to corporate leadership through the following main channels (alongside ad hoc communication on any urgent issues):

- Chief Executive and the Executive Team using the Executive Team meeting

- Lead Member, either via weekly catch-ups or more formal monthly briefing with the DASS

- Lead Member, via regular individual catch-ups with the Adult Services senior management team alongside the DASS

- Leader/Deputy Leader/Cabinet, via weekly Senior Leadership Team meeting or where necessary via report to Cabinet or full Council

- Shadow Lead Member, via monthly formal briefing

- Overview and Scrutiny Committee, via formal reports

- Health and Wellbeing Board, via formal reports or ad hoc update at the meeting.

Effective and Visible leadership

The Adult Services senior leadership team has a good blend of experience and some newer appointments to more senior roles. Each individual brings a significant amount of knowledge and experience. Our leaders have clear roles and responsibilities and are effective and visible:

- Director Meets and Greets, where the Executive Director attends different sites on a rolling basis to meet the teams face to face and discuss and share key and topical information.

- Monthly webinars provided by the Senior Management Team and circulated to all staff

- Senior Management shadowing and observations including:

  o Heads of Service on-site support visits with agile working

- Informal Principal Social Worker (PSW) on-site support visits.

- Investment in Leadership Team via:

  - Team Days
  - Dedicated Training for Senior Leaders, including the Living Leader programme.

Corporate staff newsletters and our own Adult Services newsletter provide an opportunity to raise awareness about the leadership team – who they are and what their collective priorities are.

Our bi-monthly quality workshops, which include all Team Managers and Senior Managers, are evaluated and have provided us with some positive feedback on our Adult Services Leadership Team.

Performance and Finance

In Adult Services, we have detailed oversight of financial information and are developing a strong performance culture to ensure that we are evidence based. Performance data drives learning, and improvement and our monthly Performance and Finance meeting allows our senior managers to fully review and respond to key operational, strategic and legislative performance and finance information, to identify key trends and areas for investigation. This includes reviewing any national and regional benchmarking information available.

We have introduced a bi-monthly Quality workshops and monthly performance workshops for social work and care management Team Managers, Senior Managers and our performance, quality, finance and governance leads. The purpose of these workshops is to ensure that operational Senior Managers and Team Managers are confident and competent in the governance and quality of work practices and performance for their respective service area/team and support them with areas that require further development.

There is a strong link between the corporate finance team and those staff working on finance within the service. We make extensive use of the client system SWIFT to support a more detailed level of commitment budget management. This has been further enhanced by the use of Tableaux to create more user-friendly reports for teams and managers.

Communication

There are many forms of communications used to meet the needs of the recipients of the information as well as to meet the needs of the information being communicated. Examples of these include:

- Corporate briefings for senior leaders, with key messages from the Chief Executive and Executive team

- Two weekly staff newsletters – one linked to corporate news, and one aligned with staff wellbeing

- Adult Services also have many internal forums for communication which include:

  o Monthly Adult Services newsletter

  o Quality Matters newsletter.

Policy and Strategy Development

We have a dedicated Senior Policy lead in Adult Services who is responsible for ensuring that we meet our statutory responsibilities and future legislative changes. Our policy and strategy development process includes:

- Identifying opportunities for co-production with relevant stakeholders, where appropriate

- Sign off by relevant senior managers and DASS

- Communicated via relevant forums including the Adult Services newsletter.

Example - The Market position Statement developed by our Contracts and Commissioning Team used a lot of material discussed with providers within provider forums, it was considered at the Health and Wellbeing Overview and Scrutiny Committee and approved by Cabinet in November 2022. This was then publicised externally and disseminated to all Adult Services staff via the Adult Services monthly newsletter in December 2022.

We have commenced a project to transfer all of our policies, procedures and guidance onto an online system called Tri-X. This will provide a user friendly and accessible web-based platform for all our documentation.

Learning, Improvement and Innovation

There is a strong focus on continuous learning and improvement within Adult Services.

For example, all our social work staff once qualified have an opportunity to study at post graduate level on specialist areas of practice at a local university.

Workforce Development

We have in place a separate and dedicated training team for Adult Social Care. The team provides all the professional development opportunities for social work and care management staff, including Postgraduate Certificate in Social Work, ASYE (Assessed and Supported Year in Employment) programmes and student placements.

We have a specialist training programme available for both social work and care management staff and the wider adult services workforce e.g. tier 1 autism training, reflective supervision training and Mental Capacity, assessment in practice training.

We have access to all the Council's training resources and there is a strong statutory and mandatory training programme in place for all staff which is closely performance managed to ensure take up by all staff. We have in place dedicated social work and care management forums where staff regularly come together to network, learn and share best practice.

The Living Leader leadership and management training programme is currently being rolled out across the organisation via a train the trainer model.

Northumberland has recently established a leading social work academy within Adult Services. This provides dedicated and consistent support for all newly qualified social workers and social work apprentices. In March 2023 we received an independent external quality assurance visit from Skills for Care who, via a series of interviews, assessed the quality and implementation of our ASYE programme in Northumberland. The feedback was extremely positive and demonstrated that Northumberland is a national exemplar of best practice, with plans to share our approach more widely. One of the assessors stated, '*It was the most positive visit that I have ever had*'.

We are actively involved in the regional workforce steering group which has provided a forum for regional collaboration dedicated to responding to workforce and retention issues in relation to social work staff.

We have had a Social Work Workforce development strategy in place for a number of years. This has recently been expanded to include the wider adult services.

We have recently evaluated our recruitment and retention survey aimed at social work and care management staff. As a consequence of this, we have responded to feedback from staff and have implemented a number of key outcomes, for example, the development and implementation of a case prioritisation tool.

In recognising the pivotal role of team managers within social care and in order to support them we have introduced a pilot of a team manager competency portfolio, which is linked to the Professional Capabilities Framework (PCF).

Quality Improvement and Assurance

We are part way through a cultural shift within Adult Services as we move away from a process driven approach and focus on quality of outcomes. We are currently on a journey to ensure that our policies, procedures, processes, systems, and training support this shift in approach.

We have developed and implemented a governance structure to support our quality work via the formation of the monthly Adult Quality, Performance and

Audit Group. AQPAG was established in 2019 for oversight of all quality assurance activity across Adult Services. This was reviewed in 2023 and a new meeting was established entitled Quality and Governance Group, to provide oversight and alignment of both of these key areas. There is good representation at these meetings from Heads of Service, for assurance purposes.

In 2020 we published our quality of practice framework which sets out our approach to quality assurance and service improvement to support our overall vision to help people live the life that they want. The framework was updated in December 2022 and January 2024 following collaboration with our adult services workforce via a series of interactive workshops, team meeting updates and staff communications. A 7-minute briefing has been developed to support awareness raising of the Quality of Practice framework.

We have a comprehensive approach to auditing, which is embedded in practice throughout adult services. During 2022 we worked on standardising the approach to audits and ensuring that the Quality of Practice framework principles are adhered to. A new audit framework was implemented in November 2022 which encompasses case quality audits, service / team audits and themed audits. The framework was then updated in November 2023. Feedback from audits is shared and discussed with managers at the meeting to support learning and improvement. We have introduced a comprehensive audit dashboard that reflects the quantity and outcomes of audits.

We are working alongside our NCC corporate internal audit colleagues to provide assurance that our Adult Services internal processes meet their requirements.

Northumberland Adult Services has a strong history of using NICE Guidelines to support quality improvement. We have baseline assessments and accompanying action plans in place for the most relevant NICE guidelines, and processes in place to review the assessments. This work did slow during the Covid pandemic, but our Quality and Governance Group is committed to ensuring that adherence to NICE Guidance is prioritised. We are active participants in a NIHR SSCR (National Institute for Health and Social Care Research School for Social Care Research) research study into evaluating the costs and benefits of implementing NICE adult social care guidelines. An Assistant Professorial Research Fellow in the London School of Economics, who is leading on the study, said during a January 2024 webinar:

"Northumberland has been an amazing case study for our research. Few local authorities are doing such an amount of work on NICE implementation. It has been great observing their progress; and how much more intelligence has been gathered whilst adopting the guidelines in practice. We now understand your longer term aims of guidance implementation and how that fits into your organisational goals. It is great seeing your improved service outcomes and the work undertaken to assess value for money"

Engagement and co-production

This is an area that we know we need to improve on, and our Engagement and Co-production strategy is currently in development and sets out our current and future plans for engagement for the coming period. An example of co-production in Adult Services is our 'People's Advisory Panel'. The purpose of the panel is for adults with lived experience, Northumberland County Council Adult Services staff and Healthwatch Northumberland to work together in equal partnership to advise upon embedding a culture of co-production across social care and to improve the quality of our services. An agenda item at the December 2023 meeting was this self-assessment document.

Digital Innovation

We have established a Digital Innovation working group with representation from across Adult Services. The purpose of the group is to share regional and national updates on digital solutions. Output from the working group feeds into the Adult Services Governance process.

We have an enthusiastic, but cautious approach to digital innovation and having seen a number of high profile expensive and resource intensive ideas across the country provide limited tangible benefit to clients, their families and social work staff. Northumberland wants projects that will work and deliver genuine benefit to our clients and their families.

There are various pilots currently taking place within Adult Services. These include:

- Northumberland is part of an ADASS regional project whereby each local authority is tasked with piloting a different innovative assistive technology solution and sharing feedback with the other authorities. Our project involves the provision of a digital communications solution to support the delivery of services remotely

- The use of Power Apps in Microsoft to support the OT service in recording client consent, equipment handover and adaptation sign off, using mobile phones.

- There is a range of projects currently underway to support the move from analogue to digital technology. An example is the Telecare Lifeline Alarms and Telecare Alarm Receiving Centre (ARC). Due to the national public switch telephone network (PSTN) being removed and replaced by digital networks traditional analogue alarms will no longer work after December 2025 when the PSTN exchanges are completely decommissioned. Just under 3000 Telecare Customers are having their lifeline alarm units exchanged for digital alarm units

- We are currently piloting the use of Amazon Show. The purpose of this project is to pilot a virtual service offer to Northumberland residents as an alternative to, or alongside, a traditional in person service

- A further project is determining how GPS trackers can be utilised to facilitate hospital discharges in Northumberland. In addition to this, we are exploring how GPS devices can be utilised to safeguard lone working across Northumberland.
- A key project which is currently in the implementation stage for Adult Services is the replacement of our main client information system SWIFT, with AzeusCare. This is a workflow-based system, supporting the needs of the client through an intuitive step by step process which will provide a more fluid, innovative and user-friendly system.

8.2 What is our performance and how do we know?

Feedback

Examples of how we receive feedback include:

- A Quarterly Governance Report and Annual Report from our PSW

- Regular informal updates from our PSW to our Adult Services Senior Management Meeting

- Ad hoc and regular updates to Overview and Scrutiny Committee e.g., the recent Market Position statement was shared with OSC in November 2022

- An overview from our annual corporate Staff Survey and Pulse Survey

- Localised report from the LGA Social Work Health Check

- A 6-monthly Training and Evaluation report provided to Quality and Governance Group

- Webinars and Workshops e.g. Quality ~~and Improvement~~ workshops

- Service level agreements in place where appropriate to provide feedback from our partners and stakeholders. We encourage feedback from partners where SLAs are not appropriate

- An annual training needs analysis

- Staff turnover, new starters and leavers.

8.3 What are our plans to maintain/improve our performance in this area?

Our plans to maintain/improve our performance in this area are:

- Implementation of our Adult Services digital strategy which emerged following completion of staff workshops specific to identifying key problems and potential solutions via digital innovation

- A case prioritisation tool is currently being piloted across a range of social work teams with an aim to roll this out across all teams which will provide information on fairness within caseload allocation

- A Members briefing is currently in development which will used to provide an update on key projects and developments within Adult Services

- Meetings have taken place with Directors and Heads of Service to identify the need for enhanced Care Act training. This will be designed based on themes emerging from service audits

- Complete transfer of our policies, procedures and guidance onto an online system called Tri-X. This will provide a user friendly and accessible web-based platform for all our documentation.

This page is intentionally left blank

Northumberland Self-Assessment

Executive Summary

Introduction

As part of preparations for the Local Authority CQC Assessment, Northumberland County Council have produced a self-assessment that provides a comprehensive overview of how our adult social care service meets legislative requirements under Part 1 of the Care Act 2014.

The four themes of the Local Authority CQC assessment are:
- Working with people
- Providing Support
- Ensuring Safety
- Leadership

This is an Executive Summary of our self-assessment linked to these themes.

About Us

In Northumberland 7,624 residents currently have an adult social care case worker (January 2024).

According to the Office for National Statistics the population is forecast to increase to around 339,415 by 2043, an increase of 4.0%. Northumberland has an ageing population with those aged 85+ projected to increase by 80% by 2043 (compared to England 60.5% and North-East England 58.2%).

Our Market Position Statement 2022 provides an overview of the health and care needs of our adult population. An ageing population is probably the County's most significant feature and the most challenging issue for health and social care and public policy more generally.

Our Corporate Plan 2023–2026 sets out the vision – "A Land of Great Opportunities" and our corporate priorities – Achieving Value for money; Tackling Inequalities; Driving Economic Growth. These are underpinned by the four values People First, Respect, Excellence and Resilience. In Adult Services we promote the corporate vision and values with all staff and ensure that our strategies, policies and procedures reflect this.

There is a very strong history of genuine Health and Social Care integration in Northumberland over a long period, which is still evidenced today by leadership commitment, strong partnerships and operational collaboration with all parts of the NHS.

A Summary of our Key Performance Headlines

Below is a summary of Northumberland's ASCOF (Adult Social Care Outcomes Framework) scores compared to the North East and England. Published in December 2023 for the financial year **2022-23**.

Key headlines:-
- **10** out of 17 report outturns for Northumberland **better** than the NE and England averages
- **6** out of 17 report outturns for Northumberland **between** the NE and England averages
- **1** out of 17 report outturns for Northumberland **worse** than the NE and England averages:
  - Proportion of adults receiving direct payments – Action - strategic change project is underway to implement actions to improve take-up of Direct Payments in Northumberland
- **8** out of 17 indicators are ranked within the upper quartile of 151 authorities.

Annual Adult Social Care Survey headline results:
- Survey results compared to NE and England – **6** out of 7 ASCOF indicators report outturns **better** than the NE regional and England scores
- **6** out of 7 indicators from the User survey were ranked in the upper quartile
  - 4A – "Proportion of people who use services who feel safe" is ranked **4th** in England. Note: the lower the ranking number the better
  - 1A – "Social care-related quality of life" is ranked **7th** in England. Note: the lower the ranking number the better.

Our key strategic priority areas are:

- Further upskilling of front-line teams to utilise **strengths and assets-based approaches** to support care planning, to help ensure we meet the **diverse needs** of our residents
- Review of **workforce capacity** and further solutions to attempt to increase that capacity
- Strengthen our approach to **engagement and co-production**, particularly with those with lived experience
- Enhance our **information and advice service** in collaboration with our key stakeholders
- Further **development of partnerships with Health** particularly the relationship with primary care and CNTW (Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust)
- A review of the use of **direct payments** and more flexible solutions to ensure this is a primary option for individuals and their families
- Continue to support the health and wellbeing of our **unpaid carers**
- Increased interaction with **Northumberland Communities Together (NCT) and wider partners** to develop more **community asset options** for support and particularly **preventative support**
- Promotion of growth in **extra care and support housing** solutions

- Development of **specialist dementia care and dementia solutions** focusing on shortfalls in localities
- Full **engagement** in the Association of Directors of Adult Social Services (ADASS) **co-ordinated regional pilots of assistive technology**
- Further work with Integrated Care Board (ICB) and Trusts on **system wide solutions to the hospital capacity issues**
- Work with partners to strengthen our collective approach to **MCA assessment** and **Deprivation of Liberty Safeguards / Liberty Protection Safeguards**.

Our key strengths are:

- We have developed and continue to promote a **positive and supportive culture** within Adult Services workforce
- We have **strong integrated services** and **partnership arrangements** at strategic and operational levels, based on a long history of various forms of integration particularly with Health partners
- We have **maintained performance and financial performance** in most areas through some very challenging times for the service and the Council over the past 2-3 years
- Our **Safeguarding partnership** demonstrates **best practice** and leads on regional and national initiatives, and our innovative **Multi-Agency Safeguarding Hub (MASH)** provides an integrated children's and adults services response
- We have a **well-established and effective integrated hospital discharge service** with Adult Services staff working into all Northumbria Health Care Trust sites
- We have established **effective and robust governance arrangements** since moving back into the Council in 2021
- We have recently established a **social work academy** within Adult Services which provides dedicated and consistent support for all newly qualified social workers and social work apprentices
- We have in place a very **strong collective focus in our senior management team** within Adult Services and a fresh and integrated Executive team at a corporate level in the Council. The platform for growth is strong
- In order to respond to the geographical challenges which Northumberland presents, we have **locality-based teams** to strengthen knowledge and provide the best possible support for each area.

Our key risks and challenges have identified the following areas for development:

- **Workforce Capacity:** Develop further capacity in the adult social care workforce to meet demand in the system
- **Engagement and Co-production:** Use client, stakeholder and workforce feedback to effectively drive forward service improvement and ensure there is an embedded culture of co-production in everything that we do
- **Strengths Based Approach:** Embed outcome focussed strength-based approaches across all of Adult Services
- **Direct Payments:** Enhance and strengthen our approach to Direct Payments.
- **Housing solutions:** Speed up the delivery of new supported and extra care housing solutions across the geography of Northumberland
- **Technology:** Pilot and invest in new technology to provide innovative solutions to the key challenges that we face across Adult Services.

This page is intentionally left blank

![Northumberland County Council]

Northumberland
County Council

Health and Well-being Board

Thursday, 14 March 2024

Transport health needs assessment

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: improving public and community transport networks helps improve our residents' physical and mental health and access to education and employment. This should reduce demand on services and encourage economic contribution. It will also encourage use of current transport networks, ensuring that services which NCC is already funding are utilised to greater capacity to ensure better return on investment.

Tackling inequalities: access to private transport is closely linked to socio-economic status and other domains of inequality. Ensuring robust, accessible, and affordable public and community transport networks reduces the impact of these inequalities and aids individual independence and resilience. Partnerships with the VCSFE sector also increase community capacity and resilience.

Driving Economic Growth: improved transport networks increase residents' ability to access education and employment opportunities, so that they are more able to contribute economically.

2. Purpose of report

This report aims to identify what is currently provided in terms of public and community transport across Northumberland, what is needed by the people of Northumberland and where the gaps are.

3.   Recommendations

Recommendation for the HWBB is to receive and endorse the recommendations detailed in Chapter 7 of the full report and to embed these into the Joint Health and Wellbeing Strategy. These recommendations are copied below. Details of allocations, priority and timescales of each recommendation can be found in Chapter 7.

Recommendations to prioritise transport as a key factor in sustaining good health

1.   Work with healthcare partners to identify and address transport factors in missed appointments. This includes:

- Ensuring current offers for transport support are communicated to the relevant audience, through media such as the Gateway app or reimbursement of travel expenses scheme. Embed this communication into current MECC initiatives.
- Identifying gaps in the transport offer and assess commissioning and funding arrangements more collaboratively between the VCSFE, Local authority, secondary and primary care
- Address overall demand to travel by promoting the use of the patient portal to allow eligible patients to access tele-medicine where appropriate.

2.   Recognise the interconnected nature of transport and work. This includes:

- Work with commissioners and providers of employment support services to prioritise addressing transport as a barrier to long-term employment.
- Work with employers to consider the impact of transport barriers on recruitment difficulty and identify measures to overcome these barriers e.g. concessionary passes, specific employee transport, place-based approaches to sharing transport resource, car sharing schemes, cycle to work schemes

3.   Include priorities identified into Joint Health and Wellbeing strategy.

4.   Maximise devolved powers and funding in emerging North East Mayoral Combined Authority to support its aims of better integration and better connectivity to reduce inequalities. This includes presenting findings of this report to the Integrated Care System (ICS) Executive board.

Recommendations to ensure sustainability of public transport network

5. Undertake an in-depth data analysis of public transport network to highlight future areas of need.

6. Highlight rural transport needs within regional work e.g. North East Transport Plan refresh

7. Lobby for continuation of schemes such as the £2 cap fare.

8. Invest in digital platforms for public transport which can feed information into the new connected information system proposed within the North East Bus Service Improvement Plan.

Recommendations to ensure sustainability of community transport network

9. Create opportunities for longer term funding which focusses on evaluating and continuing what works within existing community transport schemes, alongside prioritising innovation in funding bids.

10. Collaboration between LA and VCSFE partners as well as between VCSFE partners across the patch to encourage stronger relationships within and between communities. This includes prioritising social value in procurement bids to the Local Authority to build stronger relationships between organisations and communities.

Recommendations to support those at highest risk of transport-related exclusion

11. Take a place-based approach to community transport which provides CT that meets the need of those communities and allows scaling up of CT provision.

12. Increase awareness of concessionary passes / transport support via welfare benefits

13. Ensuring accessibility 'quick wins', such as:

   - Increased bus driver training for carrying passengers with extra needs.
   - Ensuring audio announcements on all bus services are functional and turned on.
   - Providing clear timetables at bus stops and in railway stations in an accessible size and type font. Also providing better access to accessible information online and in physical spaces.

14. Forward plan date and reason for urgency if applicable

Not applicable

15.   Background

Good public and community transport networks are vital in keeping people physically and mentally healthy, in work and socially connected. Transport networks affect our health directly through noise and air pollution, and indirectly by influencing how active we are during the day. They are vital in allowing us to attend healthcare services, to find and keep a job and to see our friends and family.

The way in which we travel has changed significantly over the last 70 years. Northumberland has (like the rest of the UK) seen an increase in reliance on cars and decrease in the use of existing public transport (PT) networks. In a county which contains many rural and farming communities a certain level of car usage will always be inevitable. However, the lack of alternatives to a car are resulting in households either in 'forced' car ownership (where they buy or maintain a car despite financial struggles) or, if they cannot afford a car at all, being unable to fully meet their needs.

There has been a renewed national, regional and local focus on the importance of public and community transport networks, including a recent announcement by national government which promised a £19.8 billion investment into transport as part of the Network North plan. However, the focus of such investments on urban spaces such as cities and towns risks neglecting the needs of rural counties like Northumberland. This health needs assessment (HNA) aims to advocate for these needs, by identifying what is currently provided in terms of public and community transport across Northumberland, what is needed by the people of Northumberland and where the gaps are.

16.   Reasons for the recommendations

Need has been identified by analysing existing literature, quantitative data collected by government bodies and service providers, and communities' own expressions of need via focus groups. Bringing these data sets together has given us the following key insights:

- ***Transport plays a significant role in how people access healthcare.***
While local healthcare services such as General Practices and pharmacies tend to be more easily accessible, infrequency of services or poor connections mean people can be travelling for hours for even brief appointments. These issues were even worse for hospital appointments in centres such as Newcastle, Hexham and Ashington.

Many community transport (CT) providers offer an element of patient transport, but these services are increasingly under strain as demand for them increases within the community and the NHS. Many CT providers also have eligibility criteria that mean certain demographics are unable to use them.

People with disabilities and those providing unpaid care are more likely to require regular access to healthcare services. Our most rural areas are still seeing a high proportion of residents who identify as having a disability and being limited a lot. These people are more likely to need PT and CT networks and yet less likely to live in areas with a frequent, reliable service.

- ***Transport significantly impacts how likely people are to find, get and keep a job.***

In the UK someone with access to a car is almost four times more likely to be employed than someone relying on PT alone. Employers in Northumberland also cite transport as a key factor in their difficulties to recruit, particularly in more rural areas. Employability schemes can only support travel costs short-term and other means of support such as means-tested welfare benefits do not take the extra costs of travelling from a rural area into account. This makes it difficult for applicants outside of urban areas to attend job interviews or to maintain work.

A lack of evening services impacts people's ability to undertake shift work which falls outside of the standard '9 to 5' pattern. This particularly impacts the two largest employment sectors in Northumberland which are the health sector and accommodation and food services.

- ***The financial impact of travel is felt differently across Northumberland and forms a key challenge in maintaining and growing current networks.***

Many residents in Northumberland are subject to the 'rural premium', i.e. the inherently increased costs of living rurally. Prices for bus and coach travel have risen fastest among all modes of transport and now fall well above inflation.

Financial factors also contribute to the fragility of many community transport services. Rising costs of fuel, buying and maintaining vehicles and other costs such as insurance are placing services under strain. Short-term funding cycles that prize innovation can also make the running of a long-term, stable and sustainable service more difficult.

- ***A lack of transport leads to social isolation.***

A lack of evening services (particularly from central hubs such as Newcastle out to rural areas) impact not only employment but social opportunities too. Young people in particular find it difficult to access social and leisure opportunities as they are unable to get home. We know that social isolation has a significant impact on physical and mental health and is directly linked to people's risk of dying earlier than expected.

- ***Current transport networks risk widening inequalities.***

Differences in transport provision risk widening inequalities between rural and urban residents in terms of access to healthcare, employment and social opportunities. Current public transport systems present certain barriers to passengers with extra needs that make it less likely that they are able to travel independently. These accessibility 'blind spots' need to be addressed to ensure all passengers are best placed to use existing services. This includes the provision of up-to-date information in accessible formats (including large font, braille, online and paper copies at bus stops), as well as the option for personal support in the form of ticket offices and PT staff trained in supporting passengers with extra needs.

- ***Considering the sustainability of current and future public and community transport networks is key.***

We heard how vital and valued both public and community transport networks are across Northumberland. While many people still rely on public transport networks a drop in patronage and cuts made to local government funding have already resulted in a reduction in services and are placing the wider system under threat. Community transport provides a valuable service but also faces challenges, including fragmentation across the patch and difficulties in securing funding and a consistent volunteer base.

Moving forward we need both public and community transport networks to be robust as they meet different needs in the community. We will always need public transport to support our working age and commuting populations, as well as allowing elderly residents or residents with extra needs to retain their independence for as long as possible. Community transport will always be necessary for passengers who need the kind of door-to-door support that public transport cannot provide, as well as communities (such as in the most rural areas) for whom a bespoke service makes the most sense in terms of efficiency and cost.

17. Implications

Policy	Proposed priorities and actions support the priorities of the Northumberland Inequalities Plan, the Northumberland Joint Health and Wellbeing Strategy and the Council's Corporate Plan. Recommendations seek to align other organisational strategies and plans.
Finance and value for money	There are no direct financial implications associated with this report.

It is not anticipated that additional funding will be required to implement the report recommendations. Existing funding will be utilised where possible and opportunities to maximise external funding opportunities will be pursued. |
Legal	None
Procurement	No existing requirements for procurement, though some recommendations may require organisations to consider procurement implications.
Human resources	None
Property	None
The Equalities Act: is a full impact assessment required and attached?	A full impact assessment has not been undertaken for this report

Ensuring robust, accessible and affordable public and community transport networks will help to reduce inequalities. |

Risk assessment	None
Crime and disorder	None
Customer considerations	Positive impact for residents' use of public and community transport services.
Carbon reduction	Positive impact as a result of modal shift away from private vehicle use.
Health and wellbeing	Improved health for all residents and reduced health inequalities via better access to healthcare services, employment and social opportunities.
Wards	All wards

18. Background papers

Not applicable

19. Links to other key reports already published

Northumberland Joint Health and Wellbeing Strategy 2018-2028

Northumberland Local Plan 2016-2036

The Northumberland Inequalities Plan (2022 – 2032)

20. Author and Contact Details

Kaat Marynissen, Public Health Trainee
Email: kaat.marynissen@northumberland.gov.uk

This page is intentionally left blank

Health Needs Assessment of Public and Community Transport

January 2024

![Northumberland County Council]

Author

Dr Kaat Marynissen

1

Contents

List of figures

List of tables

List of abbreviations

BSIP: Bus Service Improvement Plan

CT: community transport

GP: General Practice

HNA: health needs assessment

LGBTQ+: Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Ace sexualities

NHS: National Health Service

PT: public transport

Executive summary

Good public and community transport networks are vital in keeping people physically and mentally healthy, in work and socially connected. Transport networks affect our health directly through noise and air pollution, and indirectly by influencing how active we are during the day. They are vital in allowing us to attend healthcare services, to find and keep a job and to see our friends and family.

The way in which we travel has changed significantly over the last 70 years. Northumberland has (like the rest of the UK) seen an increase in reliance on cars and decrease in the use of existing public transport (PT) networks. In a county which contains many rural and farming communities a certain level of car usage will always be inevitable. However, the lack of alternatives to a car are resulting in households either in 'forced' car ownership (where they buy or maintain a car despite financial struggles) or, if they cannot afford a car at all, being unable to fully meet their needs.

There has been a renewed national, regional and local focus on the importance of public and community transport networks, including a recent announcement by national government which promised a £19.8 billion investment into transport as part of the *Network North* plan. However, the focus of such investments on urban spaces such as cities and towns risks neglecting the needs of rural counties like Northumberland. This health needs assessment (HNA) aims to advocate for these needs, by identifying what is currently provided in terms of public and community transport across Northumberland, what is needed by the people of Northumberland and where the gaps are.

Need has been identified by analysing existing literature, quantitative data collected by government bodies and service providers, and communities' own expressions of need via focus groups. Bringing these data sets together has given us the following key insights:

- ***Transport plays a significant role in how people access healthcare.***
While local healthcare services such as General Practices and pharmacies tend to be more easily accessible, infrequency of services or poor connections mean people can be travelling for hours for even brief appointments. These issues were even worse for hospital appointments in centres such as Newcastle, Hexham and Ashington.

Many community transport (CT) providers offer an element of patient transport, but these services are increasingly under strain as demand for them increases within the community and the NHS. Many CT providers also have eligibility criteria that mean certain demographics are unable to use them.

- ***Transport significantly impacts how likely people are to find, get and keep a job.***
In the UK someone with access to a car is almost four times more likely to be employed than someone relying on PT alone. Employers in Northumberland also cite transport as a key factor in their difficulties to recruit, particularly in more rural areas.

A lack of evening services impacts people's ability to undertake shift work which falls outside of the standard '9 to 5' pattern. This particularly impacts the two largest

7

Page 84

employment sectors in Northumberland which are the health sector and accommodation and food services.

- ***The financial impact of travel is felt differently across Northumberland and forms a key challenge in maintaining and growing current networks.***
Many residents in Northumberland are subject to the 'rural premium', i.e. the inherently increased costs of living rurally. Prices for bus and coach travel have risen fastest among all modes of transport and now fall well above inflation.

Financial factors also contribute to the fragility of many community transport services. Rising costs of fuel, buying and maintaining vehicles and other costs such as insurance are placing services under strain. Short-term funding cycles that prize innovation can also make the running of a long-term, stable and sustainable service more difficult.

- ***A lack of transport leads to social isolation.***
A lack of evening services (particularly from central hubs such as Newcastle out to rural areas) impact not only employment but social opportunities too. Young people in particular find it difficult to access social and leisure opportunities as they are unable to get home. We know that social isolation has a significant impact on physical and mental health and is directly linked to people's risk of dying earlier than expected.

- ***Current transport networks risk widening inequalities.***
Differences in transport provision risk widening inequalities between rural and urban residents in terms of access to healthcare, employment and social opportunities. Current public transport systems present certain barriers to passengers with extra needs that make it less likely that they are able to travel independently. These accessibility 'blind spots' need to be addressed to ensure all passengers are best placed to use existing services.

- ***Considering the sustainability of current and future public and community transport networks is key.***
We heard how vital and valued both public and community transport networks are across Northumberland. While many people still rely on public transport networks a drop in patronage and cuts made to local government funding have already resulted in a reduction in services and are placing the wider system under threat. Community transport provides a valuable service but also faces challenges, including fragmentation across the patch and difficulties in securing funding and a consistent volunteer base.

Moving forward we need both public and community transport networks to be robust as they meet different needs in the community. We will always need public transport to support our working age and commuting populations, as well as allowing elderly residents or residents with extra needs to retain their independence for as long as possible. Community transport will always be necessary for passengers who need the kind of door-to-door support that public transport cannot provide, as well as communities (such as in the most rural areas) for whom a bespoke service makes the most sense in terms of efficiency and cost.

<u>Chapter 1: Aims and objectives</u>

What is a health needs assessment?

A health needs assessment (HNA) aims to review a health issue within a population in a systematic way. It identifies what needs to be prioritised and where resources should be allocated to best address health inequalities in that population.(1) This HNA will present how transport impacts health, with health defined broadly across three sections:

i)   Health through access to healthcare services including General Practice (GP) surgeries, pharmacies, and hospitals.

ii) Health through economic opportunities. This includes access to school, training or work. It also includes the impact on the financial health of individuals, families and communities.

iii) Health through access to leisure and social opportunities. This includes access to leisure facilities such as the gym or cinema, as well as access to organised social groups and activities. It also includes people's ability to visit their family and friends.

Why transport?

The focus of this HNA came from previous work in our communities looking at inequalities, which found that perception of transport varied across our county. Transport can have a potentially hidden impact on health inequalities because it is complex and difficult to quantify its impact. And yet we know that good transport networks are crucial in maintaining the physical and mental wellbeing of our residents. This can be directly, by allowing people to be more active and social, or indirectly by increasing their chance of getting and keeping a job. The importance of transport is being increasingly recognised through national, regional and local policy. As we determine what future transport networks should look like it is important to recognise that rural transport considerations are different from urban needs in many ways, and to build and sustain networks which meet needs for both.

What will this HNA tell me?

This report aims to identify what is currently provided in terms of public and community transport across Northumberland, what is needed by the people of Northumberland and where the gaps are. Chapter 2 will start with an overview of why public and community transport was chosen as a focus, including current policy changes on a county, regional and national level. The next chapter discusses the methodology of how data was gathered, including how the scope was determined, details of key sources and the role which engagement with communities played in identifying key findings. Chapter 4 details what we already know about how transport impacts the three areas of health outlined above, using knowledge gathered from reports, academic literature and routinely collected data. Chapter 5 presents transport demands within Northumberland, as well as current public and community transport networks. This is followed by the key findings of our engagement with

9

the community, which are distilled into six distinctive areas of need. Chapter 7 presents the core recommendations of this report and recommended actions to be taken forward.

Defining 'public transport' and 'community transport'

In this report 'public transport' (PT) refers to forms of transport which are in principle available to all members of the public, run on fixed routes and charge fares. In Northumberland this mainly refers to buses and trains. References to 'public transport' also includes spaces which are key to the operation of public transport services such as bus stops, bus and train stations.

'Community transport' (CT) refers to community-led transport schemes which tend to be established in response to unmet local transport needs.(2) Such schemes embody a wider aim than just moving people between locations. Instead the focus is on building a sense of community and belonging alongside increasing people's ability to engage with their community through education, employment, healthcare services or social activities.(2) Community transport can take many forms including voluntary driver schemes, patient transport services, dial-a-ride schemes, school transport, wheels to work and group hire services.

Other modes of transport such as taxis fall outside of these definitions, but remain an important aspect of the transport picture. Where these are mentioned they are therefore identified specifically.

Defining 'health inequalities'

Health inequalities are <u>unfair</u> and <u>avoidable</u> differences in health across a population and between different groups within a population.(3) This can include how long people live (life expectancy), how long they live in good health (healthy life expectancy), the health conditions they may experience and what care is available to them.(3)

Our health is impacted by almost every aspect of our lives. A healthy society is like a sturdy building, and we need good quality 'building blocks' to construct it. A thriving community needs stable jobs, good pay, quality housing, good education and good transportation systems. Health inequalities show that in many of our communities there are certain blocks missing. This report aims to identify where these gaps are, and how we can address them.

Chapter 2: Why was this HNA undertaken?

National context

In their recent announcement of the new *Network North* plan, national government acknowledged the constraints that current public transport infrastructure places on the economies and people of the North. The plan details an investment of £19.8 billion into the North to improve connectivity within and between towns and cities, as well as improving everyday local journeys through increased bus services and better roads. While such investment is welcome, it should be noted that the focus of this investment is on urban spaces, which risks neglecting the needs of rural economies such as those in Northumberland. A £2.5 billion fund to transform local transport in 14 rural counties may help to address this, though which rural counties will be included is yet to be announced.(4)

Regional context

Transport North East has highlighted the role that transport plays in both population and planetary health in the *North East Transport Plan (2021-2035)*, which provides a strategic framework for a more co-ordinated and integrated transport system. Its key objectives include:

- Making travel in the North East net carbon zero to help tackle the climate emergency
- Overcoming inequality and growing the economy of the region
- Promoting health by encouraging active travel and improving air quality
- Making sustainable travel such as cycling and walking more appealing, greener and an easier alternative
- Improving transport safety and security(5)

Local context

Transport was highlighted as a key wider determinant of health priority within the *Northumberland Joint Health and Wellbeing Strategy (2018 – 2028)*. Particular issues included the scarcity of public transport impacting both daily living costs of households as well as access to services. The ensuing key priority is to 'ensure local transport policy provides resilient, flexible and sustainable transport options across the county, particularly in rural areas'.(6, p.17)

The *Northumberland Local Plan (2022)* recognises the unique challenges that the county faces in terms of connecting remote rural communities and an increased dependence on car travel. It mentions potential extensions of the current public transport system including linking Ponteland to the Tyne and Wear metro system, as well as protecting partly operational routes such as the South Tynedale Railway and Aln Valley Railway for future rail use. The Plan states that priority should be given to active travel (e.g. walking and cycling) and public transport in order to support health and sustainable development.(7)

The Northumberland Inequalities Plan (2022 – 2032) also highlighted transport as a primary theme to emerge from 12 locality events across the county. As Northumberland County Council (NCC) moves to consider all issues it addresses through an inequalities lens, it is therefore key to understand how access to and use of transport influences health and provides advantage or disadvantage for people in our communities.

Policy support

Following the National Bus Strategy, Transport North East have set out a regional Bus Service Improvement Plan (BSIP). This plan has key objectives including reducing carbon emissions and improving air quality, helping to grow the local economy and ensuring everyone in the region can access employment, education and other opportunities.(8) Read more about the NE BSIP here: TNE-BSIP-Nov-25-2.pdf (transportnortheast.gov.uk)

Work is also being undertaken on re-opening the 'Northumberland Line'. This includes making the existing rail freight line between Newcastle Central station and Ashington accessible to passengers. The aim is for a continuous service that takes around 35 minutes from each endpoint, and has stops in Blyth, Newsham and Seaton Delaval amongst others.(9) Passenger services are projected to start in the summer of 2024.(9)

The above demonstrates a renewed national, regional and local focus on the importance of public and community transport networks and the role they play in supporting population health. Due to the density of current transport networks in larger towns and cities, these are often the first focus of plans to improve transport, as seen in the recent *Network North* announcement. However, this risks neglecting the needs of populations and economies in rural counties such as Northumberland. This HNA was undertaken to establish exactly what the needs across Northumberland are and how they are best addressed. This ensures that true 'levelling up' extends beyond the borders of our cities and supports everyone to access what they need to stay in good physical, mental and social health, regardless of where they live.

Chapter 3: Methodology

What did we focus on and why?

Due to the size of Northumberland and timescales of this work, we unfortunately could not focus on all areas of the county in equal depth. Our priorities were based on feedback from locality events held as part of the Inequalities Plan work, as well as what existing literature tells us about the impact of rurality on access to transport. As a result this report has three main strands of focus:

Rurality and need

The primary focus is on identifying challenges and solutions in access to transport in our more rural and sparsely populated areas, predominantly in the North and West. While fewer people live in these areas, the challenges of the geography here can impact our most vulnerable communities in a significant way. We also know that certain groups who tend to live rurally (such as older people) can face unique challenges and may become more dependent on public and community transport as they age.

In line with our primary focus we worked to generate a *depth* of understanding of transport and health in North and West Northumberland. This was achieved mainly through a range of conversations with transport providers and users in these areas. Further details of this are found below.

County-wide needs

While exploring the above, we heard from multiple sources that even in areas where there is a greater density of public transport provision lots of key issues and challenges remain. Our secondary focus was therefore on capturing these issues and including them in our overall analysis. This allows for a *breadth* of understanding in how issues can impact our communities across the county. The recommendations of this report are therefore recommendations for the whole of Northumberland. Challenges faced by Northumberland are also those faced by other counties with a mixture of densely populated and more rural areas. The outcomes of this report can therefore be rolled out more widely, hopefully informing regional and even national considerations of transport systems in rural settings.

Vulnerable groups

Improving our public and community transport systems improves the health and wellbeing of everyone. However, there are certain groups who we know are more reliant on such transport. As a result they are more likely to be impacted by any challenges or issues surrounding it, and more likely to feel the benefit of any improvements. Communities who we know are more reliant on public and community transport include: those with high healthcare needs, carers, people with physical or mental disabilities, women, young people, refugee or asylum seeker communities and the elderly. These groups fall into what is often referred to as the 'four domains of inequality' (see Figure 1). We deliberately reached out to groups and organisations working with these communities to capture their insights. Where possible we also focussed on people without access to a car or whose access to a car was

precarious. This was due to the growing evidence that 'forced' car ownership (i.e. where households maintain a car despite financial struggles) is increasing, as well as acknowledging that those without access to a private vehicle are most vulnerable to changes to community and public transport networks.
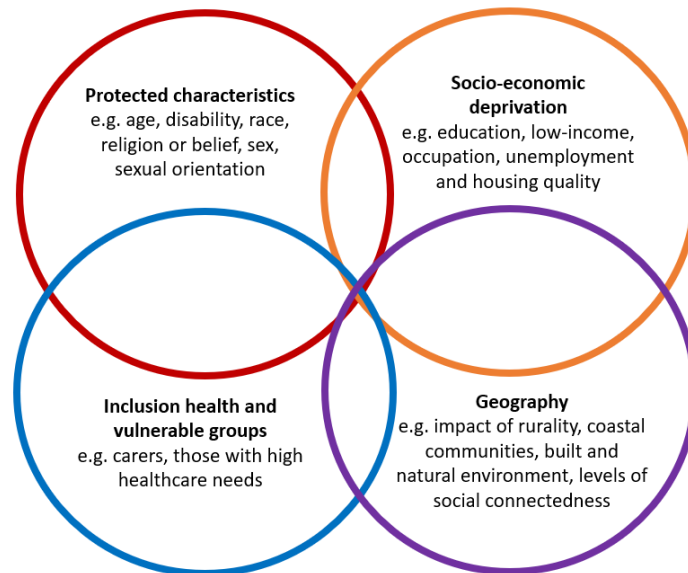

Figure 1. Four domains of inequality (adapted from Health disparities and health inequalities: applying All Our Health).(10)

What did we not include and why?

While we know that active travel (such as cycling and walking) can have a significant impact on health, we did not focus on this specifically in this report. This is because in areas of significant rurality the distance travelled means active travel is often not a viable option for most regular journeys (such as shopping, commuting and social engagements). It is also not an option for many within the vulnerable groups identified above. However, we recognise the importance of active travel and applaud the renewed focus on this in the North East through the new *North East Active Travel Strategy* (https://www.transportnortheast.gov.uk/strategy-and-policy/north-east-active-travel-strategy/).

How did we collect our data?

This report uses a range of evidence to assess need and support its conclusions and recommendations. We have reviewed current literature on transport and health to help guide our focus and priorities. Where available, 'routine' data (meaning data that is routinely collected by an organisation or the government) has been used to quantify a particular issue. An example of this may be national statistics on the number of people living with disability across our county. We have collaborated closely with other teams within the

14

Council, as well as external partners in both the third and commercial sectors, to visually map current service provision.

However, many elements of transport are too complex to capture in numbers, graphs and maps alone. The main contribution to this report has therefore been the voice of our communities. Many organisations and individual gave up their time to speak to us about the way they use and experience public and community transport in our county. It is their insight which has informed the key themes of needs which are described later.

What are the limitations of this work?
While we attempted to engage with as many communities across the 'domains of inequality' as possible, time and capacity limitations means we will not have captured the voice of all groups in equal detail. It is possible that the voices of those with the highest level of unmet need are under-represented, as people who struggle to access good transport networks will likely also struggle to engage with the community groups where most focus groups took place.

Despite these limitations, this report draws on multiple sources of data to construct an evidence-based argument. Our recommendations are built on triangulating the three elements of evidence from existing research, quantitative data and our residents' voice. Chapter 4 starts with the first of these, by summarising what we already know about the links between transport and health in existing studies.

Chapter 4: What do we know about transport and health?

How has how we travel changed?

The way in which people in Britain travel has changed significantly over the last 70 years. In 2019 the average distance travelled per person was three times higher than in 1952.(11) This is predominantly due to a huge increase in the use of private transport. While the average distance travelled by car has increased tenfold, average distances travelled by bus have more than halved.(11) In 2021, 88% of passenger kilometres travelled in Great Britain were made by cars, vans and taxis.(12) In Northumberland bus patronage fell dramatically due to the COVID-19 pandemic and has so far not recovered to pre-pandemic levels (see Figure 2).(12)
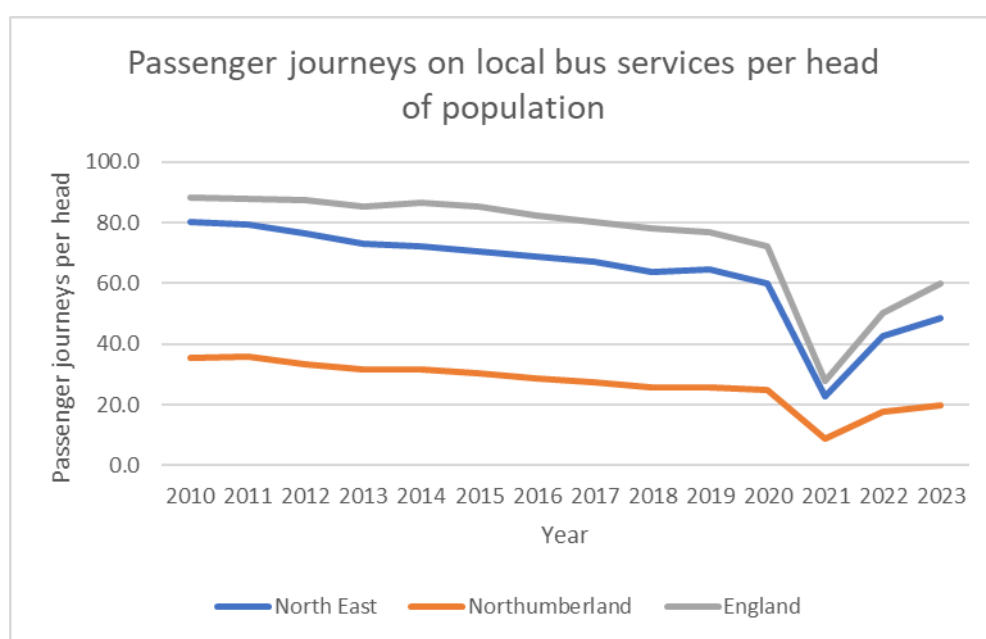

Figure 2. Passenger journeys on local bus services per head of population in Northumberland, the North East and England.(13)

Like the rest of the nation, Northumberland is a car dependent county. 80.3% of households in Northumberland have one or more cars or vans according to the more recent census.(14) Our society's reliance on cars increases the risk for many of 'forced' car ownership, where households buy or maintain a car despite financial struggles.(15) A car was frequently seen as the best route out of poverty as it opened up more job opportunities, as well as being a cheaper mode of transport relative to public transport.(15) The majority of people are in favour of reducing private vehicle use but feel they don't have a viable alternative.(11) Car dependency can further undermine the public transport network, leading to a vicious cycle, where reliance on cars results in reduced public transport options and vice versa.

How does transport affect health?

Transport affects the health of people across society in multiple ways. It can affect it directly, for example through the impact of air pollution. Noise pollution can also lead to

higher levels of stress, sleep deprivation and anxiety, high blood pressure and heart disease and even worsening cognitive function in children.(11) Transport also affects health directly through road safety, with car drivers and passengers accounting for the greatest number of casualties and fatalities in road collisions.(11)

Transport can also affect our health indirectly. Active travel – such as walking and cycling – can help people to get the levels of exercise they need to maintain a healthy weight and reduce the risk of health conditions such as heart disease, cancer, type 2 diabetes and depression.(11) Using public transport means people are also more active than driving.(16) Transport also affects health indirectly by allowing people to access healthcare services, work or school/training and recreational facilities such as cinemas, as well as friends and family. Building a transport system which supports all these elements is particularly key for those who cannot or do not drive and are therefore more vulnerable to health, economic and social exclusion. This includes young people, elderly people, those with disabilities and those who cannot afford to buy or maintain a car. In these groups, a healthy public and community transport network encourages independence, as well as improved wellbeing and quality of life.(17, 18)

Transport and access to healthcare services
We know that delays in accessing medical care results in worse health outcomes. Not having timely access to a General Practice (GP), hospital or pharmacy can mean that chronic diseases are less well managed and there is a delay in the recognition, diagnosis and treatment of new health issues.(19) Poor access to pharmacies and medication refills impacts people's ability to take their medication consistently and appropriately.(19) Transportation issues are a commonly cited reason for missed GP and hospital appointments.(20, 21) In 2021/22 the NHS saw around 7.8million missed appointments.(22) With each missed appointment costing the NHS around £30, this equates to a total cost of around £234 million.(23) A Healthwatch poll in 2022 also showed the impact of the rising cost of living, with the number of people who avoided booking an NHS appointment due to the cost of travel almost doubling to 11%.(24)

Missed appointments and delayed care can have a significant impact on the mental and physical health of our most vulnerable people. A 2019 study found that those with a greater number of long-term health conditions also had a greater risk of missing medical appointments, meaning that those who may need the greatest amount of medical attention are more likely to miss out.(25) The risk of missing an appointment was greater for those with long-term health conditions related to mental health, particularly if mental health issues included alcohol and psychoactive substance misuse.(25) Crucially, repeated missed appointments were associated with a much higher risk of an early death. For people with long-term physical conditions missing two or more appointments in a year meant they were three times more likely to die prematurely than those who had not missed any. For people with mental-health related conditions they were eight times more likely to die prematurely.(25)

The Northumbria Healthcare Trust has made use of technology such as telemedicine (i.e. remote appointments) to overcome challenges of rurality since 2013, for example by reviewing fractures in a virtual clinic to save patients travelling in over long distances.(26) In

2022-23 the percentage of tele consultations in Northumbria Healthcare Trust where patients did not attend (DNA) was also significantly lower at 4.2% than the percentage of face-to-face appointments missed (10.3%).(27) This indicates that telemedicine may be an excellent addition to the type of appointment offered in order to increase attendance. However, while virtual consultations can have a positive impact on how effective and timely care is there is still a lack of evidence on the impact it has on patient safety, equity and patient-centredness.(28) Certain groups are also less likely to use digital services or be potentially disadvantaged. This includes groups who we know to already be more vulnerable in our healthcare system including adults aged over 65 and living alone, people of minoritised ethnicities, people with low computer literacy and those from lower socio-economic groups.(29) Remote consultations are recognised by both patients and doctors to have certain advantages, but the demand for in-person appointments is still high.(30-32)

In 2022/23 the percentage of patients who did not attend an outpatient appointment was higher in Northumberland (8.4%) than the national average (7.7%).(27) This may be due to the size of the county, which means that patients are frequently travelling great distances to attend appointments. A recent analysis of a GP surgery in Ashington demonstrated that the large catchment area meant increased travel time and some users reporting that they struggled to afford the bus fare.(33)
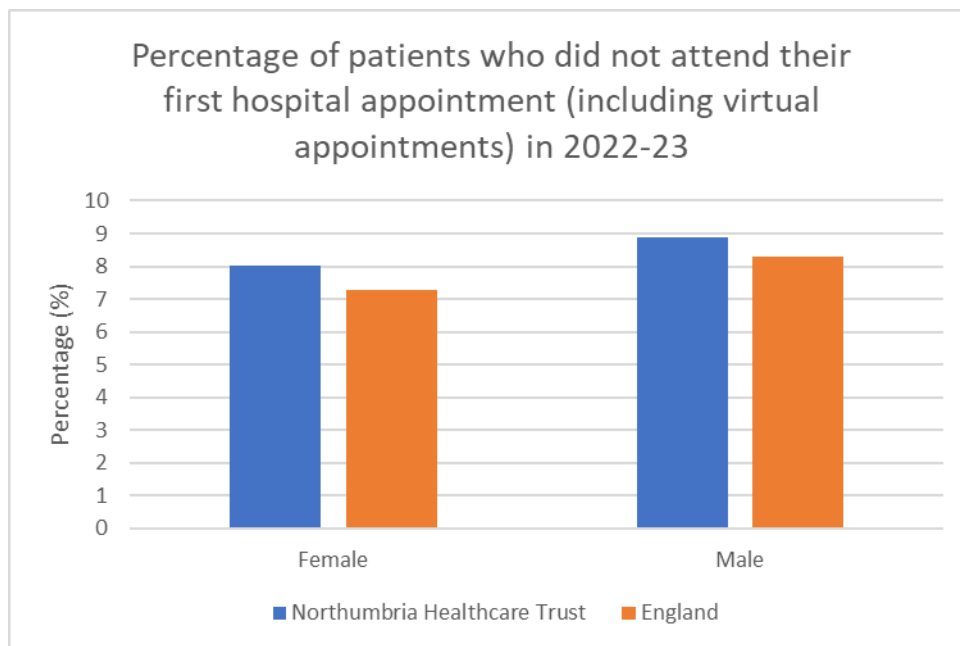

Figure 3. Percentage of patients who did not attend their first hospital appointment (including virtual appointments) in 2022-23.(27)

Transport and access to economic opportunities

Access to work

Being employed is associated with improved mental wellbeing (34) and improved health, particularly mental health.(35, 36) Transport has been shown to play a crucial role in people's ability to get and maintain a job. Better access to public transport increases someone's chances of becoming employed.(37) This is particularly important for those who may not have access to a private vehicle (such as those living in lower income households

18

and younger and older non-drivers) or those living in areas where public transport is scarcer (such as rural areas or deprived urban areas).(37)

Transport policy could play a bigger role in reducing poverty by making it easier for low-income households to access work.(38) Issues such as bus reliability can make people more reluctant to change services as part of their commute. This results in certain areas being 'cut off' as commuter zones, even if they have lots of employment opportunities.(38)

The nature of work impacts travel options that people will have. Low-waged work limits the amount people can spend on travel. One study also found that people felt public transport options often don't allow them to undertake 'atypical' work, such as part-time, temporary or 'flexi' employment or 'zero hours' contracts.(38) Poor transport connections were highlighted as a particular challenge in a recent analysis of coastal communities, where unemployment and part-time employment rates are higher.(39)

Commuters in Northumberland have to travel greater distances than most of the rest of the North East. In 2021 over a quarter (28%) of workers had to travel 10km or more to work.(40) The percentage of workers travelling 20km or more was the highest in the North East.(40) It is no surprise then that car dependency is high, with over half (54%) of workers commuting in a car or van.(40)

Access to education
Inadequate access to transport is also a significant barrier to access and achievement in higher education.(41) Kenyon found that 'non-traditional students' may not be able to relocate to attend university.(41) This demographic tends to include mature students, Black and Asian students, women and those living in council flat areas.(41) For these students barriers in the form of transport availability, reliability, cost and travel time means that they are more likely to be excluded from higher education opportunities. The study also found that investing in virtual education is not the answer, as students considered virtual education second-rate and felt that it excluded them from other essential aspects of the student experience (such as social contact and access to sporting opportunities).(41) Data has also shown that in England at secondary school level schools that are more geographically isolated are more likely to under-perform.(42)

The way children get to school has changed significantly in the last two decades. In 2002-3 60% of children in the North East aged 5-16 walked to school, whereas in 2022 this had almost halved to 36%.(43) However, while a higher percentage of children travel to school by car, a higher percentage also use public transport such as a local or private bus.(43) This shows that public transport still plays a crucial role in almost a third (28%) of school trips.(43)

Impact of transport cost
Households in the North East household spend more of their weekly budget on transport than the UK average. In 2020/21 the average household spent around 4% of their household weekly spend on petrol and diesel and the equivalent of 5.8% on vehicles.(44) Both are higher than the UK equivalents (3.4% and 5.1% respectively).(44) This higher share of expenditure means that recent high rates of inflation for petrol and diesel have a

particularly large impact in the region. Households also spend a higher percentage of income on bus and coach fares, though less on rail, likely due to the limited rail network in the county.(44)

While owning a car makes finding and keeping a job easier, the economic stress that forced car ownership (FCO) can have on households is significant. Although households with FCO tend to have lower levels of material deprivation they have higher levels of in-work poverty (when a working person's income, after housing costs, is less than 60% of the national average, meaning they don't earn enough to meet the cost of living)(45) and fuel poverty than households without a car.(46) This means that even though such households tend to have a higher income, their levels of economic strain are similar to lower-income and more materially deprived households.(46)

Transport and access to social opportunities

Transport plays a key role in addressing the health impacts of social isolation. Social isolation has been shown to have a significant impact on physical and mental health. People who are socially isolated are more likely to smoke and less likely to exercise, and are at higher risk of depression and anxiety.(47) Due to the impact on their health they are at a higher risk of death than those who are more integrated in their communities.(48)

Over a fifth (21.3%) of people who live in the North are at risk of social exclusion due to issues with the transport system, known as transport-related social exclusion (TRSE).(49) TRSE means that people cannot achieve the high level of mobility needed to participate fully and meaningfully in society. While key destinations such as supermarkets appear relatively accessible, people report struggling to access social opportunities such as childcare, leisure opportunities and caring responsibilities.(49) Experiences of public transport also ranked highly in those who subjectively felt more socially excluded.(49) Unreliability and uncertainty around public transport options, as well as increased travel time due to delays or distance travelled all impacted how much people felt able to rely on their network of family and friends, or access formal care facilities.(49)

Transport and inequalities

The impact of transport on access to healthcare does not affect everyone equally. People in our poorer communities face higher transport barriers to accessing healthcare than those in our wealthier communities.(19)

Those aged over 65 can find it difficult or very difficult to travel to a hospital, particularly if they have extra accessibility needs such as being a wheelchair user.(50) Making public transport accessible to this age group is particularly important as older people who use public transport often have been shown to have improved lower limb muscle strength and physical fitness.(51) As a result they can stay in better health and more independent for longer. Factors such as socioeconomic status and age can overlap, making elderly people from deprived areas even more vulnerable.(52)

Women are more likely to travel by public transport across almost all age groups and are also more likely to be a car or van passenger rather than driver.(53) This suggests that they

are less likely to have access to their own vehicle and are more reliant on public transport, making them more vulnerable to poor public transport networks.

Some people, including minoritised ethnicities and LGBTQ+ individuals may be wary or fearful of using public transport or feel that they don't belong in public transport. This is sometimes referred to as spatial exclusion.(49) Income inequalities may also make them more vulnerable to economic barriers.

LGBTQ+ individuals are also more likely to experience spatial exclusion, particularly those perceived to be transgender.(49)

Those with disabilities frequently experience issues around accessibility. This can be due to physically inaccessible spaces for wheelchair users, or inaccessibility in the presentation of travel information for those who are hard of sight or hearing, or who are neurodiverse.(49)

The importance of intersectionality
When considering what may make people more likely to experience health inequalities we should always bear in mind that one person may be subject to various 'axes of inequality'. For example, they may be both a woman and of a minoritised ethnicity, or they may be both LGBTQ+ and have a disability. The way in which multiple forms of inequality or disadvantage can compound is known as intersectionality. It is important that we consider how the different ways in which people can be marginalised will impact their ability to access and use transport networks, and how we can address these different forms of marginalisation.

Chapter 5: Transport demand and current provision

When looking at transport we need to understand what our county and its communities look like, as well as how and why people travel. Assessing current use of public and community transport systems can be difficult, as relatively little routine data is collected. The following section draws together the information collected regularly by bodies such as the Department for Transport and commercial services. It also presents the results of internal analysis of bus and rail services undertaken within NCC.

As the main focus of this report is on inequalities, the data presented focuses on the four key 'domains of inequality' mentioned earlier: geography, socio-economic status, protected characteristics of passengers and vulnerable groups of passengers.

What do our communities look like?

Geography

Within Northumberland the majority of the county is classified as 'rural'. Figure 4 shows the classification of areas with the public bus and rail transport network overlaid. We can see that the most rural areas (rural village and dispersed in a sparse setting) are concentrated in the North and West. Visually we can see that these areas also have fewer public transport services.
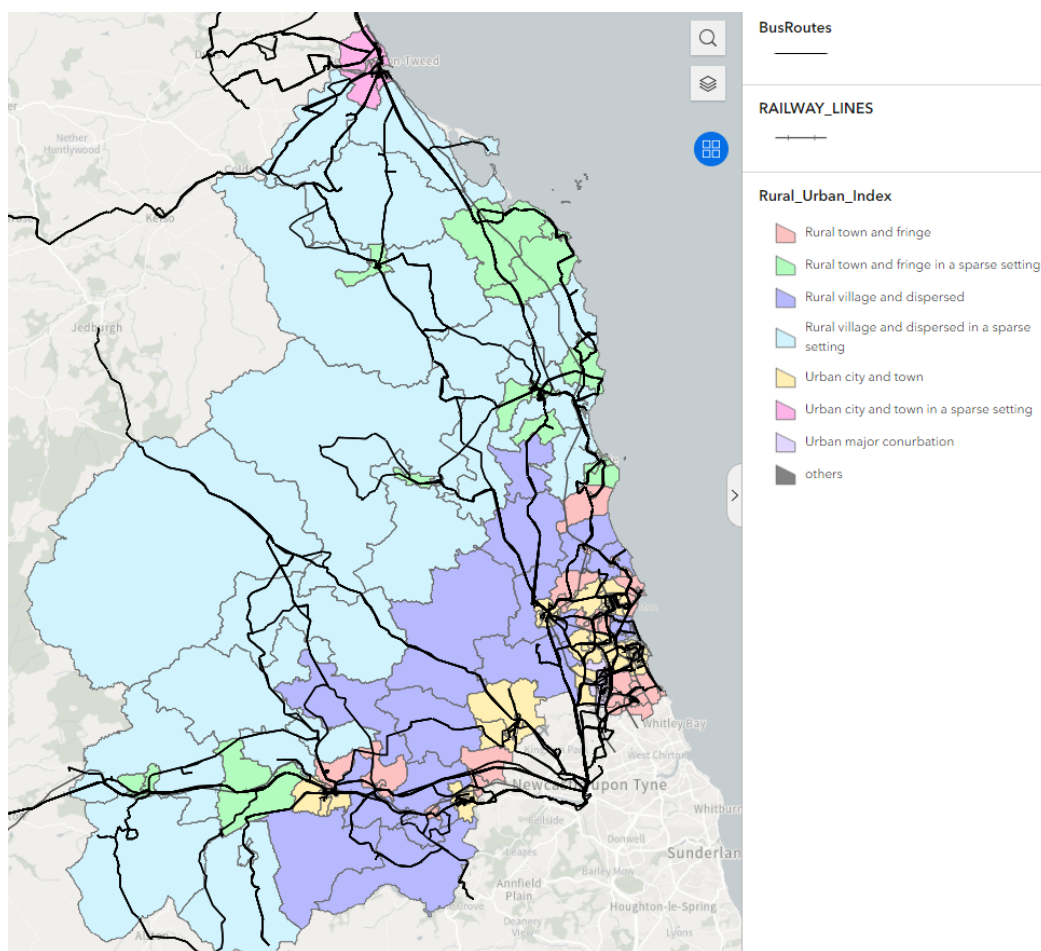

Figure 4. Map of the public transport network within Northumberland with base layer of rural/urban index.

A lack of access to public transport will leave communities more reliant on private transport. This could lead to a 'chicken and egg' situation, where reliance on private transport leads to reduced patronage of public transport and consequently a decrease in commercially viable services. The resulting reduction in services then leaves people even more reliant on cars. This supposes, however, that those without access to a rich network of public transport have alternative private transport available. Figure 5 shows that this is not the case. In some of our most rural areas up to 28% of households do not have access to a private vehicle. This means that in some areas almost a third of our communities are left reliant on public transport, community transport or the goodwill of friends, family and neighbours to allow them to access the healthcare, employment and social opportunities that keep them well. A caveat to this is that due to the low numbers of people living in some areas, this percentage may only equate to small numbers of people.
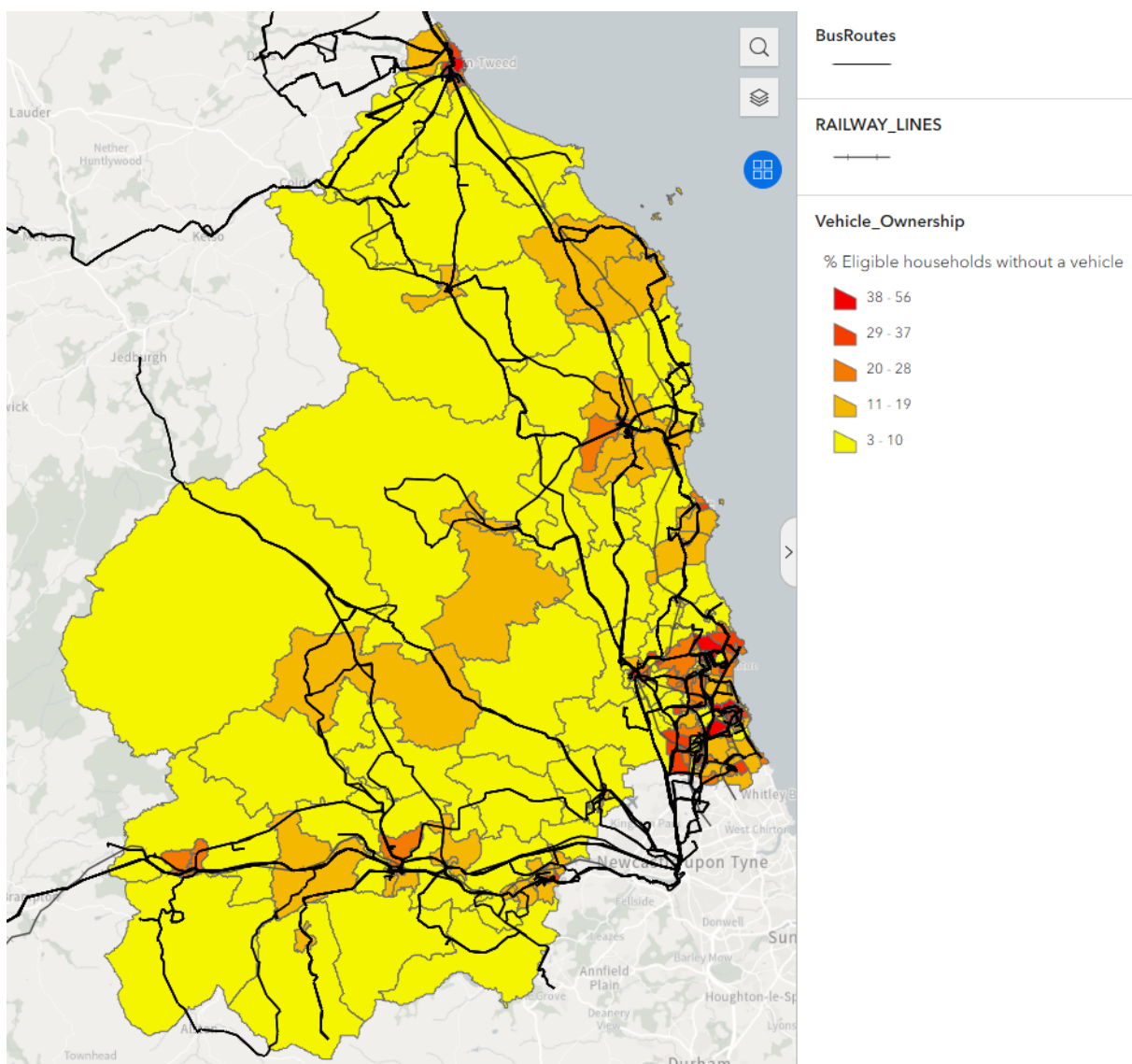

Figure 5. Map of the public transport network within Northumberland with base layer of percentage of households without access to a private vehicle.

Socio-economic status

In 2019, 12.6% of the population in Northumberland was income-deprived.(54) Deprivation does not only refer to economic factors and employment. Deprivation scores also consider a household's level of education, health and disability status and quality of housing. In 2019 Northumberland's deprivation score fell slightly above the England average, though it was the lowest of all local authorities in the North East, as shown below.

Area ▲▼	Recent Trend ▲▼	Count ▲▼	Value ▲▼	
England	–	-	21.7	
North East region	–	-	28.0	
Middlesbrough	–	-	40.5	
Hartlepool	–	-	35.0	
South Tyneside	–	-	31.5	
Sunderland	–	-	30.6	
Redcar and Cleveland	–	-	29.8	
Newcastle upon Tyne	–	-	29.8	
Gateshead	–	-	28.2	
County Durham	–	-	26.8	
Stockton-on-Tees	–	-	25.8	
Darlington	–	-	25.7	
North Tyneside	–	-	22.3	
Northumberland	–	-	22.1	

Source: English indices of deprivation 2019, Ministry of Housing, Communities & Local Government

Figure 6. Deprivation scores by North East local authority, 2019.(55)

While this is reassuring, we know that overall deprivation scores for an area can mask significant differences within that area. In Northumberland, almost a fifth (19.8%) of neighbourhoods were in the 20% *most* income-deprived neighbourhoods in England.(54) In contrast, 22.8% of neighbourhoods were the 20% *least* income-deprived in England.(54) The gap between the least deprived areas and most deprived areas was 45.8%, as shown in Figure 7.(54) This means that in areas of most deprivation almost 50% more people are deprived, showing that deprivation is very concentrated in a few neighbourhoods.

Range and population weighted average of income deprivation levels for neighbourhoods within Northumberland

Figure 7. Income deprivation gap for Northumberland, 2019.(54)

Figure 8 shows the deprivation scores of different areas across the county. The index of multiple deprivation (IMD) ranks areas across the country into deciles, from 1 to 10. The first decile indicates the least deprived 10% of neighbourhoods, while the 10th decile indicates the most deprived 10% of neighbourhoods. Therefore the darker the purple, the more deprived the neighbourhood. A lot of deprivation clusters in urban areas such as Blyth or Berwick-upon-Tweed. However, we still have areas of high deprivation in rural settings where the provision of public transport is less densely clustered. This means that communities who may have less resources to buy or maintain a private vehicle may also have less access to public transport networks. This increases the risk of either forced car ownership (where running a car comes at the expense of other basic needs) or means people here struggle to access opportunities.
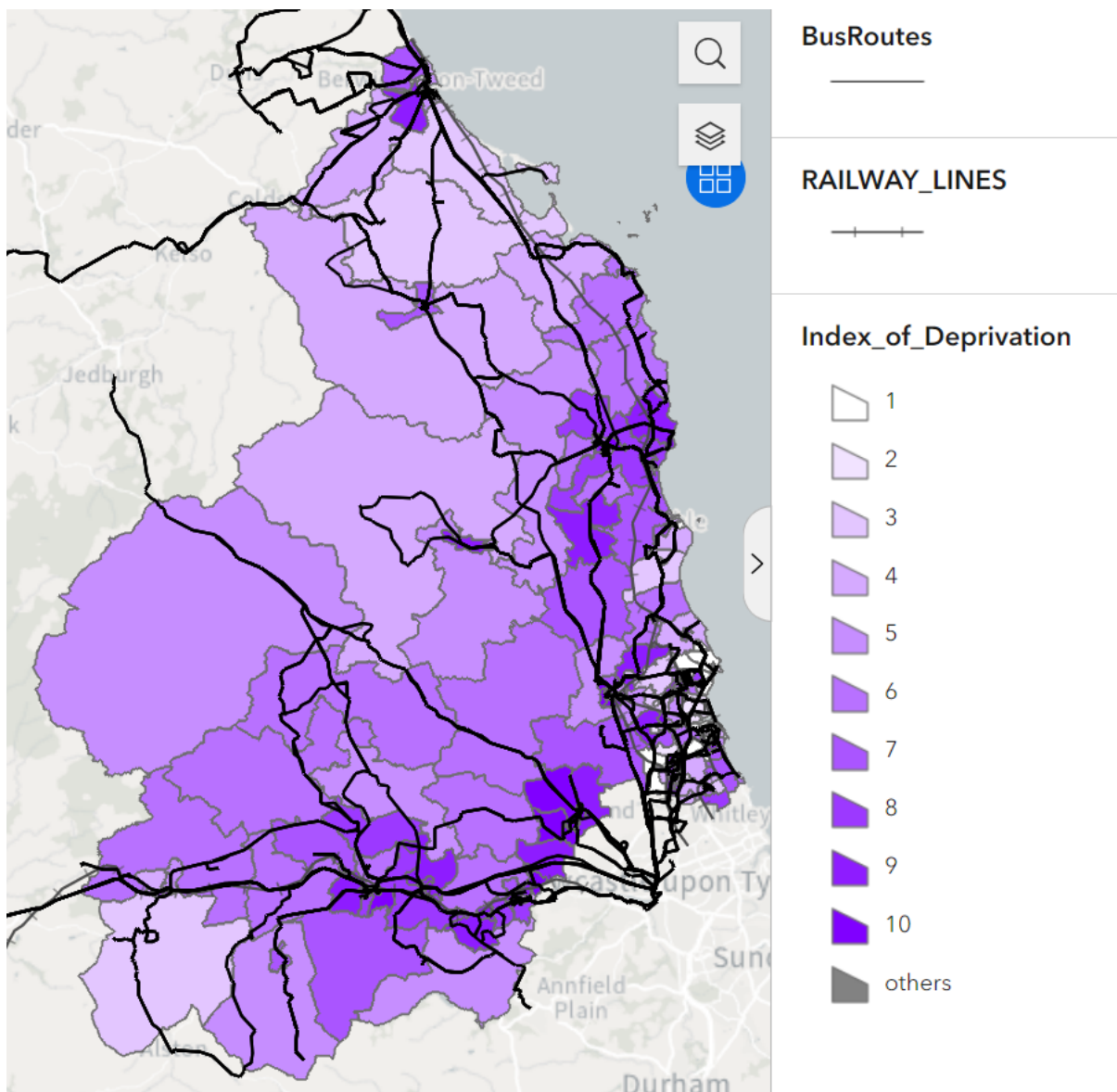

Figure 8. Map of the public transport network within Northumberland with base layer of index of multiple deprivation (IMD) score.

25

One outcome of certain areas having both high levels of deprivation and lower levels of public transport networks could be a difficulty in finding or accessing employment. In 2023 Northumberland's employment rate for those aged 16 to 64 was 70.1%, lower than the regional average.(56) In 2023 unemployment in Northumberland decreased from 4.6% to 3.6%, echoing a similar decrease across the North East.(56) The Claimant Count (i.e. the number of people claiming unemployment-related benefits) was also lower in Northumberland than other local authorities in the North East (see Figure 9).
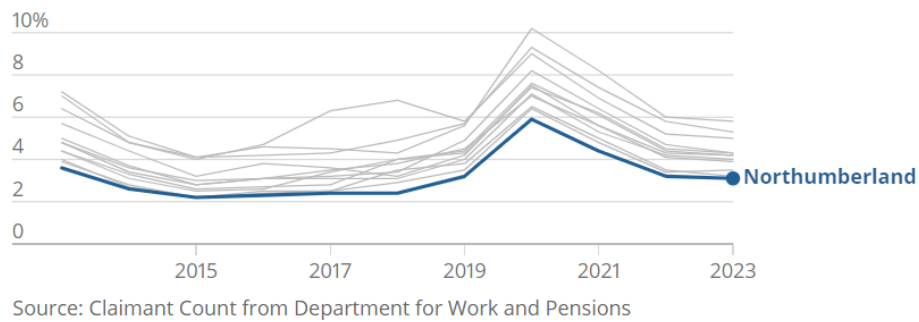

Source: Claimant Count from Department for Work and Pensions

Figure 9. Claimant count (%) for areas in the North East, 2013-2023.(56)

However, an increasing percentage of the population are classed as 'economically inactive'. This means they are not in employment but have not been seeking work in the previous 4 weeks or were unable to start work within the next 2 weeks. This could include retirement or being long-term sick or disabled. Economic inactivity in Northumberland is higher than across the North East and Great Britain, as seen in Figure 9. Reasons for this are explored under 'protected characteristics' below.

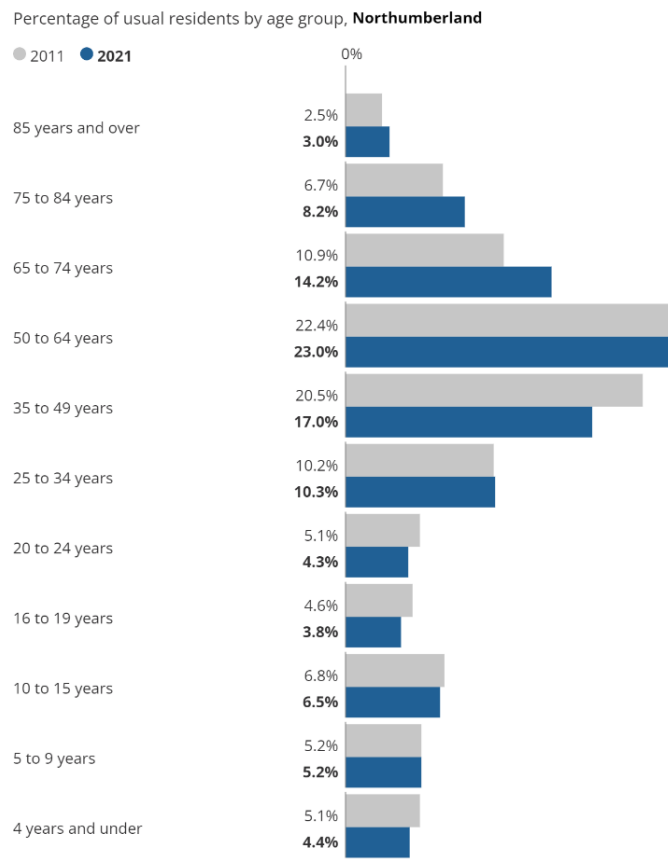Residents aged 16 to 64 years (%), year ending June 2023
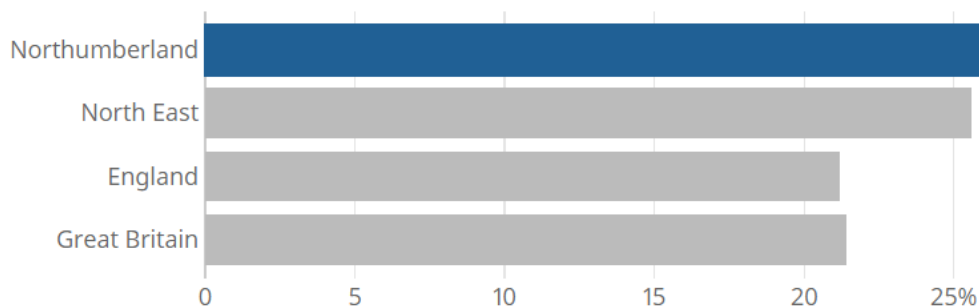
Source: Annual Population Survey from the Office for National Statistics

Figure 10. Economic inactivity in Northumberland, the North East and England for residents aged 16 to 64 years (%), 2023.(56)

Protected characteristics of passengers
   i)   Age

The population of Northumberland is getting older. Results from the 2021 Census show that the average age in Northumberland increased by 3 years, from 45 to 48 years. This makes it the highest average age in the North East and almost a decade higher than the average age in England (40 years).(57) Figure 11 shows how between 2011 and 2021 the percentage of residents aged between 50 and 74 years increased, while the percentage of those aged 35-49years decreased. Almost half (48.4%) of residents were aged over 50 years.(58)

Percentage of usual residents by age group, **Northumberland**

2011   **2021**

Age group	2011	2021
85 years and over	2.5%	3.0%
75 to 84 years	6.7%	8.2%
65 to 74 years	10.9%	14.2%
50 to 64 years	22.4%	23.0%
35 to 49 years	20.5%	17.0%
25 to 34 years	10.2%	10.3%
20 to 24 years	5.1%	4.3%
16 to 19 years	4.6%	3.8%
10 to 15 years	6.8%	6.5%
5 to 9 years	5.2%	5.2%
4 years and under	5.1%	4.4%

Source: Office for National Statistics – 2011 Census and Census 2021

*Figure 11. Percentage of usual resident by age group in Northumberland, 2011-2021.(57)*

Trends in Northumberland reinforce what can be seen across the UK: more and more older people are living outside of city and town centres.(59) An ageing population has implications for the public and community transport systems. As people become older they are at higher risk of developing health conditions which can preclude driving. This includes physical health conditions (e.g. reduced eye-sight through conditions such as macular degeneration) and mental health conditions (e.g. increased risk of dementia). Reliance on spouses can be difficult as partners age too. This means communities become more dependent on public and community transport, as well as informal networks such as family and friends.

ii) Sex

In 2021 Northumberland residents numbered slightly more women (51%) than men (49%). Men and women have been shown to travel differently, with women typically making more frequent, shorter journeys due to domestic and caring responsibilities.(60) Public transport networks in Northumberland mimic the standard model in the UK which prioritises long distance journeys from the outskirts into city and town centres during peak hours. This fails to meet the mobility needs of women and other groups who do not conform to a standard 'commuter' pattern such as children and teenagers, the elderly, informal workers and those with varied work patterns such as shift workers.

iii) Disability

In 2021 8.3% of Northumberland residents were identified as being disabled and limited a lot.(57) This was a slight decrease from 9.4% in 2011. A higher percentage of people also rated their health as 'very good'. While this is good news, we must bear in mind that once again averages can hide disparities within the county. Figure 12 shows the public transport network overlaid over a map indicating the percentage of residents who were identified as being disabled and limited a lot in their activities. While higher percentages are clustered in urban areas in the southeast it shows that in some rural areas with few PT services over 1 in 10 people (11.2%) were disabled and limited a lot. A lack of transport provision can impact these people in two ways: their disability may mean they are less likely to be able to drive a private vehicle, making them more reliant on PT and CT networks. Their disability may also mean they have to access services such as healthcare services more often, so that their demand for transport is greater.
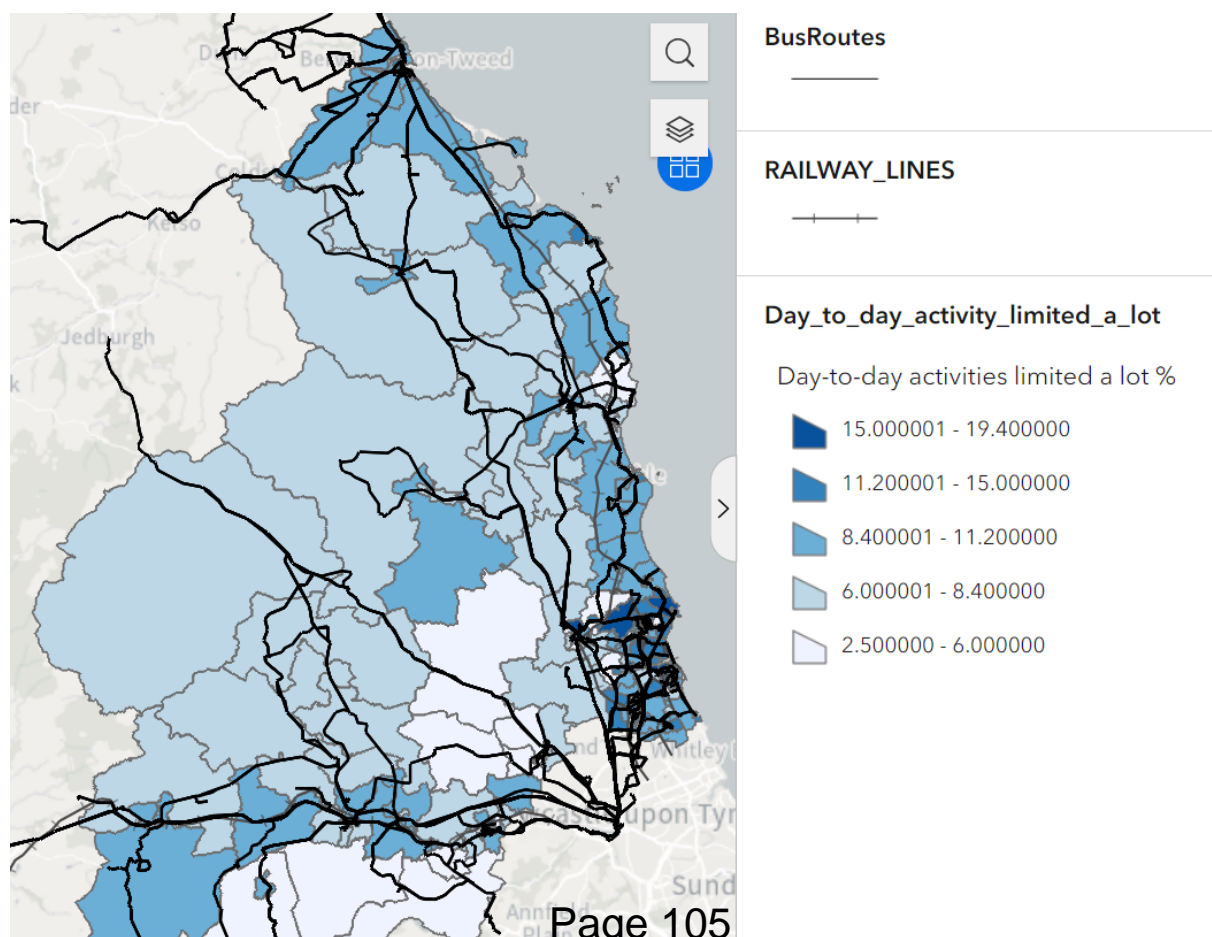
Figure 12. Map of the public transport network within Northumberland with base layer percentage of residents who were disabled and limited a lot.

    i)   Unpaid carers

Unpaid carers contribute the equivalent of 4 million paid care workers to the social care system.(61) They play a hugely significant role in keeping the most vulnerable members of our society well. However, carers are themselves a vulnerable group. Caring responsibilities can have a direct impact on a person's health including higher levels of stress, disturbed sleep, increased financial strain and ignoring their own health needs in order to prioritise the needs of the person they are caring for.(61) Unpaid care is more likely to be undertaken by women and those from minority ethnicity backgrounds. There is also a higher percentage of people providing unpaid care in the most deprived areas of England than the least deprived.(61) We know that these three groups also tend to rely more on community and public transport. Good transportation systems are therefore vital in providing access to key pillars of support for both carers and the person they are caring for, such as access to healthcare services and opportunities for social activities and respite.

In 2021 the North East had the largest proportion of people providing unpaid care (10.1%) and also had the largest proportion of people providing 50 or more hours of unpaid care per week (3.4%).(61) Figure 13 shows the proportion of people providing unpaid care for 1 or more people in household with a long-term health problem or disability. Again we can see that some areas with a high proportion of unpaid carers appear to have relatively few public transport links.
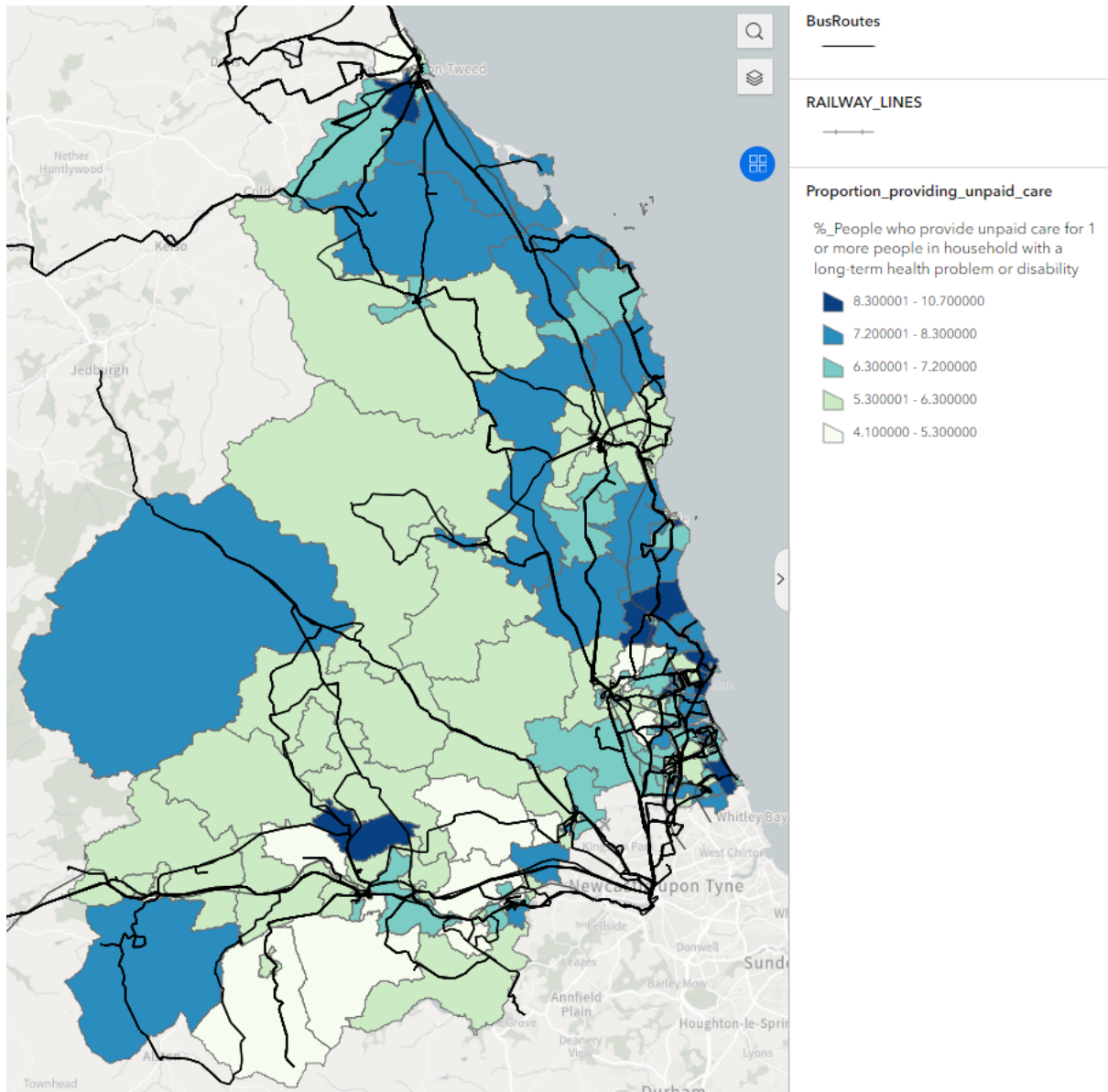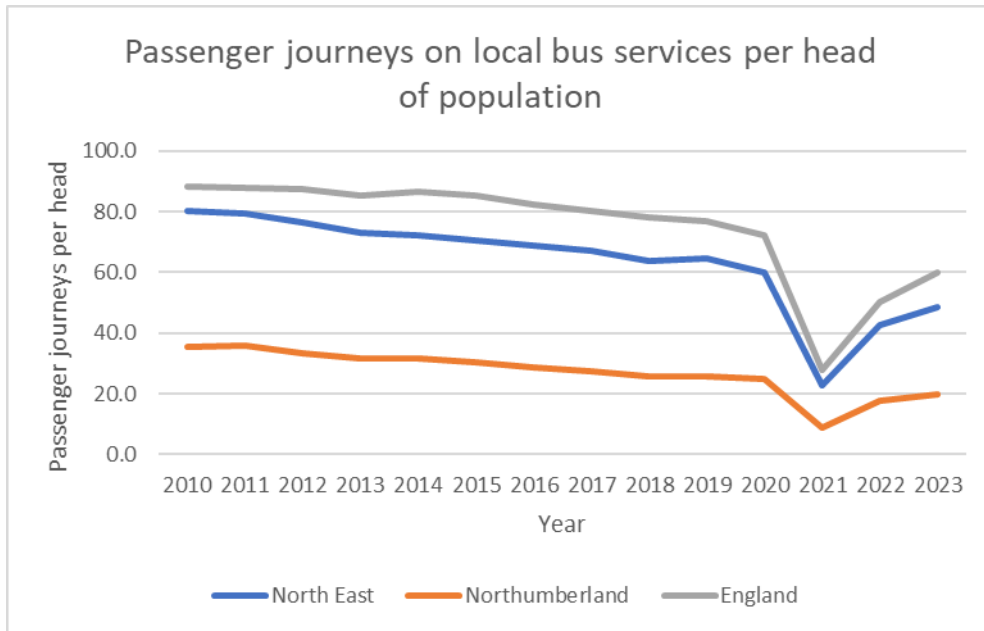
Figure 13. Map of the public transport network within Northumberland with base layer percentage of residents who provide unpaid care.

How and why do people travel in Northumberland?

How are people travelling in Northumberland?

Use of local bus networks has been declining steadily since 2010. As seen in Figure 14, 2019-21 saw a sharp decline in patronage, largely due to restrictions surrounding the COVID pandemic. While patronage is picking up again, it is still not at pre-2019 levels.

Page 107

Figure 14. Passenger journeys on local bus services per head of population in Northumberland, the North East and England.(13)

Passenger journeys on local bus services per head of population

Those who travel by bus in Northumberland tend to do so regularly, with the majority travelling 5 or more days a week (Figure 15).
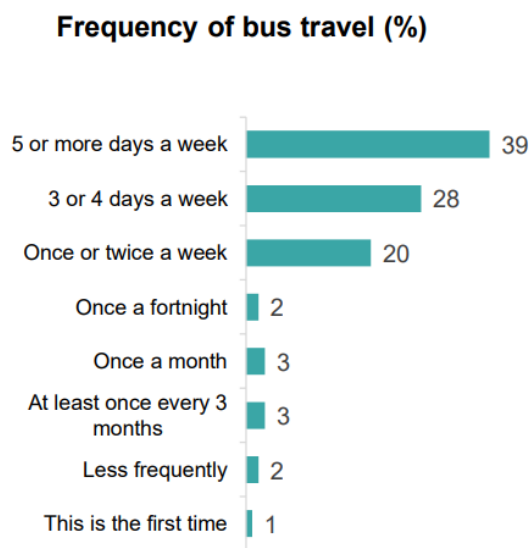
Frequency of bus travel (%)

Figure 15. Frequency of bus travel in Northumberland, 2023.(62)

Who is using public and community transport in Northumberland?
Bus users in Northumberland are more likely to be female (51% of users) and aged over 70 years (30%).(62) Travel patterns show that men are more likely to travel during peak periods, while women form the greater proportion of passengers in off-peak periods.(62) This reflects what we saw in the literature, which is that men are more likely to use PT to commute while women may use it more for domestic or care-taking activities throughout the day.

While the numbers of people using the bus has fallen, the proportion of elderly and disabled people bus passengers has remained reasonably stable over the past decade. Though there has been a slow decline in the proportion of these passengers travelling in the North East generally (see Figure 16), Northumberland continues to have a higher than national average amount of elderly and disabled bus patrons. In 2023 over a third (35%) of passenger journeys on local bus services in Northumberland were undertaken by concessionary pass holders.
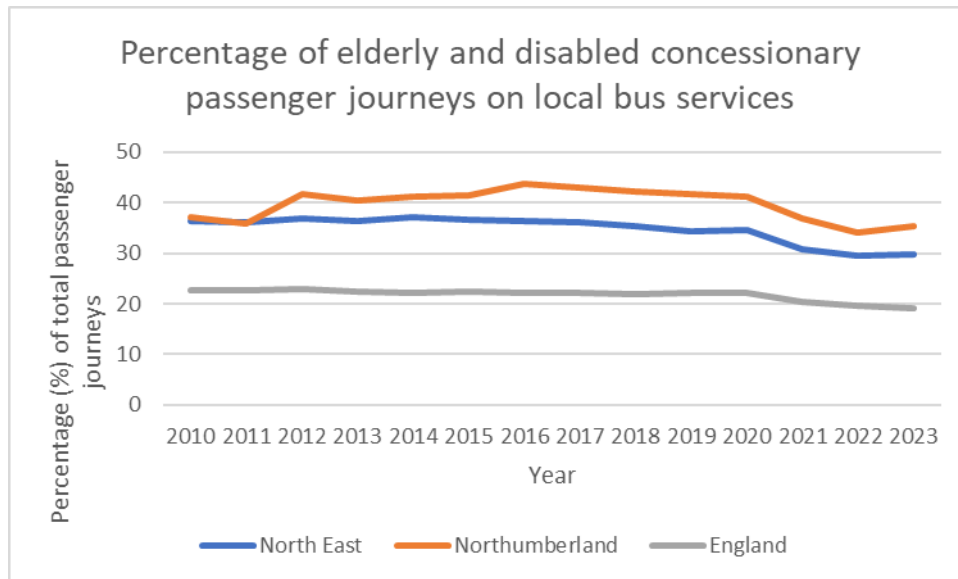

Figure 16. Percentage of elderly and disabled concessionary passenger journeys on local bus services in Northumberland, the North East and England.(13)

Why are people using public and community transport in Northumberland?
In 2023 a survey of 321 bus users in Northumberland found that the most common purpose of their journey was shopping (32%) followed by commuting for work (24%) and accessing leisure opportunities (18%).(62) For those aged 26-59 commuting for work constituted almost half (48%) of their journeys.

For all bus users 49% responded that their main reason for taking the bus was that they did not have the option for travelling by other means. Perhaps surprisingly this reason was more common among fare-paying passengers than among free pass users, particularly among women and those aged 26-59.(62) Over a third (38%) reported difficult access to a car, which meant that they themselves didn't drive or have access to a car, and also did not have anyone else to ask to drive them.(62) This again highlights the great reliance that many people in our county place on publicly available transport networks.

What do our public transport networks look like?
    i)   Rail networks
The rail network within Northumberland is seen in Figure 17 below. As can be seen there is some provision for coastal communities and some larger towns in the West only.
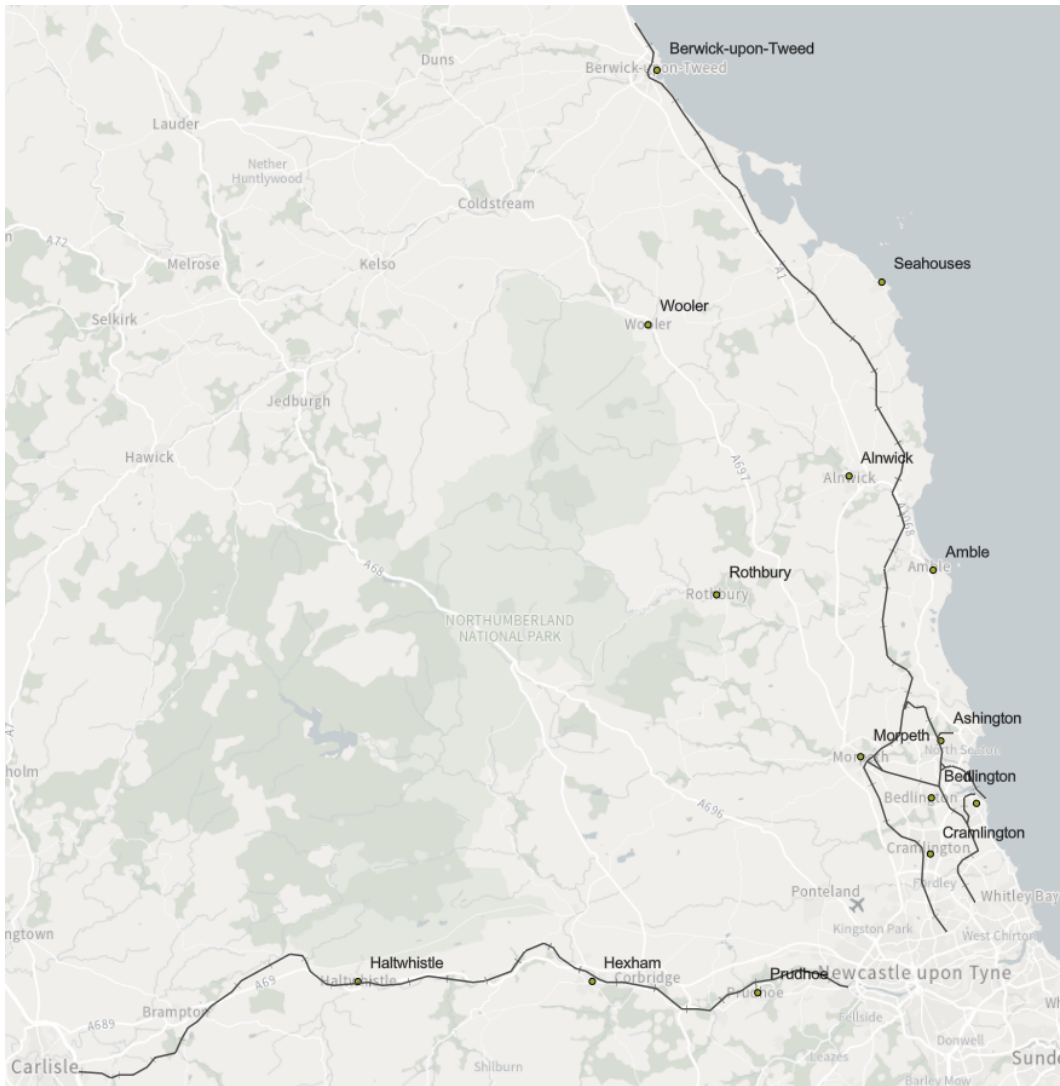
Figure 17. Map of the rail network in Northumberland as of December 2023.

ii) Bus networks

Figure 18 demonstrates the bus networks within the county. These appear to supply most larger towns.
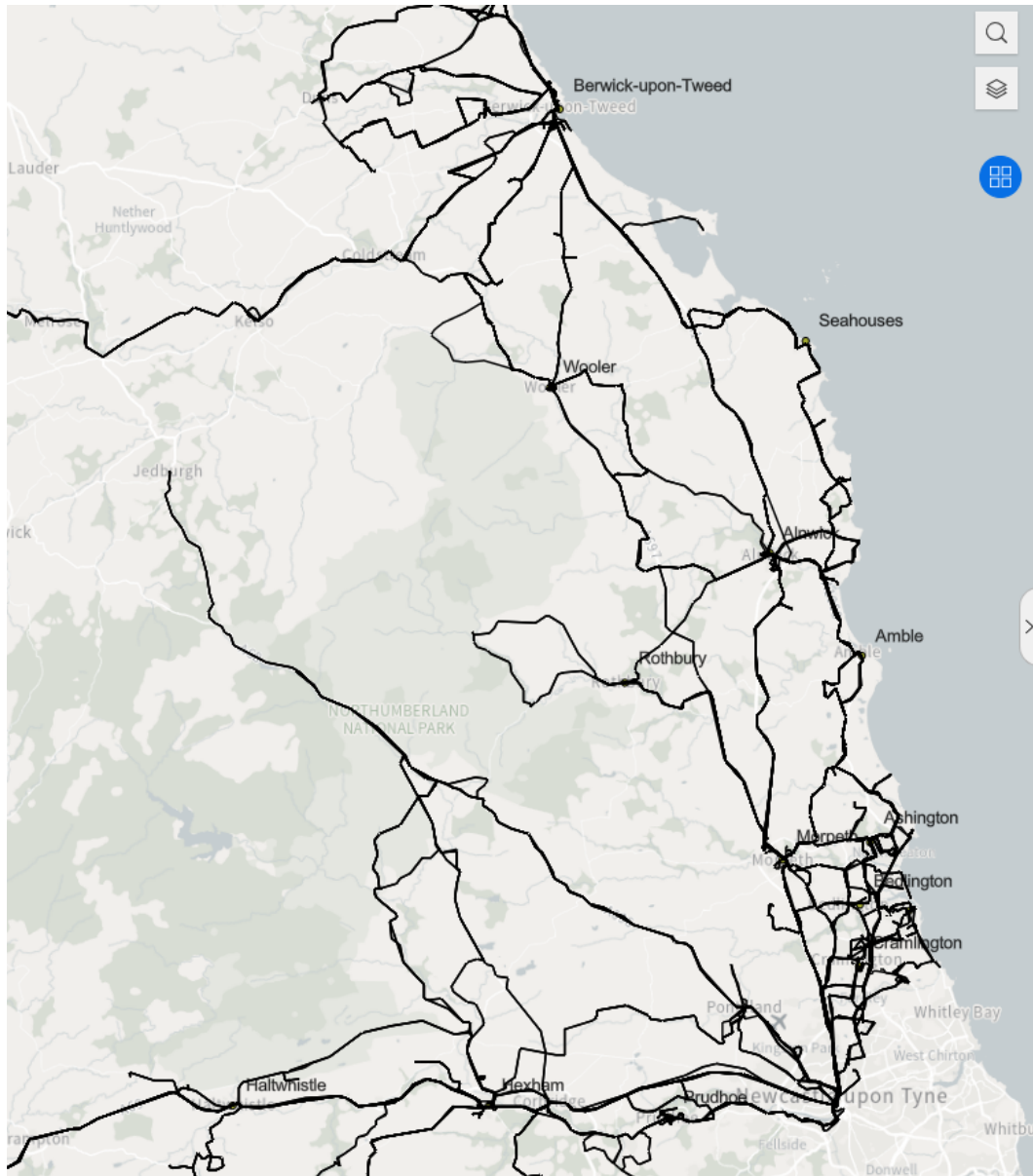
33

Figure 18. Map of the bus network in Northumberland as of December 2023.

Access to key amenities

Figure 19 plots key institutions such as schools, General Practices, and pharmacies onto the existing public transport network. While most pharmacies appear to fall along service routes, several GPs and schools do not have an obvious public transport link, which could make them difficult to access for households with no access to a private vehicle.
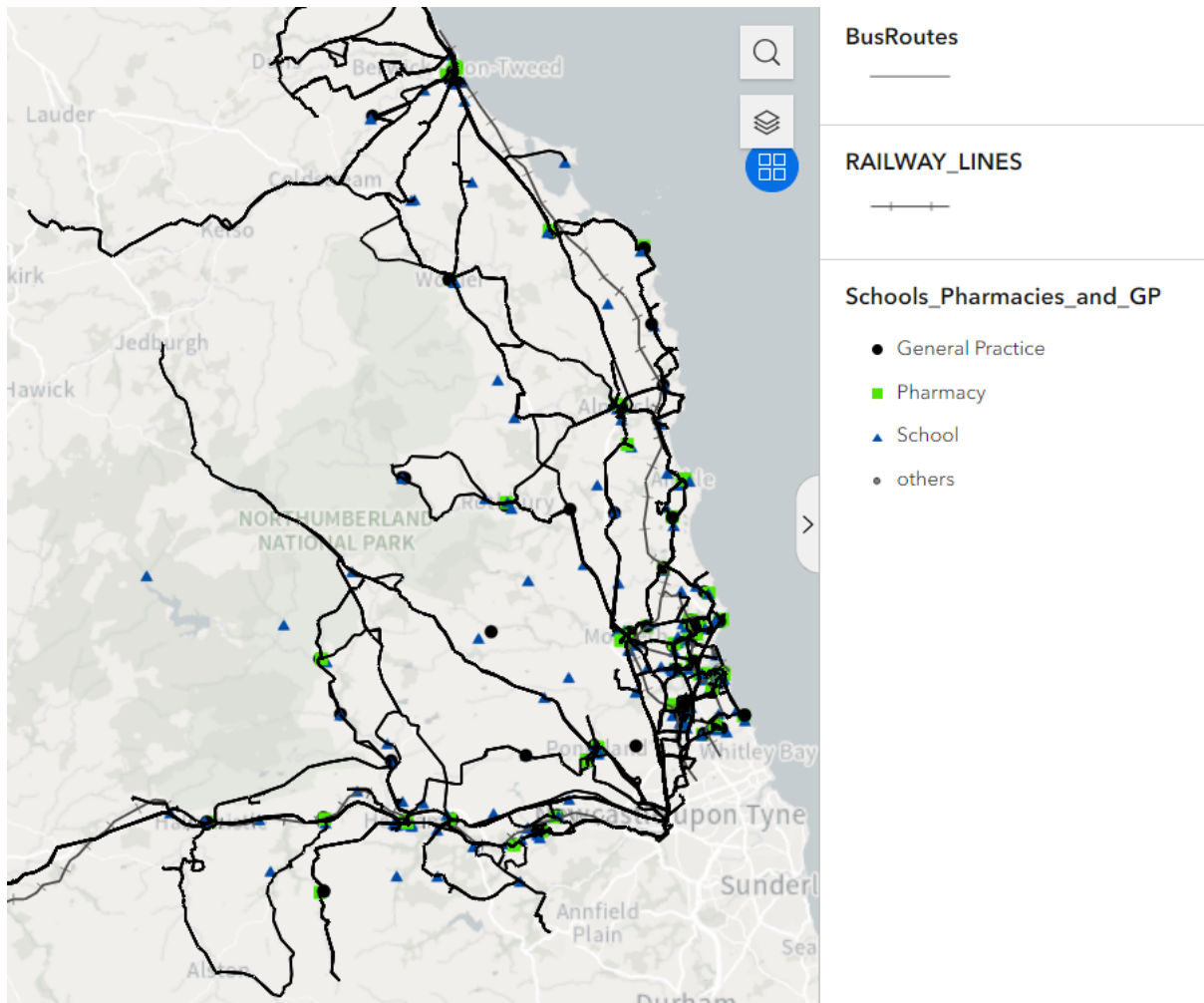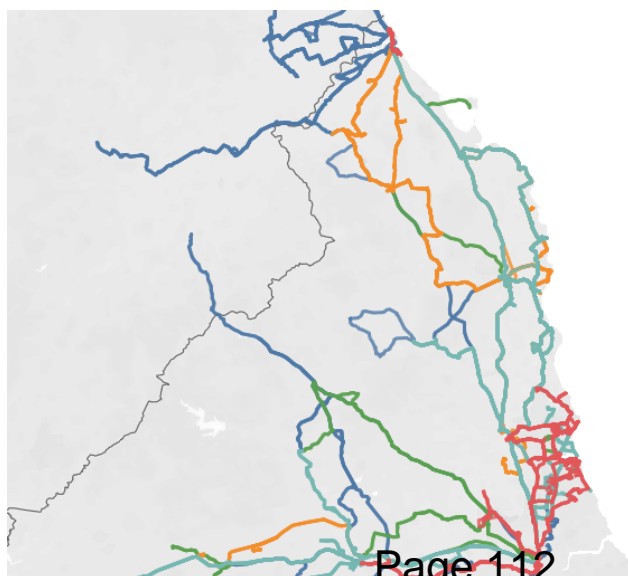
34

Figure 19. Map of the public transport network within Northumberland with proximity to General Practices, schools and pharmacies, as of December 2023.

Frequency and timing of services
The existence of a service alone does not tell us much about how this practically supports travel. Further analysis demonstrates differences in service frequency that show that urban areas and coastal routes have more frequent bus service provision than rural areas inland. This is seen below in Figure 20, and more clearly when each category of frequency is considered separately, as in Figures 21-24.

Figure 20. Bus network in Northumberland by frequency of daytime peak service, as of December 2023.

35

Figure 21. Bus networks in Northumberland operating infrequently at peak daytime hours, as of December 2023.

Page 113

Figure 22. Bus networks in Northumberland operating at 2 hours or less at peak daytime hours, as of December 2023.

Figure 23. Bus networks in Northumberland operating at 60 minutes or less at peak daytime hours, as of December 2023.
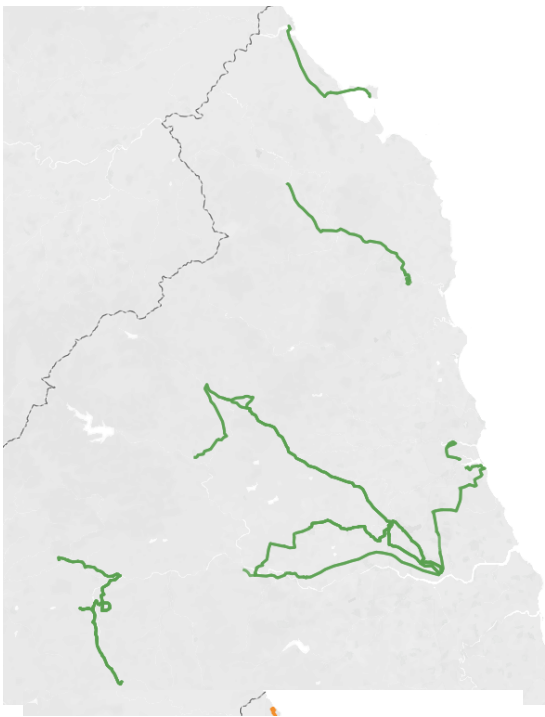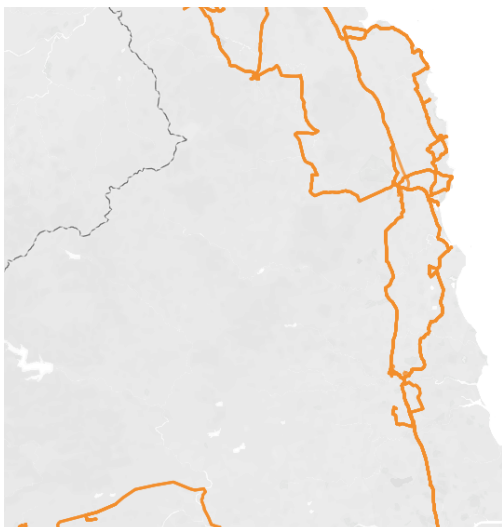
Fig xx. Bus networks in Northumberland operating at 30 minutes or less at peak daytime hours, as of December 2023.

Figure 24. Bus networks in Northumberland operating at 30 minutes or less at peak daytime hours, as of December 2023.

Analysis of current services also highlights a lack of evening services outside of urban areas. Figure 25 shows that once again urban centres in the southeast and the main 'arteries' of the coastal road and link between Newcastle and Carlisle have evening services, while many rural areas do not. This could limit access to both employment and social opportunities that require people to travel outside of the 9 to 5 working day.

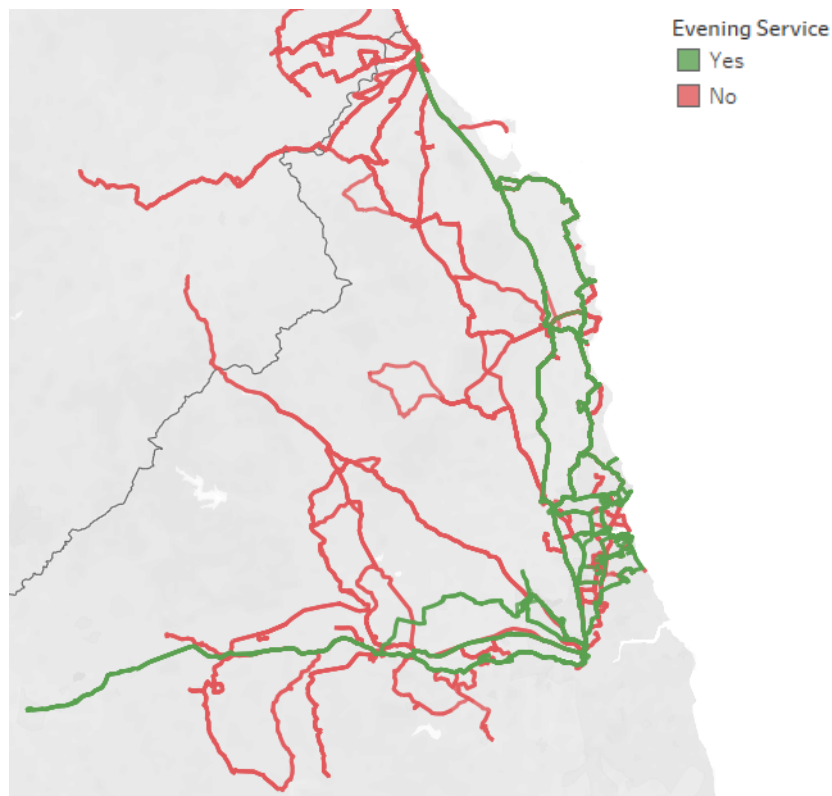*Figure 25. Bus network in Northumberland by provision of evening service, as of December 2023.*

Potential f...

Most rural routes are also supported by the local authority, as seen in Figure 26 below. The impact of the COVID pandemic can also be seen in Figure 27, which demonstrates an increased number of previously commercially viable routes in urban areas which became supported by NCC after 2020.

38

Figure 26. Bus network in Northumberland supported by NCC pre-2020.
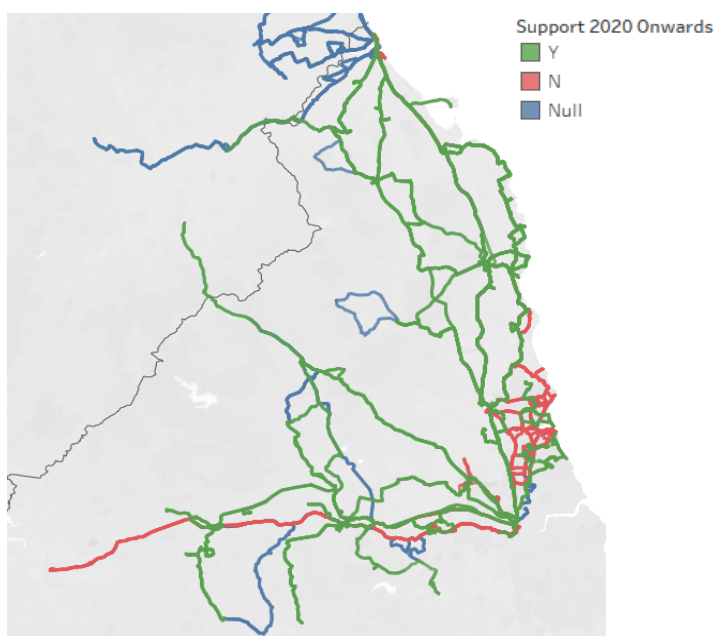
Figure 27. Bus network in Northumberland supported by NCC from 2020 onwards.

Local authority (i.e. NCC) support can make routes more vulnerable to service changes or cuts due to funding changes. With central government grants being cut by 40% in real terms from 2009/10 to 2019/20 (63) local authorities are being required to economise, which could impact transport service provision.

What do our community transport networks look like?

Many communities in Northumberland have recognised the need for more transport options and have established community transport schemes to meet this need. It would be impossible to accurately map all of the schemes that are available. The table below attempts to capture the main providers of community transport in our county and the

services they offer (accurate at time of writing in December 2023). Some are run by charitable organisations whereas others (such as the North East Ambulance Service) are commissioned by large organisations such as the NHS.

Figure 28 is a visual representation of each organisation's scope of service within the county. Many providers told us that in principle they operate county-wide. However the map represents the area within which the majority (~75%) of their transport provision takes place. This is a more helpful indication of which services may be best placed to cater to a specific geographical area.
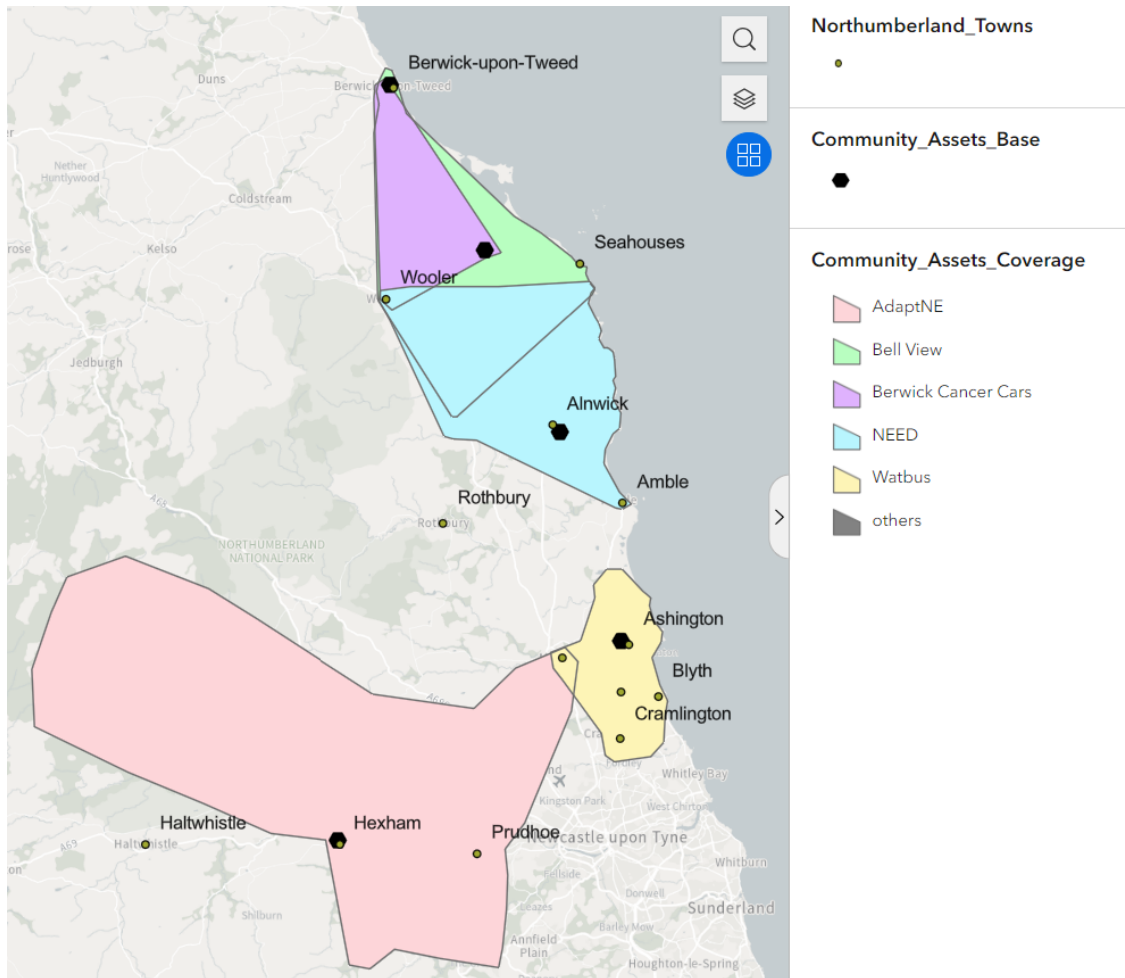
Figure 28. Map of community transport provision within Northumberland by provider as of December 2023.

Table 1 provides more details about the services that each provider offers and to whom. It demonstrates that there are a range of models both in terms of transport provided, who is eligible and how providers fund services.

Name of community transport provider	Service(s) offered	Who can use this service?	Do passengers have to pay?	How is the service funded?	Challenges to and potential fragility of services

| Watbus | 22 vehicles including wheelchair accessible vehicles.

Out 'n' About scheme run with volunteer drivers to facilitate individual journeys to GP / hospital appointments. | No restrictions | Yes for Out 'n' About journeys, though kept low-cost. | School contracts

Passenger contributions to services | Prioritisation of innovation in funding cycles can make sustainable funding difficult.

Reduced patronage due to impact of COVID on passenger confidence.

Lack of communication between CT providers. |
|---|---|---|---|---|---|
| Berwick Cancer Cars | 6 cars, run with volunteer drivers. Provide transport to and from hospital appointments relevant to cancer services. | Anyone with a diagnosis of cancer living in the Belford, Berwick or Wooler areas | No | Donations | Prioritisation of innovation in funding cycles can make sustainable funding difficult.

Lack of communication between CT providers.

Difficulty in volunteer recruitment.

Increasing costs (e.g. car storage, driver insurance). |
| Bell View | 6 vehicles, all wheelchair accessible.

Provide regular services including weekly shopping runs from Belford to Berwick. | No restrictions | No | Donations

Grant funding | Increasing costs (e.g. maintenance of the fleet).

Difficulty in volunteer recruitment.

Prioritisation of innovation in funding cycles can make sustainable funding difficult.

Lack of |

					communication between CT providers.
North East Ambulance Service (NEAS)	Patient transport provided Monday-Friday 8am-6pm. Pre-booked by passengers for outpatient appointments.	Those with an appointment living >30miles away from a hospital	No	NHS funded	Difficult to meet increase in demand due to increased pressures from same-day discharges / support with emergency care. Lack of time to coordinate with other CT providers. Increasing costs (e.g. staff wages).
Adapt North East	10 dial-a-ride (DAR) services (Monday-Friday) which people can book onto. Minibus hire: - with Adapt NE driver (Monday and Friday) - with own driver (anytime at varying rates) Getabout Scheme providing advice for those struggling to get around Northumberland (Phone 01434 600599 for more details)	No restrictions	For DAR services passengers must be an Adapt NE member (£7/year). Concessionary passes accepted.	Grant funding Passenger membership	Prioritisation of innovation in funding cycles can make sustainable funding difficult. Increasing costs (e.g. fuel, maintenance of fleet).
North East Equality & Diversity (NEED)	6 DAR services (Monday-Friday) which people can book onto.	No restrictions	For DAR services passengers must be a NEED	School contracts NEAS contract	Timetabling restrictions due to home-to-school contracts.

	Car and driver scheme for individual appointments including social (e.g. shopping, hairdresser) and healthcare (GP, dentist, hospital)		member (£24/year). Concessionary passes accepted. For the car and driver scheme passengers pay and costing is zonal (Zone A: Alnwick to zone D: beyond Amble, Ellingham and Framble)	Passenger membership Passenger contributions to services	Increasing costs (e.g. fuel, maintenance of fleet). Lack of awareness of services can leave them under-utilised.
Daft as a Brush	Transport of cancer patients to the Freeman/RVI Hospitals. Operate region-wide.	Only those who have been referred by their Oncologist.	No	Donations	Increasing costs.

Table 1. Summary of community transport service providers within Northumberland as of December 2023.

What does the above tell us about need?

We can see from the data that public transport networks are sparser in rural areas and have been decreasing over the last decade. Use of these networks has also fallen, particularly following the COVID pandemic. The geographical spread of the major community transport providers demonstrate good coverage of most of the county. However, this may mask a more limited capacity. While a service may theoretically cover a large area, a small fleet or lack of drivers (either volunteer or paid) may preclude that service from meeting the need of communities across the patch.

While the above data can inform some of our understanding of public and community transport in Northumberland, it cannot tell us the full story of what people need. To gain a more in-depth insight into this we must turn to the results of our communities' voice, as covered in the next chapter.

Chapter 6: Community identified transport needs

The previous chapter has detailed some of the data we have about Northumberland, its residents and how they travel. This gives us some of the picture of how public and community transport is used but often cannot tell us why people choose to travel in one way over another, or what is most important to them. This chapter focuses on the findings of our focus groups and one-on-one conversations with passengers and transport providers of Northumberland. People told us what they valued about the current community and public transport systems, what they found challenging and what they need in the future. Across the county we heard of the need for reliable, flexible, affordable and accessible transport, which takes people from and where they need to go. These key needs are explored in more detail below.

6.1 Reliability

A common theme regarding public transport was the lack of reliability impacting passengers' ability to make it in time to appointments and other opportunities. This issue was largely focussed on buses, which people reported were often cancelled or did not turn up. Some (though fewer) respondents also reported similar issues with trains. This lack of reliability meant that people did not feel able to rely on public transport to make key appointments such as healthcare appointments. This often resulted in two outcomes: some reported having to resort to other transport options such as taxis when buses did not arrive, which was often expensive. Others stated that the lack of reliability meant they had stopped using public transport services altogether. As seen in Chapter 5, the number of passenger journeys per head not yet back up to pre-COVID pandemic levels. This move away from possible public transport routes means that these routes are less likely to be commercially sustainable and therefore in danger of being lost entirely.

Another key aspect of reliability which will be covered more under the theme of 'accessibility' was people's ability to access accurate and up to date information. This was seen as particularly important for passengers who are neurodiverse and for whom unexpected changes or delays to a journey could result in extra anxiety.

Within community transport issues around reliability were often tied to worries about sustainability of the service. Some community transport initiatives reported reduced services due to a dwindling number of users or losses of volunteer drivers. Key challenges to sustainability included:

- Lack of consistent funding and challenges in securing repeat funding. Many CT providers spoke of funding bodies prizing innovation in funding bids, which made it difficult to secure long-term funding for the same scheme. Some providers spoke of funding bodies often wanting evaluation of schemes as a part of the bid. They felt this might deter smaller providers, who may feel they lack the capacity or knowledge to run such evaluation schemes. As the majority (89%) of charities in Northumberland have an income of less than £100,000 and are therefore

counted as small charities,(64) the majority of CT providers will also fall into this category. Some providers had mitigated the impact of short funding cycles by developing a stable form of income in the form of home-to-school or patient transport contracts. This allowed them to subsidise other strands of community transport and keep costs to passengers low or non-existent.

- Difficulty in recruiting or retaining volunteers. Some providers shared that they felt the COVID pandemic had impacted their volunteer base by pausing the active recruitment cycle, resulting in a smaller pool of available volunteers than previously. The demographic of the volunteer pool could also provide particular challenges. For example, any driver aged over 70 years may need revalidation for certain vehicles, which costs more time and money.
- Rising costs of vehicles, fuel and other costs such as insurance were seen as a significant challenge for most CT providers. This is explored further under the 'affordability' section.

6.2 Flexibility

Flexibility of CT and PT offers was another key need identified in discussions. This can be further subdivided into travel time and timetabling.

6.2.1 Travel time

The flexibility of PT options was often seen to be significantly limited by the time it took people to travel between places. Poor connections between services often resulted in increased time spent waiting. This was reportedly exacerbated in rural areas such as the North and West outside of Hexham, where greater geographical distances to services also increased travel time. Multiple people spoke of travel times making PT totally unviable for certain appointments, with one respondent reporting that accessing a 30-minute medical appointment via PT would result in a 6hrs round trip.

There are current examples of work to help reduce travel time for PT passengers. The new Bus Service Improvement Plan (BSIP) will see the introduction of dedicated bus lanes to help give buses priority and prevent delays due to congested traffic.

As community transport is often provided in private vehicles travel time was less of a concern. However, providers still spoke of the strain that long distances placed on their services. Vehicles would often be undertaking a single journey for several hours, leaving it unavailable for others. This was often raised in the context of access to healthcare services, when secondary care centres (such as hospitals) or specialist services (such as specific counselling or wig services for cancer patients) are often based in large urban centres and therefore far away from rural areas.

6.2.2 Timetabling

A recurring concern with timetabling was a lack of evening services. This was a particular concern for young people, whose access to leisure and social opportunities was limited by

their inability to take PT home from hubs such as Newcastle, Hexham and Carlisle. A lack of evening services also impacted communities' access to services such as support meetings for recovery from addiction, which were seen to be as vital to maintaining health as access to a pharmacy or GP.

Quote: 'If I don't attend meetings I get really unwell' (CNTW)

Infrequent services and a lack of evening services means PT options are often incompatible with shift work. Shift working is defined as 'working outside the hours of 7am to 7pm in your main job'.(65) In 2021, the largest employer in Northumberland was the health sector, while the second largest was accommodation and food services (such as hotels and restaurants).(66) Both of these employment sectors have large numbers of employees who work outside of the standard '9 to 5'. We also know that shift workers are more likely to be young (aged 16-24) and from lowest income households.(65) This means that those most likely to work non-standard hours are also most likely to be dependent on public transport to commute. Transport is frequently mentioned by employers as a key issue in poor recruitment, as explored in the 'affordability' section.

Employment in largest North East sectors, North East local authorities
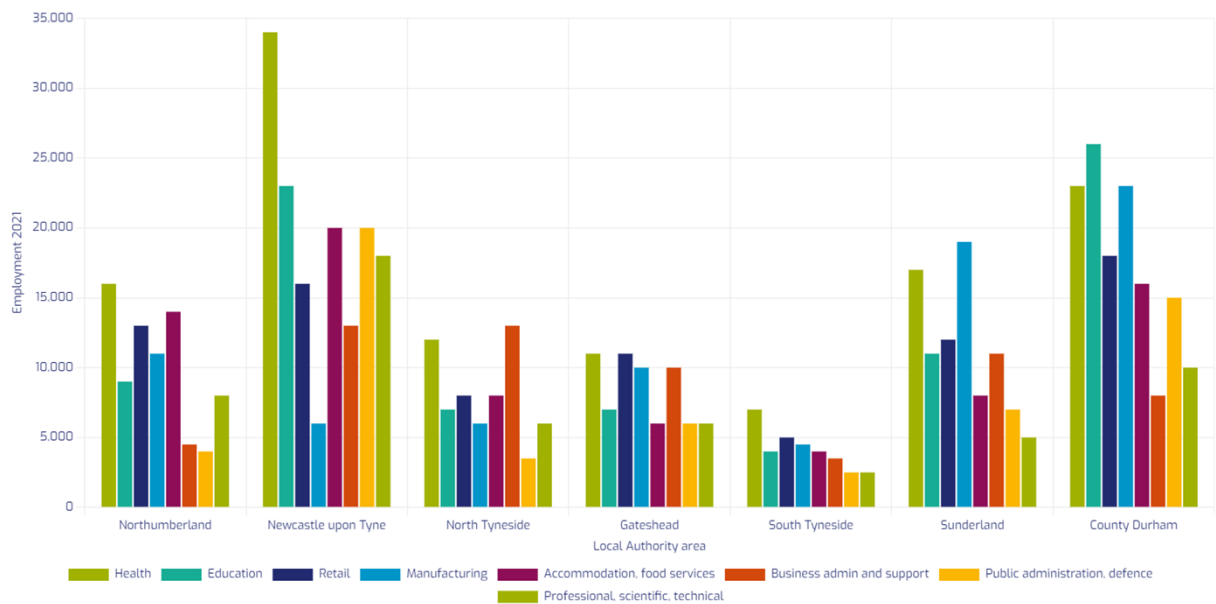

Figure 29. Employment sectors in the North East by local authority, 2021.(66)

People shared that infrequent PT services often resulted having to choose between arriving very early for appointments and engagements or being late. This was another frequent factor in reports that attending even short appointments (such as a 15minute GP appointment) would result in a 'day trip'.

As well as the timetabling itself, it was a lack of access to up-to-date and accurate information which many felt was a real concern. A lack of up-to-date online timetables and 'real time' information (including inaccuracies on platforms such as online apps) made it difficult for passengers to keep up with changes and plan their journey accordingly. A positive exception to this was online apps used for train travel, which were seen to provide accurate and timely updates to issues such as train delays. Lack of access to information is explored in further detail within the 'accessibility' section.

In general, CT options were seen as more flexible and bespoke than PT alternatives. Often offering a 'door to door' service through schemes such as 'dial a ride', community transport providers are able to replicate the convenience of a car more closely than most public transport networks. However, CT is not immune to issues around flexibility. A shortage of vehicles or drivers can limit what services they provide, so that people have to wait longer for a service or share a journey between multiple passengers. For CT aimed at improving access to healthcare services their need to plan journeys and limited capacity can impact their ability to provide transport for same-day appointments. Patient transport services may need to be booked within a certain timeframe in the morning, so that passengers who call their GP at lunchtime and receive a same-day appointment may not be able to attend. The COVID-19 pandemic increased many pressures on the NHS, with 2023 seeing a record rise in waiting lists for hospital treatment and waiting times for ambulances.(67) There are also ongoing challenges with patient flow within hospitals, with ongoing pressures in social and community care resulting in delayed discharges.(68) Such pressures are affecting community transport provision in two key ways: increased demand on services such as the North East Ambulance Service (NEAS) for facilitating same-day discharges and supporting non-critical transfers to A&E means their capacity for outpatient transport is reduced. Furthermore, we heard that waiting list pressures means a greater proportion of appointments are offered at short notice, making planning patient transport more difficult.

Community transport services are also limited in improving passengers' access to employment opportunities. Due to other commitments such as home-to-school runs the availability of many CT services is limited within school run hours, which frequently coincide with peak commuter times. Many CT providers also do not provide transport outside of standard working hours, meaning they are not a viable alternative for people needing to travel to and from work. Finally, a number of CT services are aimed specifically at passengers within certain demographics, such as those with physical disabilities or accessing certain services such as cancer care. While such eligibility criteria are an understandable approach to managing limited capacity, it means that many working-age people may not be eligible to use such services. The high-demand nature of transport for employment (i.e. daily trips) means most CT providers would also not be able to meet this demand alongside other commitments.

6.3 Affordability

The rising cost of transport is a concern amongst both passengers and organisations running community transport initiatives. In 2022 a census of almost 11,000 people in the UK showed

Page 125

that the majority (61%) were 'very concerned' about the price of petrol and diesel.(69) With Northeast households spending a greater percentage of their weekly household outgoing on transport than elsewhere in the UK,(44) they are particularly vulnerable to fuel inflation. While motor fuel prices fell in the 12 months leading up to October 2023,(70) this is unlikely to compensate for the general increase in transport costs. Research by the Health Foundation shows that since 2015 transport costs have increased across all forms of public transport. Bus and coach fares have been particularly affected; in January 2023 bus fare in the UK were 59% higher than in January 2015, placing them well above overall inflation.(71) Private transport costs have also increased in this time, including a 25% increase in the cost of purchasing a vehicle.(71) The impact of these costs on smaller CT organisations was reflected in our data.

Figure 30. Transport costs in comparison to the Consumer Price Index (CPI).(71)

The cost of public transport was a significant barrier to using it for many respondents. People spoke of the climbing cost of having to take multiple buses, particularly in the absence of having a concessionary bus pass. The unreliability of PT often resulted in people having to use other modes of transport (such as taxis) to get to their destination, resulting in increased cost to them.

Cost of PT was also often raised as a significant barrier to finding and retaining work. People reported that the financial impact of travelling to certain employment opportunities was simply not sustainable. For those seeking work whilst receiving welfare benefits the impact of transport costs to work could even result in a net loss in household income, so that

remaining out of work was financially the more logical choice. Some employability schemes may support job seekers with transport costs in initial months of employment. However when such support falls away they often cannot continue to fund transport themselves and have to give up their place. This can limit what employment opportunities are available, particularly for those more reliant on public transport such as young people or those with disabilities. It will also disproportionately affect those who live in rural areas and further away from places with a higher number of job opportunities, such as Newcastle. Financial support in the form of both means-tested and non-means-tested benefits do not explicitly take potential financial costs into account. Means-tested benefits (e.g. for support during unemployment) are not tied to location, so that a recipient living in Wooler will receive the same income as their counterpart in Newcastle. Non-means-tested benefits (e.g. for disability) are also determined according to the extent to which the applicant is affected in daily life and do not take location or potential commute distance into account. As a result, the percentage of household income that jobseekers in rural areas are likely to spend on transport for job interviews and daily commuting is likely to be far higher. It is more likely that they are unable to access desirable job opportunities (i.e. within the field they have trained for / are interested in) or any job opportunities at all. Cost of transport has been identified as a particular issue for young people aged 16-24, who may be accessing education or training or entering the job market. A recent study found that young people travel less than any other age group and that the gap is widening.(72) Reliance on public transport had significant effects on a young person's chances of being employed, ability to access services and likelihood of going out socially, as shown in the figure below. As young people are more likely to not be in employment or on a low income they are more vulnerable to the cost of public transport and less likely to have access to support in the form of cycle to work schemes or similar.

Quote: 'The study found that having a car makes it 3.8 times more likely that someone is employed, twice as likely that someone can access services and 1.7 times more likely that someone can go out socially.'(72)

The impact that cost of transport has on recruitment is an issue for employers as well as employees. An internal report by Advance Northumberland, who support employers within Northumberland, found that the majority (53%) of businesses required support with recruitment. Rurality and transport played a significant part in this, with reports of businesses easily employing staff in urban areas such as Blyth struggling to fill vacancies for similar roles in rural areas such as North Northumberland.(73)

In terms of tackling the need for affordable transport, many respondents across demographics spoke positively of current initiatives such as the £2 cap fare for those aged over 21 (with a £1 single fare for those aged 21 and under). This was very popular, particularly with younger people and adults with neurodiversity, both of whom felt encouraged to travel and maintain independence. In 2023 a survey of over 300 respondents in Northumberland found that the majority (57%) were 'very satisfied' with bus journey's

value for money, largely due to cost in relation to distance travelled The extent to which the £2 cap fare influenced this was not captured.

Concessionary passes such as the 'Railcard' for rail travel and bus passes for those aged over 65 and those with disabilities were also spoken of highly. The Disabled Person's Companion Pass (which allows those who may be unable to travel alone to allow a carer, relative or friend to accompany them for free) was also seen as a valuable form of support, especially by neurodiverse young people.

While concessionary passes were greatly valued by respondents, we heard of issues which limited their impact. A key barrier was not knowing that such passes were available, who was eligible or how to apply. Many people reported relying on word-of-mouth to find out about passes or the application process, which risks those who are more socially isolated not accessing the support they need. Young people reported reasonably good advertising of schemes such as the 'Get Round for £1' initiative. The impact of ticket office closures was raised by multiple groups and is explored further in the 'accessibility' section.

A further concern with PT were restrictions on when bus passes can be used, though Northumberland has already taken steps to overcome this barrier. Nationally bus passholders can only travel for free from 9.30am-11pm Monday to Friday and all-day on Saturdays, Sundays and bank holidays. Within Northumberland the times during which passes are valid have been extended. Currently holders of older people's passes can travel all day from 9am on Monday to Friday (with no evening restrictions) and all day Saturdays, Sunday and bank holidays. Older people can also travel before 9am on journeys boarding in Northumberland, if they have a hospital appointment letter proving they need to travel earlier. Holders of disabled people's and companion passes can travel free all day any day.(74) Northumberland County Council has also agreed additional benefits for free travel on some cross-border routes into Scotland, when the journey either starts or ends in England. Further details of this are available on the NCC website.

Outside of Northumberland	Within Northumberland
Older person's pass 9.30am – 11pm Monday to Friday All day Saturday, Sunday, and bank holidays	*Older person's pass* All day from 9am Monday to Friday (no evening restrictions). Can travel before 9am on journeys boarding in Northumberland with hospital appointment letter. All day Saturday, Sunday, and bank holidays
Disabled person's pass 9.30am – 11pm Monday to Friday All day Saturday, Sunday, and bank holidays	*Disabled person's pass* All day any day

Table 2. Conditions of use for concessionary travel passes outside of and within Northumberland.
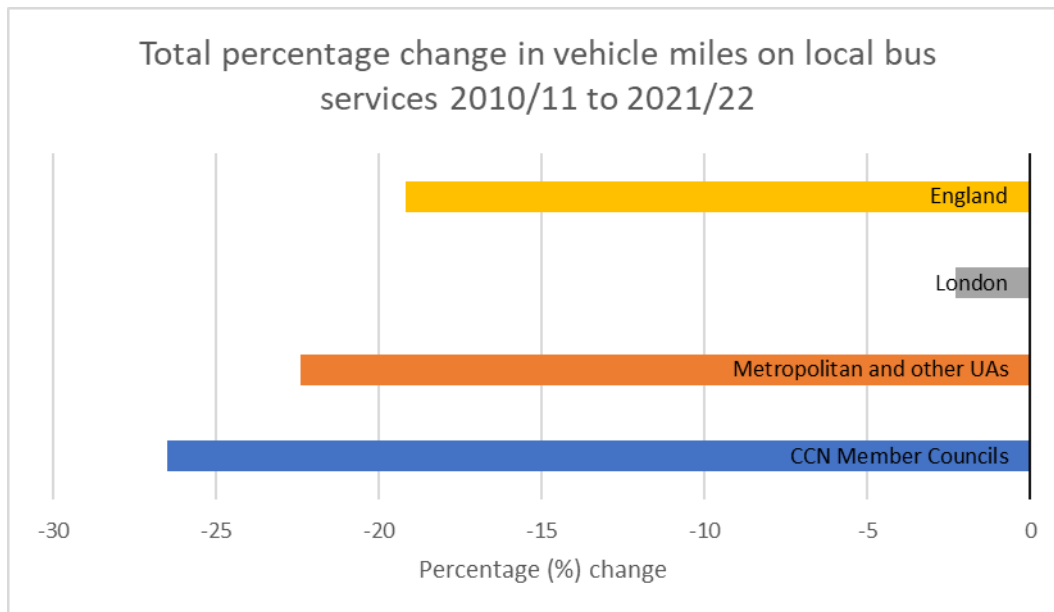
Issues of affordability within community transport focused largely on the rising cost of buying, maintaining and running a vehicle. This was frequently the main challenge to ensuring services remained affordable for passengers and sustainable overall. Providers also reported rising costs with other elements of providing a CT service such as insurance, driving licences and driver training, vehicle storage and for some the cost of employing a transport co-ordinator to plan an increasing volume of journeys. Some providers subsidised their community-orientated services by taking on 'home-to-school' transport contracts or hiring out vehicles to NEAS, which provided them with a stable source of income. However not all organisations had the capability to do this, meaning that rising costs resulted in increased prices for end users, or a reduced service. One organisation which provides access to activities for young people reported hosting more activities locally to reduce transport costs. While this likely made their model more sustainable they also reported an impact on engagement, as many young people are less interested in activities where they are and want to engage with things outside of what they know.

6.4 Reach

Reach of public and community transport is closely tied to current provision discussed in the previous chapter. Communities' needs around reach were distilled into two key factors: whether transport came to where they needed to be collected from and reached where they needed to get to.

6.4.1 Comes to where needed (pick up)

People felt that rural areas were generally underserved by public transport networks. This could limit where people who were dependent on PT felt able to move to, as living outside of well-connected central areas risked their access to a whole range of services. Many referred to the lack of commercial viability for services in rural areas where the population (and therefore number of potential passengers) was far lower. This perception is supported by the data. In 2023 the County Council's Network (of which Northumberland is a member) reported that since 2010 the vehicle mile equivalent of more than one in four bus services have been cut.(75) The decline in bus availability has impacted passengers numbers, with rural and county areas witnessing the biggest percentage decline (-44%) in 2022 compared to 2010.(75) When a route is deemed unviable from a commercial operator, as many rural routes are, local authorities step in and subsidise the service. However, with new analysis revealing councils in rural and county areas have a £420m (50.7%) shortfall in their local transport budgets, the number of council-supported miles in county areas has fallen dramatically by almost 60%.(75) Commercial services have also increasingly stopped services since the onset of the COVID pandemic, which saw bus passenger numbers in rural areas fall by over a third.(75) The report concludes that many bus services were already in a state of 'managed decline' but that this has been accelerated by the pandemic.

Figure 31. Total percentage change in vehicle miles on local bus services 2010/11 to 2021/22 by local authority type.(75)

Total percentage change in vehicle miles on local bus services 2010/11 to 2021/22

6.4.2 Goes to where needed (drop off)

Many respondents spoke of strong links to central locations such as Newcastle and Hexham. This included praise for local rail networks such as the Newcastle-Haltwhistle line. However, connectivity 'horizontally' was felt to be poor, particularly when travelling westwards. People spoke of poor connections even between areas geographically close to each other, such as Cramlington and Ashington. Passengers also felt there were poor connections between different forms of public transport, for instance few bus services with railway stations as destinations. For those unable to drive this was seen as another barrier to their ability to travel independently throughout the region and the country. A lack of access to specific services such as pharmacies impacted people's ability to engage with essential healthcare services, such as being titrated on replacement medications for substance misuse disorders.

Quote: '[the buses] never quite take you where you need to go' (Headway respondent)

In terms of both pick up and drop off the reach of community transport was felt to be wider and more flexible than that of public transport. Many community transport providers effectively offered a county-wide service, though they tended to provide most transport within a smaller 'patch' of Northumberland, as shown in Chapter 5.

The flexible and bespoke service that CT offered was particularly appreciated by passengers who were more in need of a 'door to door' service. Many patrons spoke of the extra support that they received on such services which meant they were able to travel, and this is explored further within the 'accessibility' section. However, it should be noted that while CT organisations provide good coverage of the county between them, there are several demographics who are typically not eligible for their services. This includes young people and large portions of the working population. CT providers were also constrained by service

capacity, which could limit how much groups were able to use them. One group reported that their members were too geographically scattered for community transport to be a viable option in getting to and from events. Rising costs (as highlighted earlier) have also resulted in a number of providers scaling back services.

6.5 Safety

Concerns around safety could be further sub-divided into the perception of personal safety on transport and issues around safeguarding.

6.5.1 Perceived personal safety

The importance of feeling safe while travelling came up largely when talking about public transport. Young people in particular felt that having safe-feeling communal spaces such as bus stations was key to encouraging people to use public transport. Feeling unsafe due to dirty or ill-lit spaces or anti-social behaviour was named as a key barrier to travelling, particularly by bus. The presence of an official person such as a conductor made young people feel safer. The importance of personal contact was highlighted by several other groups too. As well as making people feel safer, the presence of a person was seen as crucial to receiving support for other issues such as ticketing, as explored in the 'accessibility' section.

Personal safety was also mentioned in relation to bus stops. Bus stops on main roads or around sharp corners made people feel close to dangerous traffic flow. This was particularly the case when accessibility issues such as visual impairment made judging traffic flow and distance difficult or impossible. In 2023 70% of bus users in Northumberland rated their personal safety at a bus stop as 'good', slightly below the national average.(62) Personal security whilst on the bus itself was much improved, with only 1% of respondents rating it as 'poor'.(62)

A lack of feeling safe had also impacted people's ability to use community transport in the wake of the COVID pandemic. Several providers reported a drop in ridership even after lockdown restrictions had been lifted, which they attributed to passengers' increased anxiety over sharing small spaces with others.

6.5.2 Safeguarding

As community transport providers frequently work with more vulnerable communities safeguarding practices are essential. While all providers recognised the importance of safeguarding this could also present some barriers. The cost and time needed to train volunteers in safeguarding procedures or undertake checks such as the Disclosure and Barring Service (DBS) (to check someone's criminal record) meant that some organisations were limited in the number of volunteers they could recruit. In other instances safeguarding issues meant that organisational staff were not able to use their own cars to transport passengers, but the cost of a separate transport fleet did not make this a viable option. Some CT providers did manage to keep training costs down by doing much of this 'in house'.

6.6 Accessibility

Making public transport as accessible as possible is crucial in allowing all those who cannot or do not want to drive to retain their independence. Accessibility is influenced by many factors, including the availability and cost of transport as discussed earlier. This section focusses on two specific aspects of accessibility that were raised frequently; the need to support passengers with extra needs who face extra barriers when travelling, and the need for access to up-to-date and accurate travel information.

6.6.1 Supporting passengers with extra needs

We heard that across both public and community transport one of the best ways to support passengers with extra needs to travel is to enable personal support from another human being. 'Extra needs' here refers to individuals who may have physical disabilities, mental disabilities, reduced mobility or need extra emotional support. People spoke highly of friendly and helpful staff on services such as buses and the metro. The latest report of Northumberland bus services found that bus drivers received the highest satisfaction score of all elements of a bus journey, and that this was particularly the case in rural areas.(62) While praising current staff, respondents also highlighted the importance of training all PT staff in how to support passengers with extra needs.
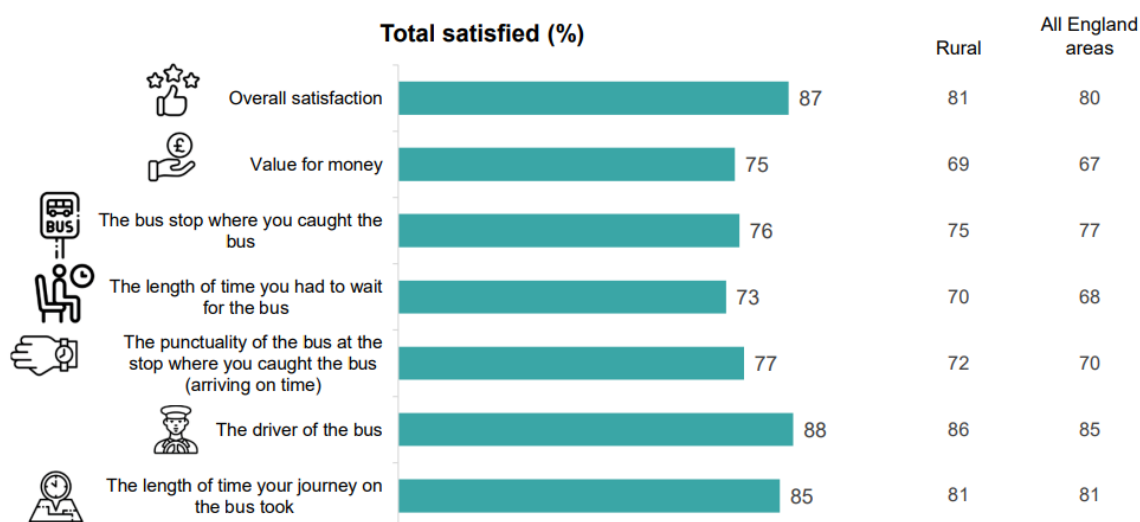
Total satisfied (%)		Rural	All England areas
Overall satisfaction	87	81	80
Value for money	75	69	67
The bus stop where you caught the bus	76	75	77
The length of time you had to wait for the bus	73	70	68
The punctuality of the bus at the stop where you caught the bus (arriving on time)	77	72	70
The driver of the bus	88	86	85
The length of time your journey on the bus took	85	81	81

Figure 32. Summary of satisfaction with bus services within Northumberland, 2023.(62)

The more bespoke and personal nature of much community transport meant that passengers often felt more supported and seen. CT was seen as providing more than just transport, but also being a conduit to personal connection and community. Community transport services could often support passengers in a way that public transport services cannot accommodate. This included door-to-door services with wheelchair-accessible vehicles, or drivers helping passengers to board a vehicle or even with their shopping. On

55

public transport passengers who cannot travel alone can apply for a Companion Pass to allow a carer, relative or friend to accompany them.(74) However this currently only applies to those with a Disabled Person's concessionary pass and therefore may not capture everyone who needs support.

Quote: 'not just transport but a human face' (Headway respondent speaking about community transport service)

While this extra level of support is invaluable for some, some respondents emphasised their desire to remain as independent as possible. Many were eager to utilise public transport over community transport but felt that there were specific barriers which made this challenging or impossible. Respondents with visual impairment reported a lack of audio cues on buses (where the next stop is announced verbally) which made it difficult for them to determine where they were in their journey. This is supported by a survey in 2023 which found that over half of Northumberland bus journeys lacked audio announcements (52%) or electronic displays of the next stop (54%).(62) Limited spaces for buggies or wheelchairs on buses can prevent some passengers from boarding if the space is already filled. A lack of staff was also seen as a particular barrier. This was especially the case in train stations, where people reported struggling with ticket machines or needing further help or information and having no-one to ask.

Some of these needs will hopefully be addressed in the near future. The UK government's _Inclusive Transport Strategy_ in 2018 set out an ambition to roll out audible and visible announcements to almost all local bus services across Great Britain.(76) An update in 2020 announced potential Regulations and guidance to be released later in the year but has so far not been updated.(77) Recent plans to close rail ticket offices were also halted in response to public consultation.

6.6.2 Access to information
The majority of groups discussed the importance of up-to-date and accurate information regarding public transport. This was also deemed particularly important for passengers with neurodiversity, where unexpected changes to timetabling could cause extra distress. Needs around access to information included:
- Timetables in accessible formats such as large fonts or braille for visually impaired people.
- Up-to-date paper timetables at bus stops and train stations for people who did not have access to the internet
- Timely updates on the progress of transport. Systems such as app updates were rated positively for train travel but were reported as non-existent or inaccurate for buses.

In 2023 only 55% of bus users rated the information provided at bus stops as 'good', with more than 1 in 10 describing it as 'very poor'.(62)

Within CT some providers spoke of a lack of communication between different community transport providers. This prevented collaborative working and made coverage across different informal 'boundaries' difficult. Lack of communication was also contributed to a lack of capacity, with providers too busy running the service to be able to determine potential avenues of collaboration. CT providers also spoke of many potential passengers not knowing their services existed or thinking that such services were only limited to a specific group of people. Better access to information regarding what CT services exist and who is eligible to use them is therefore also crucial.

Chapter 7: Discussion and recommendations

What has this HNA found?

The previous chapters have delved into the data we hold around transport in Northumberland to present a picture of current use, a mapping of current public and community transport services and an insight into the key needs of our communities. Bringing these data sets together has given us the following key insights:

- ***Transport plays a significant role in how people access healthcare.***

We saw in Chapter 5 how most General Practices and pharmacies fall along existing public transport service routes. However, infrequency of services or poor connections mean people living in rural areas reported travelling for hours for even brief appointments. These issues were even worse for hospital appointments in centres such as Newcastle, Hexham and Ashington as they increased the distance people needed to travel and number of connections they had to link up.

Many community transport providers offer an element of patient transport, but these services are increasingly under strain as demand for them increases within the community and the NHS. Many CT providers also have eligibility criteria that mean certain demographics are unable to use them.

People with disabilities and those providing unpaid care are more likely to require regular access to healthcare services. Our most rural areas are still seeing a high proportion of residents who identify as having a disability and being limited a lot. These people are more likely to need PT and CT networks and yet less likely to live in areas with a frequent, reliable service.

- ***Transport significantly impacts how likely people are to find, get and keep a job.***

Among younger bus users (i.e. under 65yrs) in Northumberland commuting to work was the most common reason for travel. And yet in the UK someone with access to a car is almost four times more likely to be employed than someone relying on PT alone. In Chapter 6 we saw how employees in Northumberland cite transport as a key factor in their difficulties to recruit, particularly in more rural areas. Employability schemes can only support travel costs short-term and other means of support such as means-tested welfare benefits do not take the extra costs of travelling from a rural area into account. This makes it difficult for applicants outside of urban areas to attend job interviews or to maintain work.

A lack of evening services also impacts people's ability to undertake shift work which falls outside of the standard '9 to 5' pattern. This particularly impacts the two largest employment sectors in Northumberland which are the health sector and accommodation and food services. As Northumberland's tourism industry continues to grow, we need to create PT networks that support local employment in the hotels and restaurants that this gives rise to.

- ***The financial impact of travel is felt differently across Northumberland and forms a key challenge in maintaining and growing current networks.***

Many residents in Northumberland are subject to the 'rural premium', i.e. the inherently increased costs of living rurally. This includes spending more money on food from local shops (rather than chain stores found in larger town centres) as well as spending more on transport. Prices for bus and coach travel have risen fastest among all modes of transport and now fall well above inflation. It is unsurprising then that measures designed to tackle the cost of travel (such as the £2 cap fare and concessionary passes) were the most popular among focus groups.

Financial factors also contribute to the fragility of many community transport services. Rising costs of fuel, buying and maintaining vehicles and other costs such as insurance are placing services under strain. We heard how short-term funding cycles that prize innovation can make the running of a long-term, stable and sustainable service more difficult, with many providers either scaling back or needing to seek stable funding elsewhere such as in school or patient transport contracts.

- ***A lack of transport leads to social isolation.***

A lack of evening services (particularly from central hubs such as Newcastle out to rural areas) impacted not only employment but social opportunities too. Young people in particular found it difficult to access social and leisure opportunities as they were unable to get home. We know that social isolation has a significant impact on physical and mental health and is directly linked to people's risk of dying earlier than expected. We saw this clearly in reports of social networks which were also closely tied to supporting people with health conditions, as attendees at Northumberland Recovery Partnership shared how lack of access to Fellowship network meetings in the evening impacted their ability to manage their addiction.

- ***Current transport networks risk widening inequalities.***

We have seen how the differences in transport provision risk widening inequalities between rural and urban residents in terms of access to healthcare, employment and social opportunities. Current public transport systems also present certain barriers to passengers with extra needs that make it less likely that they are able to travel independently. These accessibility 'blind spots' need to be addressed to ensure all passengers are best placed to use existing services. This includes the provision of up-to-date and accessible information in accessible formats (including large font, braille, online and paper copies at bus stops), as well as the option for personal support in the form of ticket offices and PT staff trained in supporting passengers with extra needs.

- ***Considering the sustainability of current and future public and community transport networks is key.***

Most importantly, we heard how vital and valued both public and community transport networks are across Northumberland. While many people still rely on public transport networks a drop in patronage and cuts made to local government funding have already resulted in a reduction in services and are placing the wider system under threat. Community transport provides a valuable service but also faces challenges, including

59

fragmentation across the patch and difficulties in securing funding and a consistent volunteer base.

Moving forward we need both public and community transport networks to be robust as they meet different needs in the community. We will always need public transport to support our working age and commuting populations, as well as allowing elderly residents or residents with extra needs to retain their independence for as long as possible. Community transport will always be necessary for passengers who need the kind of door-to-door support that public transport cannot provide, as well as communities (such as in the most rural areas) for whom a bespoke service makes the most sense in terms of efficiency and cost.

How do people's needs differ?

When considering the above a picture has also evolved of distinct gradients of need. Not everyone's needs are the same, or equally acute. Three broad categories of need have been summarised in the form of 'personas' below. These personas are not based on real people but use the themes identified in the previous chapters to capture the key factors at play in determining the level of unmet need faced by our communities.

Needs met through other means: Robert and Ali
- Robert retired to Wooler and owns his own car. He drives to go shopping or see family and friends, and when unwell he can afford a taxi to take him to and from GP appointments.
- Ali lives in Blyth and works in the local area. Though they do not drive, they can access local shops, pharmacies and their GP either by walking or via the frequent bus services in town. Evening services means they are also able to visit friends and return later in the evening.

Both Robert and Ali still stand to benefit from improved public and community transport networks. Robert may prefer to use the bus in order to stay more active and to reduce his carbon footprint, while Ali may prefer improved transport links out of Blyth to surrounding towns such as Ashington. However, both have their core needs met through other means. Their need is not non-existent but is met for the most part.

Needs met with fragile systems: Sahira and Dylan
- Sahira lives with her family in Bellingham and works in Hexham. She drives and shares a car with her partner, though they are finding that the cost of fuel and insurance is making it more and more difficult to make ends meet.
- Dylan is retired and lives alone in Rothbury. They are visually impaired and unable to drive, and don't have any family or friends nearby to ask for lifts. Dylan uses a local community transport provider who helps them get to appointments and to go shopping once a week. However, an increase in demand and lack of long-term funding means the service is under strain and increasingly competitive to access.

Sahira and Dylan are meeting their needs currently, but both are in precarious positions. They risk losing access to vital services if there are no alternatives available or their current transport networks are not supported.

Needs unmet: Leigh and Jordan
- Leigh has just graduated from university and has moved back to their parental home in Kirknewton. They are trying to find work but do not have access to a car or close friends or family who can offer to take them to and from work. They did find a job at a hotel in Wooler but a lack of evening bus services made it impossible for them to get home and they could not afford a taxi.
- Jordan lives in Longhorsley with their partner. Due to mobility issues they are unable to drive and find it difficult to use public transport. Their partner recently gave up driving due to a health condition. Jordan is reliant on the local corner shop for food, which is placing increased strain on their finances. Their lack of reliable transport means they frequently miss healthcare appointments and are becoming increasingly socially isolated.

Leigh and Jordan are currently unable to access the public and community transport networks that would allow them to stay in good physical, mental and social health. Their individual situations mean they are also unable to meet their needs through alternative means such as private transport. Their needs are therefore the most acute and should be the primary focus of improvements made to transport networks.

How can we improve public and community transport going forward?

As has no doubt become clear, transport is an incredibly complex issue and there is no one simple answer. The following recommendations do not contain a 'silver bullet'. Instead, they strive to create conditions so that the current transport networks can move out of a state of survival and into a new era. As we head into a future where our rural communities live longer, where the way we work often falls outside of a traditional '9 to 5' pattern and where rising costs mean that many households are choosing or are forced to give up their car, we need a robust transportation network that ensures that every resident in Northumberland is equally supported in staying healthy.

Recommendations to prioritise transport as a key factor in sustaining good health
1. Work with healthcare partners to identify and address transport factors in missed appointments. This includes:
- Ensuring current offers for transport support are communicated to the relevant audience, through media such as the Gateway app or reimbursement of travel expenses scheme. Embed this communication into current MECC initiatives.
- Identifying gaps in the transport offer and assess commissioning and funding arrangements more collaboratively between the VCSFE, Local authority, secondary and primary care
- Address overall demand to travel by promoting the use of the patient portal to allow eligible patients to access tele-medicine where appropriate.
2. Recognise the interconnected nature of transport and work.

- Work with commissioners and providers of employment support services to prioritise addressing transport as a barrier to long-term employment.
- Work with employers to consider the impact of transport barriers on recruitment difficulty and identify measures to overcome these barriers e.g. concessionary passes, specific employee transport, place-based approaches to sharing transport resource, car sharing schemes, cycle to work schemes
3. Include priorities identified into Joint Health and Wellbeing strategy.
4. Maximise devolved powers and funding in emerging North East Mayoral Combined Authority to support its aims of better integration and better connectivity to reduce inequalities. This includes presenting findings of this report to the Integrated Care System (ICS) Executive board.

Recommendations to ensure sustainability of public transport network
5. Undertake an in-depth data analysis of public transport network to highlight future areas of need.
6. Highlight rural transport needs within regional work e.g. North East Transport Plan refresh
7. Lobby for continuation of schemes such as £2 cap fare.
8. Invest in digital platforms for public transport which can feed information into the new connected information system proposed within the North East Bus Service Improvement Plan.

Recommendations to ensure sustainability of community transport network
9. Create opportunities for longer term funding which focusses on evaluating and continuing what works within existing community transport schemes, alongside prioritising innovation in funding bids.
10. Collaboration between LA and VCSFE partners as well as between VCSFE partners across the patch to encourage stronger relationships within and between communities. This includes prioritising social value in procurement bids to the Local Authority to build stronger relationships between organisations and communities.

Recommendations to support those at highest risk of transport-related exclusion
11. Take a place-based approach to community transport which provides CT that meets the need of those communities and allows scaling up of CT provision.
12. Increase awareness of concessionary passes / transport support via welfare benefits
13. Ensuring accessibility 'quick wins', such as:
- Increased bus driver training for carrying passengers with extra needs.
- Ensuring audio announcements on all bus services are functional and turned on.
- Providing clear timetables at bus stops and in railway stations in an accessible size and type font. Also providing better access to accessible information online and in physical spaces.

Who should take these recommendations forward and in what timescale?

Recommendation	Who is responsible?	Does this require extra funding?	What level of priority is it?	Within what timescale should it be enacted?
1 Work with healthcare partners to identify and address transport factors in missed appointments	Healthcare partners	No	Medium	Long-term
2 Recognise the interconnected nature of transport and work	Employers, Employment support services, NCC Combined Authority DWP	No	Medium	Long-term
3 Include priorities identified into JHWBS	Public Health, NCC	No	High	Short-term
4 Maximise devolved powers and funding in emerging North East Mayoral Combined Authority	Combined Authority	No	High	Long-term
5 In-depth data analysis of public transport network	Transport, NCC	No	Low	Long-term
6 Highlight rural transport needs within regional work	Transport North East	No	High	Short-term
7 Lobby for continuation of the £2 cap fare	NCC	No	High	Short-term
8 Invest in digital platforms for public transport	Commercial public transport services Transport, NCC	Yes	High	Long-term
9 Longer term funding	Funders and commissioners,	Yes	High	Long-term

for CT focussed on evaluation alongside innovation	VCSFE partners NCC			
10 Collaboration between LA and VCSFE partners as well as between VCSFE partners	VCSFE partners (including Thriving Together) NCC (NCT)	No	Medium	Long-term
11 Take a place-based approach to community transport	VCSFE partners and community groups NCC (NCT)	No	Medium	Long-term
12 Increase awareness of concessionary passes / transport support via welfare benefits	Transport, NCC Employability, NCC Transport North East DWP	No	Medium	Medium-term
13 Ensuring accessibility 'quick wins'	Transport, NCC Commercial public transport services	Yes (minimal)	High	Short-term

Definition of priority
In this context 'priority' has been determined by both achievability and potential impact on communities:
'High priority' recommendations are those which may have a significant impact on communities and are deemed to be achievable within the set time frame.
'Medium priority' recommendations may be those with a potentially significant impact but added complexity, or those with a reduced level of potential impact.
'Low priority' recommendations can inform future work but may not immediately affect practice or policy.

Definition of timescales
Short-term: within 3-6 months
Medium-term: within 6-12 months
Long-term: within 12-24 months

Bibliography

1.   Cavanagh S, Chadwick K. Health needs assessment: A practical guide: national institute for health and clinical excellence. London: National Institute for Health and Clinical Excellence; 2005.

2.   Community Transport Association. What is community transport? 2018 [cited 2023 Nov 07]. Available from: https://ctauk.org/about-cta/what-is-community-transport/.

3.   Williams E. What are health inequalities? 2022 [cited 2023 Nov 07]. Available from: https://www.kingsfund.org.uk/publications/what-are-health-inequalities.

4.   Department for Transport. Network North: Transforming British Transport. 2023.

5.   North East Joint Transport Committee (NEJTC). North East Transport Plan 2021-2035. 2021.

6.   Northumberland County Council. Northumberland Joint Health And Wellbeing Strategy: 2018-2028.

7.   Northumberland County Council. Northumberland Local Plan 2016 - 2036. 2022.

8.   Transport North East. North East Bus Service Improvement Plan: Moving to a green, healthy, dynamic and thriving North East. 2022.

9.   Northumberland County Council. Welcome to the Northumberland Line [cited 2023 Nov 07]. Available from: https://www.northumberlandline.uk/.

10.   Office for Health improvment & Disparities. Health disparities and health inequalities: applying All Our Health 2022 [cited 2023 Nov 29]. Available from: https://www.gov.uk/government/publications/health-disparities-and-health-inequalities-applying-all-our-health/health-disparities-and-health-inequalities-applying-all-our-health.

11.   Mihaylova N. How transport offers a route to better health The Health Foundation2021 [cited 2023 Nov 07]. Available from: https://www.health.org.uk/publications/long-reads/how-transport-offers-a-route-to-better-health.

12.   Department for Transport. Transport Statistics Great Britain: 2022 Domestic Travel 2022 [cited 2023 Nov 07]. Available from: https://www.gov.uk/government/statistics/transport-statistics-great-britain-2022/transport-statistics-great-britain-2022-domestic-travel.

13.   Department for Transport. Concessionary travel statistics: year ending March 2023 2023 [cited 2024 Jan 02]. Available from: https://www.gov.uk/government/statistics/concessionary-travel-statistics-year-ending-march-2023.

14.   Office for National Statistics. Census maps: Census 2021: Northumberland 2023 [cited 2023 Nov 07]. Available from: https://www.ons.gov.uk/census/maps/choropleth/housing/number-of-cars-or-vans/number-of-cars-3a/1-or-more-cars-or-vans-in-household?lad=E06000057.

15.   Curl A, Clark J, Kearns A. Household car adoption and financial distress in deprived urban communities: A case of forced car ownership? Transport Policy. 2018;65:61-71.

16.   Zukowska J, Gobis A, Krajewski P, Morawiak A, Okraszewska R, Woods CB, et al. Which transport policies increase physical activity of the whole of society? A systematic review. Journal of Transport & Health. 2022;27:101488.

17.   Chatterjee K, Ricci M, Cope A, Corner D. The Role of Transport in Supporting a Healthy Future for Young People. Report to Health Foundation Sustrans and UWE. 2019.

18.   Lin D, Cui J. Transport and mobility needs for an ageing society from a policy perspective: Review and implications. International Journal of Environmental Research and Public Health. 2021;18(22):11802.

19.   Syed ST, Gerber BS, Sharp LK. Traveling towards disease: transportation barriers to health care access. Journal of community health. 2013;38:976-93.

20.   Parsons J, Bryce C, Atherton H. Which patients miss appointments with general practice and the reasons why: a systematic review. British Journal of General Practice. 2021;71(707):e406-e12.

21.   Hamilton K, Gourlay M. Missed hospital appointments and transport. 2002.

22.   NHS England. NHS drive to reduce 'no shows' to help tackle long waits for care 2023 [cited 2023 Nov 06]. Available from: https://www.england.nhs.uk/2023/01/nhs-drive-to-reduce-no-shows-to-help-tackle-long-waits-for-care/.

23.   NHS England. Missed GP appointments costing NHS millions 2019 [cited 2023 Nov 06]. Available from: https://www.england.nhs.uk/2019/01/missed-gp-appointments-costing-nhs-millions/.

24.   Healthwatch. Cost of living: People are increasingly avoiding NHS appointments and prescriptions 2023 [cited 2023 Nov 06]. Available from: https://www.healthwatch.co.uk/news/2023-01-09/cost-living-people-are-increasingly-avoiding-nhs-appointments-and-prescriptions.

25.   McQueenie R, Ellis DA, McConnachie A, Wilson P, Williamson AE. Morbidity, mortality and missed appointments in healthcare: a national retrospective data linkage study. BMC medicine. 2019;17(1):1-9.

26.   Care Quality Commission. Northumbria Healthcare NHS Foundation Trust: Urgent care services: Quality Report. 2016.

27.   NHS Digital. Hospital Outpatient Activity 2022-23 2023 [cited 2023 Nov 07]. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/hospital-outpatient-activity/2022-23.

28.   Campbell K, Greenfield G, Li E, O'Brien N, Hayhoe B, Beaney T, et al. The Impact of Virtual Consultations on the Quality of Primary Care: Systematic Review. Journal of Medical Internet Research. 2023;25:e48920.

29.   Public Health England. Appendix 3: A review of the evidence relating to the effectiveness of technology and online service use in improving access to general practice. 2017.

30.   Murphy M, Scott LJ, Salisbury C, Turner A, Scott A, Denholm R, et al. Implementation of remote consulting in UK primary care following the COVID-19 pandemic: a mixed-methods longitudinal study. British Journal of General Practice. 2021;71(704):e166-e77.

31.   Coleman L. People's views about remote access to appointments during the Covid-19 pandemic – compilation of evidence. 2021.

32.   Mann C, Turner A, Salisbury C. The impact of remote consultations on personalised care. Personalised Care Institute. 2021.

33.   Children North East. Poverty Proofing© Health Settings. 2023.

34.   Gray BJ, Grey CN, Homolova L, Song J, Davies AR. Employment status and impact on mental wellbeing in the UK working age population: a cross-sectional analysis. The Lancet. 2019;394:S44.

35.   van der Noordt M, IJzelenberg H, Droomers M, Proper KI. Health effects of employment: a systematic review of prospective studies. Occupational and environmental medicine. 2014;71(10):730-6.

36.   Emerson E, Hatton C, Baines S, Robertson J. The association between employment status and health among British adults with and without intellectual impairments: cross-sectional analyses of a cohort study. BMC Public Health. 2018;18(1):1-10.

37.   Bastiaanssen J, Johnson D, Lucas K. Does transport help people to gain employment? A systematic review and meta-analysis of the empirical evidence. Transport reviews. 2020;40(5):607-28.

38.   Crisp R, Ferrari E, Gore T, Green S, Mccarthy L, Rae A, et al. Tackling transport-related barriers to employment in low-income neighbourhoods. 2018.

39.   Whitty C. Chief Medical Officer's Annual Report 2021: Health in Coastal Communities. 2021.

40.   North East Evidence Hub. Travel to work (2021 Census) 2023 [cited 2023 Nov 07]. Available from: https://evidencehub.northeastlep.co.uk/report/travel-to-work-2021-census.

41.   Kenyon S. Transport and social exclusion: access to higher education in the UK policy context. Journal of Transport Geography. 2011;19(4):763-71.

42.   Hannay T. Outliers: On geographically isolated schools 2020 [cited 2023 Nov 07]. Available from: https://www.schooldash.com/blog-2003.html#20200303.

43.   Transport North East. Transport Dashboard: Monthly update. 2023.

44.   North East Evidence Hub. Our Economy 2022 : Cost of living and household spending 2022 [cited 2023 Nov 07]. Available from: https://evidencehub.northeastlep.co.uk/cost-of-living-household-spending.

45.   CIPD. Tackling in-work poverty: Guidance for employers 2023 [cited 2023 Nov 07]. Available from: https://www.cipd.org/uk/knowledge/guides/in-work-poverty/#:~:text=In%2Dwork%20poverty%3A%20A%20definition,households%20below%20average%20income%20statistics.

46.   Mattioli G. " Forced car ownership" in the UK and Germany: socio-spatial patterns and potential economic stress impacts. Social Inclusion. 2017;5(4):147-60.

47.   Beaney T, Salman D, Vishnubala D, McGregor A, Majeed A. The effects of isolation on the physical and mental health of older adults. BMJ. 2020;11.

48.   Naito R, McKee M, Leong D, Bangdiwala S, Rangarajan S, Islam S, et al. Social isolation as a risk factor for all-cause mortality: Systematic review and meta-analysis of cohort studies. PloS one. 2023;18(1):e0280308.

49.   Jarvis T. Transport-related social exclusion in the North of England. 2022.

50.   Age UK. Painful Journeys: Why getting to hospital appointments

is a major issue for older people. 2017.

51.   Rouxel P, Webb E, Chandola T. Does public transport use prevent declines in walking speed among older adults living in England? A prospective cohort study. Bmj Open. 2017;7(9):e017702.

52.   a.r.u. Elderly and poor most likely to miss appointments 2022 [cited 2023 Nov 06]. Available from: https://www.aru.ac.uk/news/elderly-and-poor-most-likely-to-miss-appointments.

53.   Department for Transport. National Travel Survey 2021: Trips by purpose, age and sex 2022 [cited 2023 Nov 07]. Available from: https://www.gov.uk/government/statistics/national-travel-survey-2021/national-travel-survey-2021-trips-by-purpose-age-and-sex#:~:text=Trends%20in%20trips%20by%20sex%20and%20age,-Chart%2025%3A%20Average&text=In%202021%2C%20males%20made%209,miles%20per%20person%20by%20females).

54.   Office for National Statistics. Exploring local income deprivation 2021 [cited 2023 Dec 19]. Available from: https://www.ons.gov.uk/visualisations/dvc1371/#/E06000057.

55.   Office for Health improvment & Disparities. Public health profiles: Local authority profiles: Deprivation score 2023 [cited 2023 Dec 19]. Available from: https://fingertips.phe.org.uk/profile/health-profiles/data#page/3/gid/1938132701/pat/6/par/E12000001/ati/302/are/E06000057/iid/93553/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0.

56.   Office for National Statistics. Employment, unemployment and economic inactivity in Northumberland 2023 [cited 2023 Dec 19]. Available from: https://www.ons.gov.uk/visualisations/labourmarketlocal/E06000057/#employment-rate.

57.   Office for National Statistics. How life has changed in Northumberland: Census 2021 2023 [cited 2023 Dec 20]. Available from: https://www.ons.gov.uk/visualisations/censusareachanges/E06000057/.

58.   NOMIS. Northumberland Local Authority: 2021 Census Area Profile 2021 [cited 2023 Dec 20]. Available from: https://www.nomisweb.co.uk/sources/census_2021/report?compare=E06000057#section_4.

59.   Whitty C. Chief Medical Officer's Annual Report 2023: Health in an Ageing Society. 2023.

60.   Lam T. Towards Gender-Inclusive and Sustainable Transport Systems. 2021.

61.   Fenney D, Thorstensen-Woll C, Bottery S. Caring in a complex world: Perspectives from unpaid carers and the organisations that support them 2023.

62.   Transport Focus. Northumberland: Mid-year report: September 2023. 2023.

63.   Atkins G. Local government funding in England 2020 [cited 2024 Jan 02]. Available from: https://www.instituteforgovernment.org.uk/explainer/local-government-funding-england.

64.   Northumberland VCS Assembly. Economic Impact of COVID-19 on the VCSE sector.

65.	Weston L. Shift work. 2013.

66.	North East Evidence Hub. Employment by sector 2023 [cited 2023 Nov 23]. Available from: https://evidencehub.northeastlep.co.uk/report/employment-sector#:~:text=the%20North%20East-,In%202021%2C%20health%20was%20the%20largest%20sector%20by%20employment%20in,Newcastle%2C%20Gateshead%20and%20South%20Tyneside.

67.	Baker C. NHS key statistics: England 2023 [cited 2023 Nov 23]. Available from: https://commonslibrary.parliament.uk/research-briefings/cbp-7281/.

68.	NHS England. Monthly operational statistics – August 2023 2023 [cited 2023 Nov 23]. Available from: https://www.england.nhs.uk/long-read/monthly-operational-statistics-august-2023/.

69.	Mobilityways. Cost of living and commuter trends 2023 [cited 2023 Nov 27]. Available from: https://www.mobilityways.com/insights/cost-of-living-and-commuter-trends/.

70.	Office for National Statistics. Cost of living insights: Energy 2023 [cited 2023 Nov 27]. Available from: https://www.ons.gov.uk/economy/inflationandpriceindices/articles/costoflivinginsights/energy#:~:text=Motor%20fuel%20prices%20rose%20between,in%20the%20year%20to%20September.

71.	The Health Foundation. Trends in transport costs 2023 [cited 2023 Nov 27]. Available from: https://www.health.org.uk/evidence-hub/transport/transport-trends/trends-in-transport-costs.

72.	Collings S, Chatterjee K, Cope A, Burns T, Adeel M. Transport to Thrive: Why we shouldn't ignore the transport needs of young people. 2023.

73.	Coull I. Employer Engagement business summary Q4 2022/23 – Q1 2023/24. 2023.

74.	Northumberland County Council. Concessionary travel 2023 [cited 2023 Nov 27]. Available from: https://www.northumberland.gov.uk/Highways/Public-transport/Concessions.aspx.

75.	County Councils Network. The State of County Buses: Recovering Services Post-Pandemic. 2023.

76.	Department for Transport. The Inclusive Transport Strategy: achieving equal access for disabled people. 2020.

77.	Department for Transport. The Inclusive Transport Strategy – summary of progress. 2020.

This page is intentionally left blank

Northumberland
County Council

Health and Well-being Board

Thursday, 14 March 2024

Director of Public Health Annual Report 2023 – Ageing Well in Northumberland

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

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

1.   Link to Key Priorities of the Corporate Plan

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

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

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

2.   Purpose of report

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

3.   Recommendations

3.1   It is recommended that the Board:

a) Considers the content of the DPH Annual Report 2023;

b) Comments on the contribution that Health and Wellbeing Board partners can make to promoting healthy ageing across Northumberland;

c) Accept and endorse the findings in the independent DPH Annual Report 2023 attached as appendix 1 to this report.

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

Added to forward plan 02/02/2024

5.   Key Issues

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

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

The report focuses on promoting 5 key areas of function, which are shown in the diagram below. These are key aspects in promoting health and wellbeing among older adults.
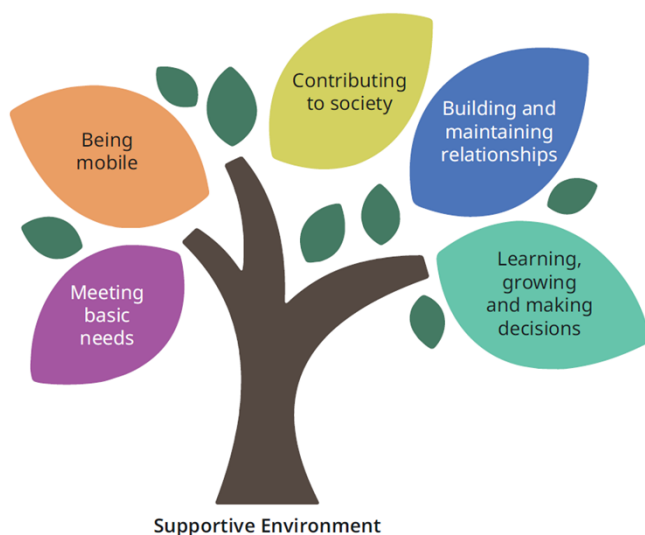
Now more than ever we must have a resolute focus on boosting older people's health and wellbeing and preventing ill health. This will mean enabling older people to live healthier and more fulfilled lives, valuing their important contributions to society, and challenging harmful ageist attitudes. It will also mean working with our communities and building on existing strengths and assets to support older residents to age well.

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

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

2. Consider ways to **embed ageing well in all our areas of work**, taking a 'whole systems' approach. This could include ensuring that the needs of older adults are considered in all policies, strategies, plans, programmes and projects using tools such as Integrated Impact Assessments.

3. Continue to **support and promote the Ageing Well Network**, which brings together over 200 organisations to share best practice and support one another.

4. Continue to **monitor available data** related to healthy ageing, such as those highlighted throughout this report.

5. Identify opportunities to **hear the voices of older adults** in our diverse communities. People's experiences and wisdom will help guide the way services need to adapt to meet people's changing needs, support their independence and allow them to continue to participate in their communities. Voices may be heard through methods such as residents' surveys and the place standard tool.

6. We must continue to pursue our approach of **Asset Based Community Development**. There are solid foundations to build on in Northumberland. The report has highlighted many brilliant initiatives already going on across the county, and this only touches on the huge amount of ongoing work. Professional and voluntary stakeholders are already starting to work together more closely to empower communities to identify and address their needs.

7. Three areas of this report stand out as requiring a stronger focus:

    a. Ensure that **ageist attitudes and behaviours are challenged and stamped** out across our institutions and communities. We should be no more tolerant of this than other types of discrimination such as racism, sexism and homophobia.
    b. More could be done to **increase awareness of the need for older adults to maintain strength and balance**, which is crucial for staying mobile and reducing their risk of falls.
    c. Older age groups are particularly prone to social isolation and addressing this will be a key part of enabling ageing well. Our county is particularly rural, which means **we must work with our communities to combat social isolation**. This will include improving transport connectivity to people, places, opportunities and services.

6. Background

Directors of Public Health in England have a statutory duty to write an Annual Public Health Report on the health of the local population; the Local Authority has a duty to publish it. It is an independent report. The DPH Annual Report is a vehicle for informing local people about the health of their community, as well as providing necessary

information for commissioners and providers of services on health and wellbeing issues and priorities that need to be addressed.

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

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

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

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

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

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

7.   Implications

Policy	Recommendations from the report will be directed to relevant policy areas and integrated into existing workstreams or action plans
Finance and value for money	The report has no direct financial implications, but if the recommendations are carried out, it is expected to benefit the economy of Northumberland
Legal	The report meets the statutory requirement of the DPH to produce an annual report on a health issue relevant to the local population.
Procurement	N/A
Human resources	N/A
Property	N/A
The Equalities Act: is a full impact	No - not required at this point

assessment required and attached?	The report highlights the ways that promoting ageing well can contribute to reducing health inequalities. It also includes a section on age discrimination and stigma and recommends that this is addressed by institutions and in wider society.
Risk assessment	None undertaken
Crime and disorder	N/A
Customer considerations	An easy-read print version of the report is being designed and will be published alongside the report
Carbon reduction	N/A
Health and wellbeing	The report thoroughly explores the contribution that ageing well can make to improving health and reducing health inequalities.
Wards	(All Wards);

8. Background papers

DPH Report 2023: Ageing Well in Northumberland

9. Links to other key reports already published

Not applicable

10. Author and Contact Details

Luke Robertshaw, Public Health
Email: luke.robertshaw@northumberland.gov.uk

This page is intentionally left blank

Ageing Well in Northumberland

Director of Public Health Report 2023

Northumberland
County Council

www.northumberland.gov.uk

Contents

Forewords

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

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

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

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

> *"You don't stop laughing when you grow old, you grow old when you stop laughing."*
>
> **George Bernard Shaw**

g.j.O'Neill

Gill O'Neill
Executive Director of Public Health, Stronger Communities, and Inequalities

Councillor Veronica Jones

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

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

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

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

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

Councillor Wendy Pattison

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

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

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

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

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

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

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

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

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

1. Introduction

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

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

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

Whilst a more positive view on ageing is long overdue, we should also recognise that there are significant variations in our experiences of ageing. For some, older age can present major difficulties and challenges. Increasingly many older people are living for many years with multiple health conditions that need to be managed and there can be great challenges within relationships and dealing with losses. Sadly, we also witness sharp social inequalities in health in older age groups, which are shaped by advantages or disadvantages throughout our lives. There is regrettably an 18-year gap in life expectancy between the most and least deprived wards in Northumberland, and moreover, people in the most deprived areas live a greater proportion of their lives in poor health.

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

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

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

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

Ageing well in Northumberland

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

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

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

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

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

Being mobile

Contributing to society

Building and maintaining relationships

Meeting basic needs

Learning, growing and making decisions

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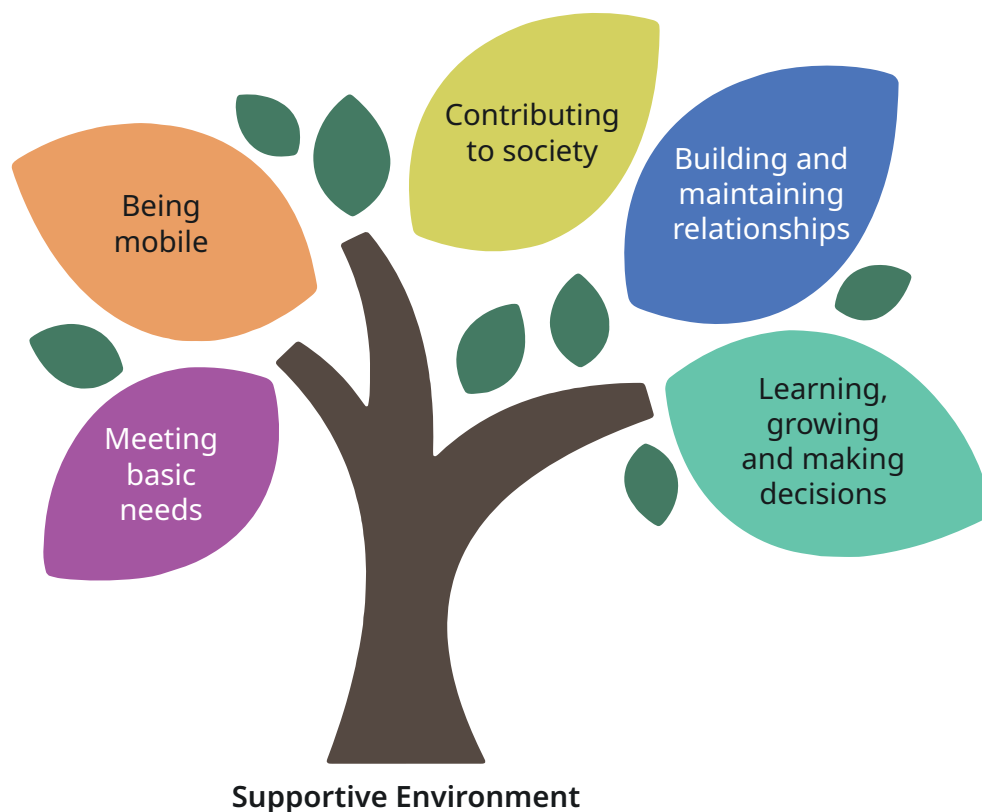
We have structured the core chapters of this report around these 5 functions and have included within them some of the key contributing factors. Fundamentally these key areas are the foundation for physical, mental, and social wellbeing as we age.

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

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

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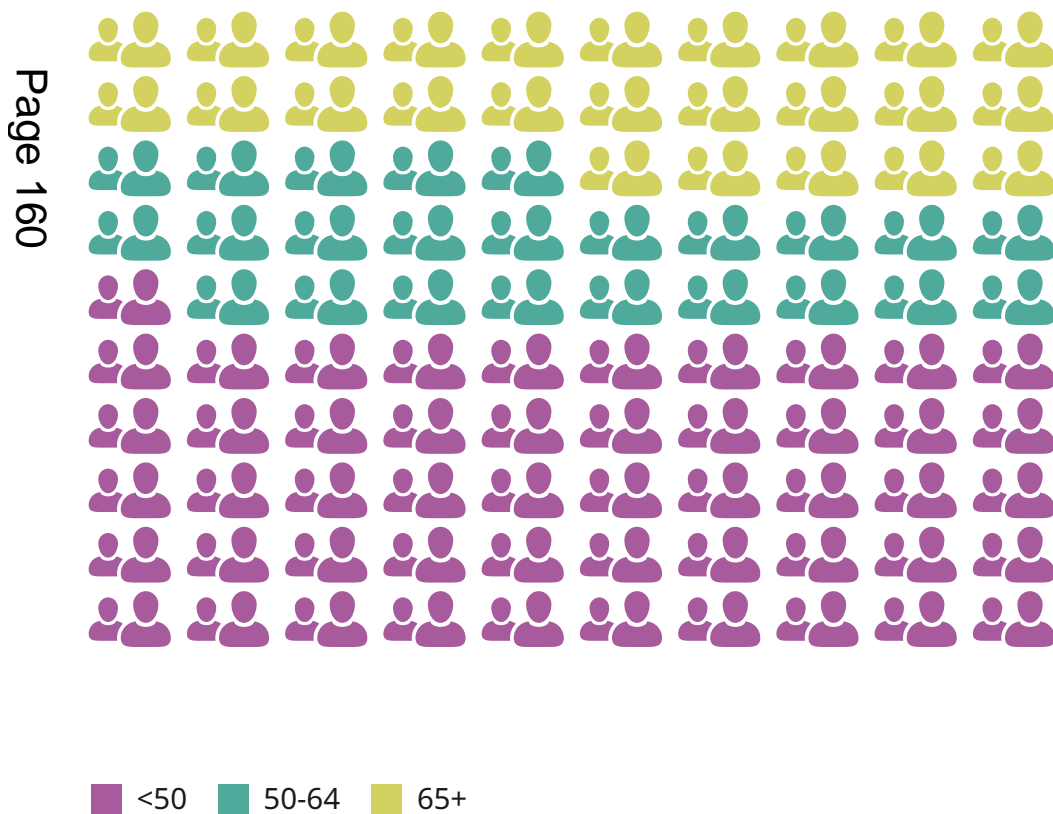
2. Ageing in Northumberland

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

Age profile of Northumberland

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

Figure 2: Age groups in Northumberland

■ <50   ■ 50-64   ■ 65+

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

Figure 3: Proportion of population 55+ in North East local authority areas
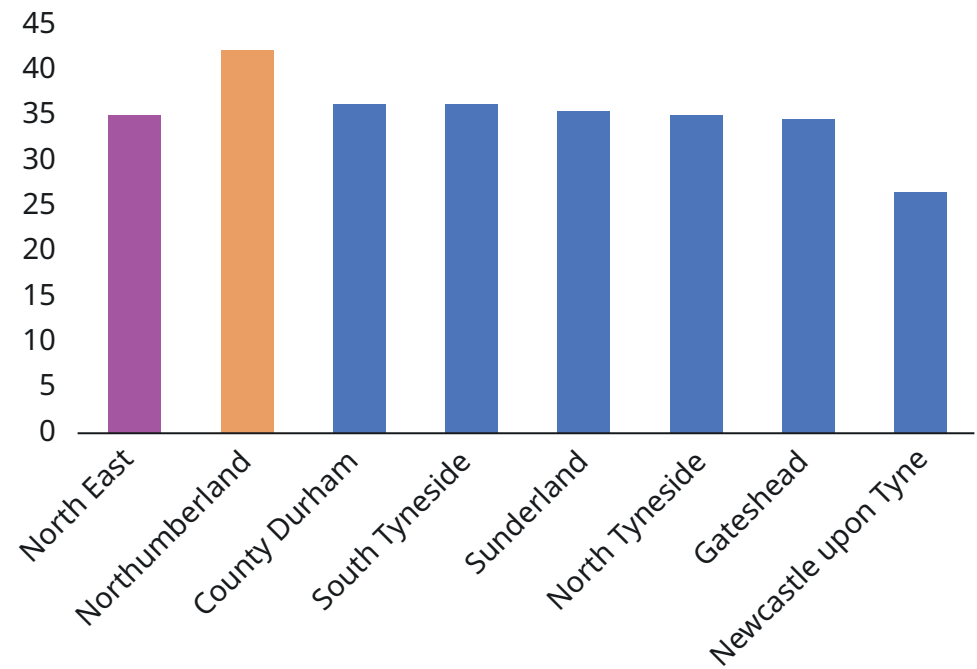
Source: ONS Mid-year population estimates 2021

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

Figure 4: Projected population sizes of age categories in Northumberland 2024-40
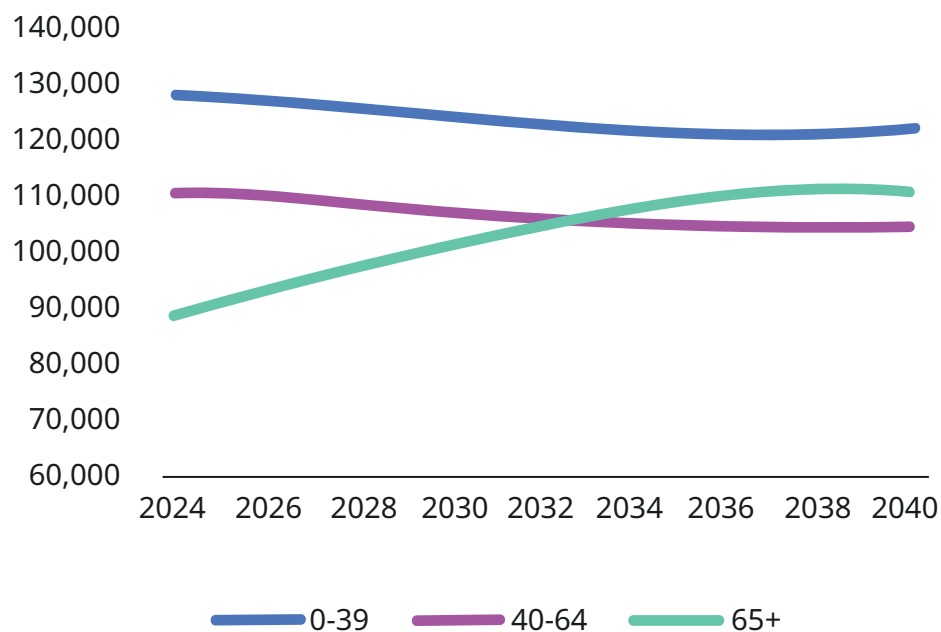
Source: ONS Population projections

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

**Figure 5:** Map of age distribution (% aged 55+) across Northumberland
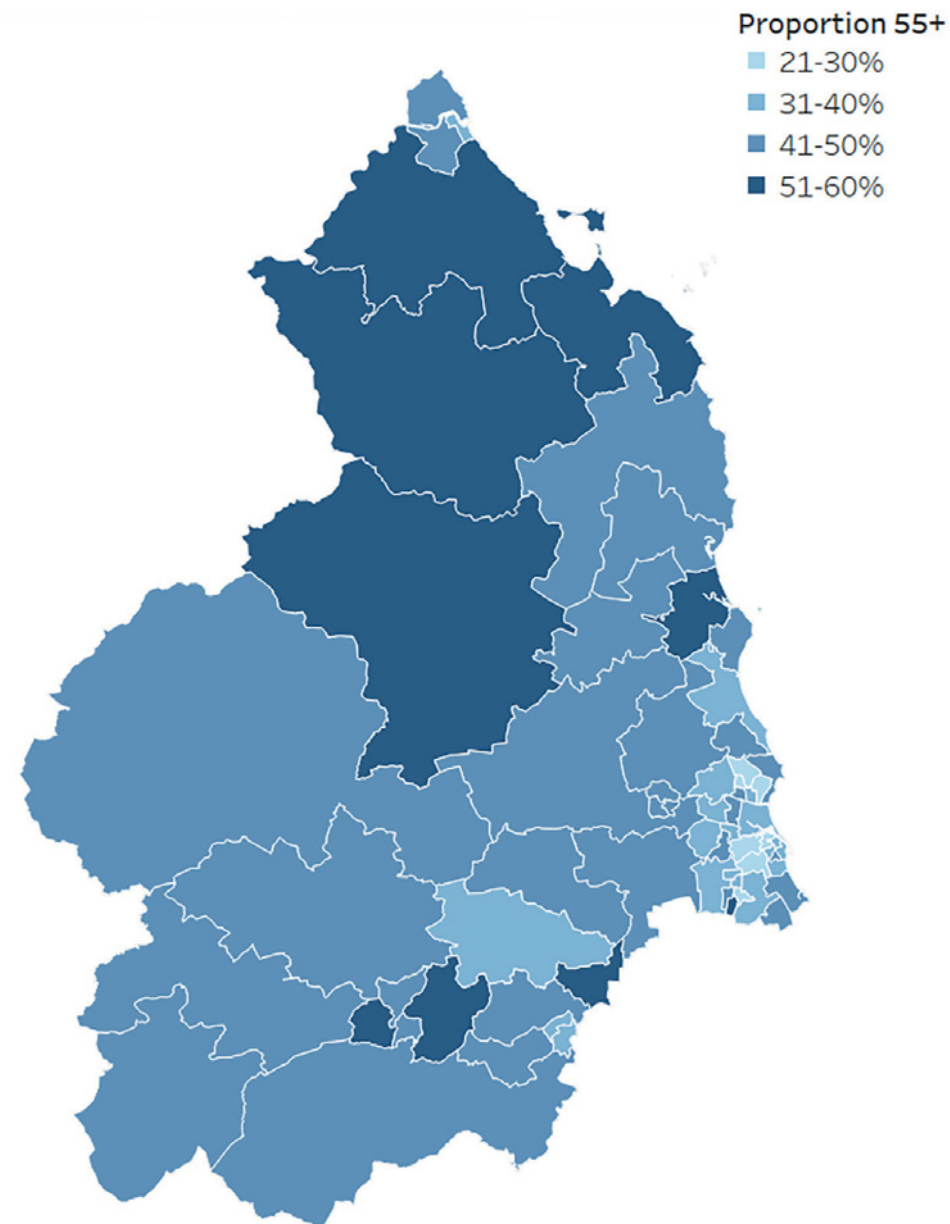
Source: ONS Mid-2020 Population Estimates by Ward

Health and wellbeing in older ages

Life expectancy of our population has dramatically increased over the last hundred years. In the 1930s the average length of life was around 60 years, while today males and females in Northumberland on average live to 79 and 83 respectively. This is similar to average life expectancies for males and females in England.
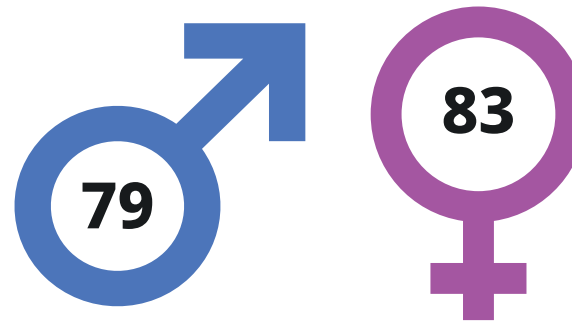
Whilst living longer is an important indicator of population health, it doesn't capture the quality of life that people experience.

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

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

Life Expectancy at Birth

79   83

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

Higher Well-being — Life Satisfaction
Lower Well-being
Age

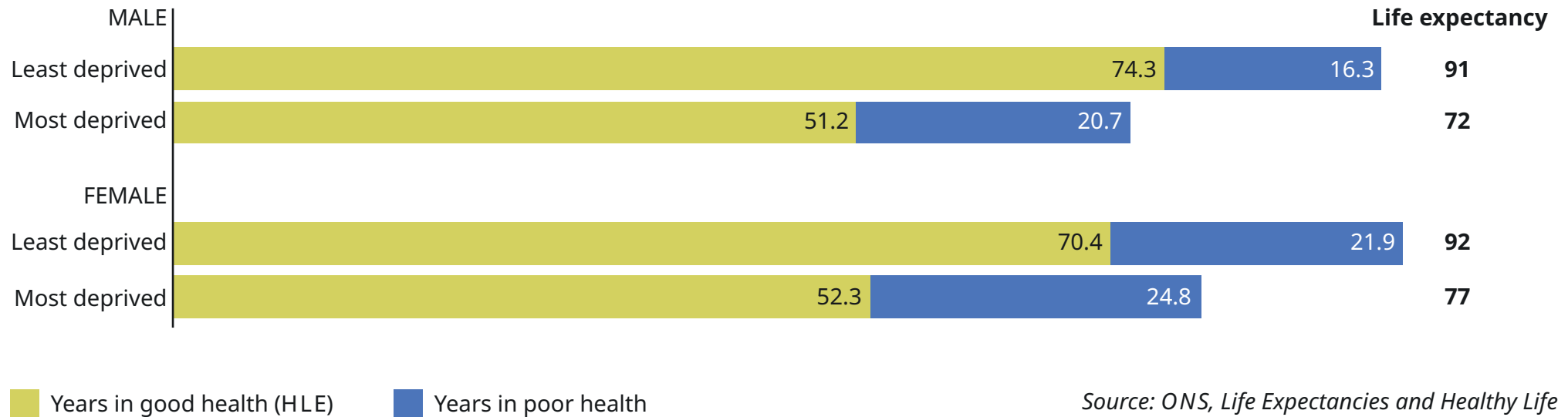Lower Well-being — Anxiety
Higher Well-being
Age
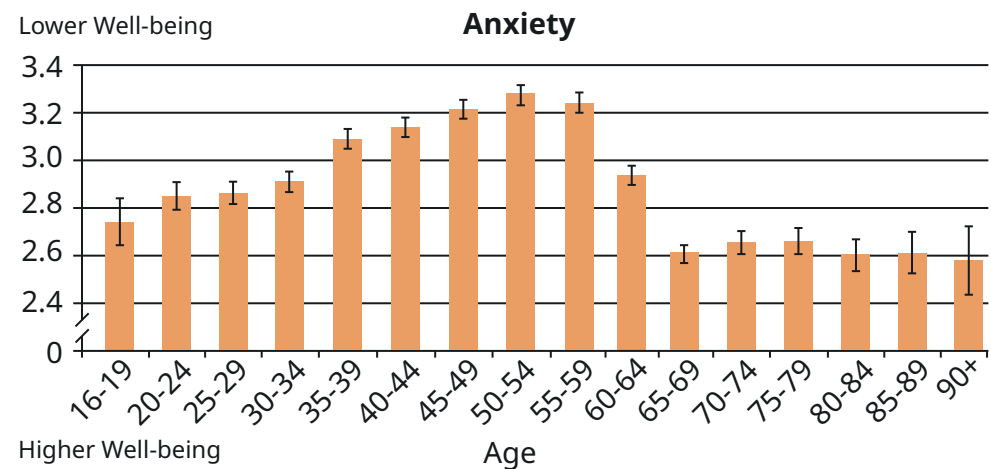
Inequalities in ageing

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

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

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

	Years in good health (HLE)	Years in poor health	Life expectancy
MALE			
Least deprived	74.3	16.3	**91**
Most deprived	51.2	20.7	**72**
FEMALE			
Least deprived	70.4	21.9	**92**
Most deprived	52.3	24.8	**77**

Years in good health (HLE)   Years in poor health

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

3. Meeting basic needs

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

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

Good housing

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

> *The right size of house needs to be built. They are nearly all top of the range houses. We need more flats and smaller houses for people who want to downsize as they get older.*
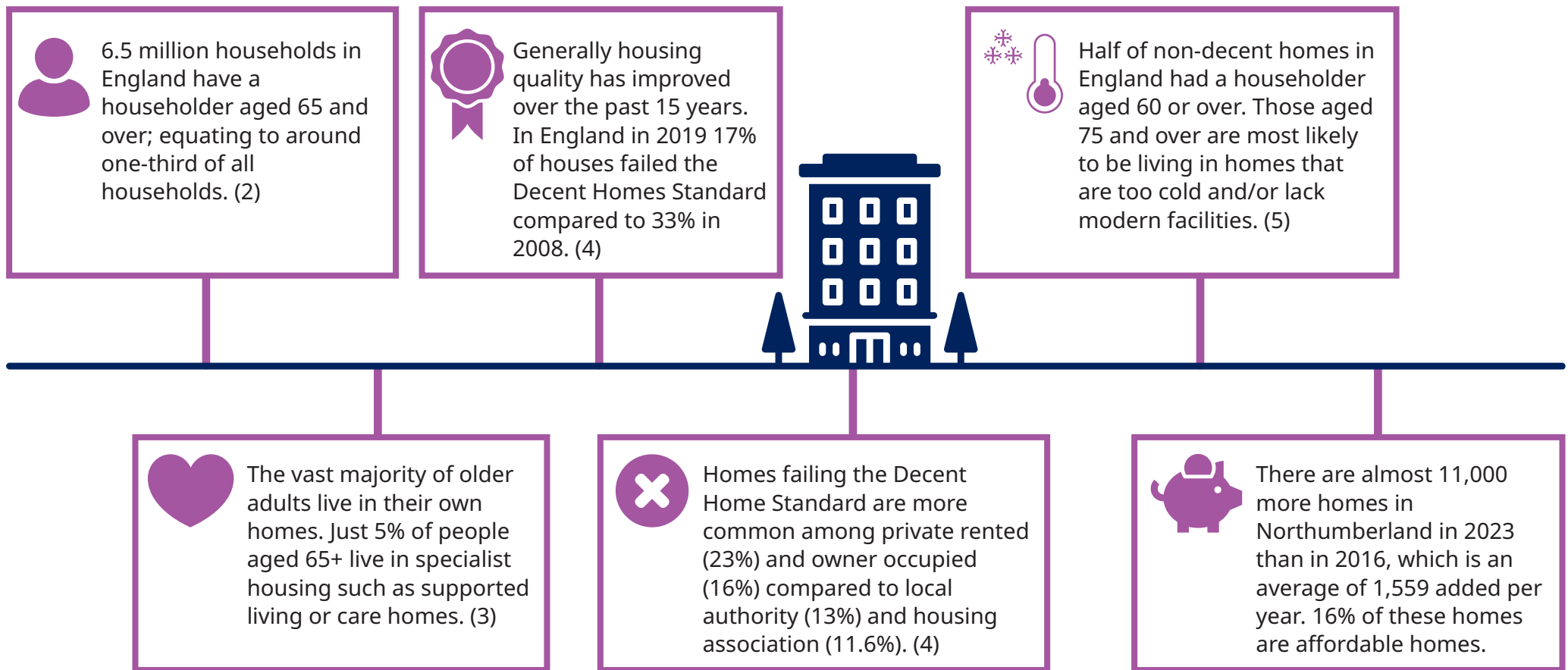>
> (65+ Cramlington resident, Cramlington Community Conversation)

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

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

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

6.5 million households in England have a householder aged 65 and over; equating to around one-third of all households. (2)

Generally housing quality has improved over the past 15 years. In England in 2019 17% of houses failed the Decent Homes Standard compared to 33% in 2008. (4)

Half of non-decent homes in England had a householder aged 60 or over. Those aged 75 and over are most likely to be living in homes that are too cold and/or lack modern facilities. (5)

The vast majority of older adults live in their own homes. Just 5% of people aged 65+ live in specialist housing such as supported living or care homes. (3)

Homes failing the Decent Home Standard are more common among private rented (23%) and owner occupied (16%) compared to local authority (13%) and housing association (11.6%). (4)

There are almost 11,000 more homes in Northumberland in 2023 than in 2016, which is an average of 1,559 added per year. 16% of these homes are affordable homes.

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

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

- The Northumberland Local Plan which was adopted in March 2022 supports initiatives to improve health and wellbeing through the built environment. All planning applications must complete a Healthy Planning Checklist and larger developments require a Health Impact Assessment (HIA). These HIAs should consider the impacts on older people.

- In our Local Plan, it specifies that major schemes need to include a proportion of homes that are accessible and adaptable. We also promote 'lifetime neighbourhoods' that consider the needs of people across their lives, including during older age.

- Northumberland County Council has an Extra Care and Supported Living Strategy which aims to deliver homes to meet the needs of older adults and provide an alternative to residential and nursing care. Developments will need to be consistent with the council's Local Plan and the council works closely with developers to ensure they address local needs.

- A dedicated housing occupational therapist works with teams delivering improvement works to the Council's housing stock to ensure needs of tenants are considered.

13

- The Joint Equipment Loans Service (JELs) provides equipment to people who live in Northumberland, or who are registered with a Northumberland GP, to help them maintain their independence in the community and to continue to live safely in their own home. Referrals come from Health and Social Care professionals following an assessment by a professional such as a district nurse, community nurse, occupational therapist, physiotherapist or paediatrician.

- The Energy Company Obligation (ECO) scheme improves energy efficiency of homes of people on low incomes, at risk of poverty, or vulnerable to the effects of living in a cold home. In Northumberland over 320 homes have been improved through the scheme.

- Energy Advice for Rural Northumberland (EARN) supports energy consumers in hard-to-reach rural Northumberland who are disadvantaged through remoteness. They offer advice ranging from installing simple measures to improve the energy efficiency of homes, paying less for energy, accessing financial help, adopting more energy-efficient habits and applying for grants to make improvements to houses.

- Warming homes is a multiagency professional group that has developed information resources for professionals to support residents to warm their homes.

What opportunities are there to promote ageing well through housing?

- Ultimately, we would like to find ways to support older people to live longer in their homes rather than seek out supported living, or care homes.

- Many homes become harder to live in as people age, but people shouldn't have to change homes just because they're getting older. New homes can be designed to be flexible enough to meet people's needs throughout stages of their lives.

- The Joint Equipment and Loans service (JELs) is currently piloting the use of SMS messaging to support client contact for equipment delivery and retrieval.

- We would like to see more opportunity for affordable housing for our residents across our county.

Healthy diet and nutrition

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

Older people are more vulnerable to poor nutrition which can reduce quality of life and increases the risk of frailty in older adults. Identifying and addressing poor nutrition is important to enable people to maintain a healthy and independent life and reduce the need for both health and social care.
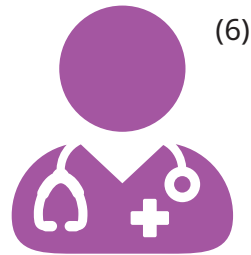
(6)

It has been estimated that poor nutrition contributes to

65% more GP visits,

82% more hospital admissions,

30% longer hospital stays.

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

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

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

(4)

In Northumberland

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

In the most deprived areas

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

(7)

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

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

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

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

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

Age group	%
16-24 yrs	24.4
25-34 yrs	24.6
35-44 yrs	27.1
45-54 yrs	31.5
55-64 yrs	35.9
65-74 yrs	44.1
75-84 yrs	45.7
85+ yrs	35.0
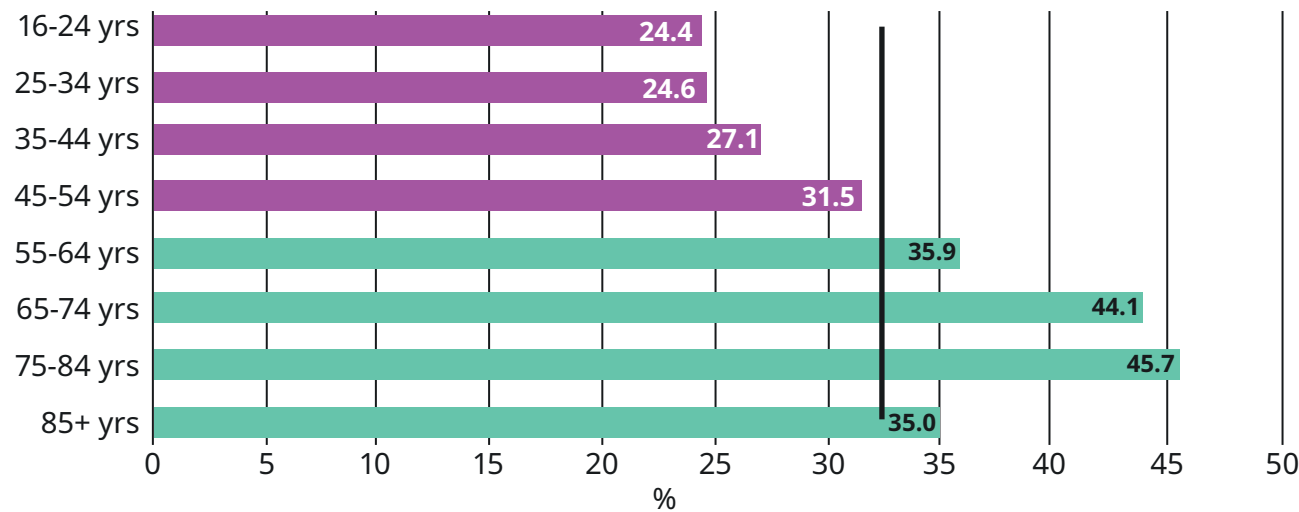
Maintaining a healthy body weight is important for overall health. Being overweight or obese can exacerbate a range of age-related health conditions, accelerate decline of physical function and onset of some disabilities. At the same time, underweight and malnutrition affects older adults, particularly with the onset of frailty, disability or illnesses.

(4)

In Northumberland nearly

2/3 of adults are overweight or obese

and the prevalence is higher among older age groups and in more deprived areas.

(9)

It's estimated that

10% people aged 65 or above are malnourished or at risk of malnutrition.

(8)

Surveys have found that

older people are just as motivated as younger people to lose weight,

but they are only half as likely to be attempting to lose weight.

Some of the specific barriers have been suggested as lower mobility, and lack of advice from professionals.

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

- Northumberland Council and Northumbria Healthcare Trust have signed Healthy Weight Declarations, which include a series of pledges and practical measures to support residents to achieve healthy weight.

- Nourish Northumberland is a countywide food partnership that aims to ensure food choices for everyone regardless of where they live or how much they earn. It unites food initiatives and food providers to work together with communities to find locally based solutions that are sustainable.

- Northumberland County Council's Health Trainer Service can support all adults, including those over 55, with advice on healthy eating. They have a range of in-person and telephone clinics.

- NHS Digital offer an online access to weight management service for those living with obesity, who have a Body Mass Index (BMI) ≥30 and diagnosed diabetes or hypertension (or both). The BMI threshold is ≥27.5 for those with Black, Asian and ethnic minority backgrounds. With three levels of support and a choice of providers, it is designed to offer a personalised level of intervention to support people to manage their weight and improve their longer-term health outcomes.

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

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

- Greater public awareness of our changing nutritional needs as we grow older.

- Training for delivering brief weight advice could offer an opportunity to improve older people's motivation to achieve a healthy weight.

17

Financial wellbeing

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

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

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

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

(10)

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

(4)

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

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

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

> *"Every day I encounter older people who have been scammed, suffered identity theft or are stressed by the pressure they feel from scam callers, rogue traders. Some have lost life-changing amounts of money. More just 'live in fear' of what they see as the perils of online shopping, banking, or of answering the phone".*
>
> (Scams awareness and prevention officer, Age UK)

What are we doing to support financial wellbeing?

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

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

- Getting a meaningful financial education
- Saving regularly
- Managing credit
- Accessing debt advice
- Making good decisions

- The Financial Wellbeing Network considers all ages but is aware of specific issues related to older people including the uptake of pension credits across the county.

- Northumberland County Council benefit calculator is free to use and helps people find out what benefits they can claim.

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

Case Study: Barclays community banks

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

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

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

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

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

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

- Understanding pensions and the impacts of decisions around early retirement and cashing-in might help people make informed decisions. Identification of and clear signposting to support agencies who can provide retirement and pensions advice may assist in decision making.

- Both Barclays Bank and Newcastle Building Society are providing services in locations across the county to help increase access for people to banking services which often help older people who are less likely to use on-line banking. Mindful of the expansive geography of Northumberland, the Barclays Digital Eagles programme plans to work with the Mobile Library Service to take their message of support, learning and financial enablement out to our more rural communities.

- Age UK delivers group and one-to-one scams advice and sometimes post-scam counselling. They provide support literature and various items of practical support including 'No cold callers' window stickers and landline telephone call-screening devices.

- Voluntary groups, community organisations and others from our communities have come together to establish a network of warm spaces. This includes, but is not limited to, community centres, church halls, libraries and community hubs. Warm Spaces are places where people can come together in a warm, safe, welcoming place and maybe enjoy a hot drink, a sit down and have a chat with others.

Staying healthy for longer

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

The risk of these conditions can be reduced by not smoking, eating a healthy diet, taking plenty of exercise (including strengthening our muscles), not drinking too much alcohol, and keeping a healthy weight. But we know these things are challenging so we need approaches that work for everyone, particularly people at higher risk or who face greater challenges, such as people living in some of our more deprived areas, and people from some ethnic groups.

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

Data on prevention by age group:

(4)

In Northumberland in 2022,

9.6% of adults were smokers,

this is significantly less than the national average, and the lowest level in the North East.

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

(4)

In 2021-22,

63% of adults in Northumberland were overweight or obese.

National trends, which are similar to Northumberland show that the

overweight and obesity are highest in those in age groups between 55 to 84 years old,

which is close to 70%.

(4)

In Northumberland in 2021-22, alcohol related admissions to hospital are

higher than national averages.

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

(15)

The proportion of people in England in 2021 who

participated in any moderate-intensity sports or exercise on at least one day in the past four weeks appears to decrease with age from 45-54 years.

(4)
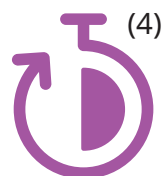
In Northumberland in 2021-22, it is estimated that

30% of adults do not meet the Chief Medical Officer physical activity guidelines

and 23% people do not achieve 30min activity per week. These are similar to national trends. There are also clear inequalities in physical activity levels, with those living in more deprived areas tending to do less physical activity.

(15)

Alcohol use and harm is also higher in some older age groups compared to younger age groups. In England

people aged 45-64 years of age are

more than twice as likely

to drink at levels of increased or harmful risk compared to people aged 16-34.

What are we doing to support prevention?

- **Making Every Contact Count (MECC)** is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing. Health improvement specialists and health trainers in the Public Health team provide training to frontline staff across the system, including in community organisations and groups, to deliver MECC. Northumberland has over 100 MECC trainers and over 1000 people in the county have been trained in MECC.

- **NHS Health Checks** are free check-ups every 5 years for people aged 40 to 74 who do not have any pre-existing health conditions. It can tell if they are at higher risk of developing heart disease, diabetes, kidney disease, or stroke, and to provide support to reduce the risk of these conditions and dementia. NHS Health Checks are available from your GP surgery.

- **The Northumberland County Council Health Trainer Service** provides one-to-one and group support to individuals who want to make healthier lifestyle behaviour changes, as well as support to new and existing community groups, health advocates in local businesses, and community health champions, and delivery of education and skills programmes, campaigns, and health walks. The team has also just started a programme of targeted NHS Health Checks into community settings and workplaces.

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

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

Case Study:
The benefits of stopping smoking

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

What opportunities are there to promote ageing well through prevention?

- Some of the most important things that can be done to prevent diseases are by government or society. Recent announcements on raising the age of sale of tobacco by one year every year from 2027 onwards and increasing funding for preventing and stopping smoking are very welcome. Similar system-wide approaches are needed for helping people to have a healthy weight, for example by introducing more restrictions on the marketing of unhealthy foods, and to reduce alcohol harm.

- We are only able to focus on improving our health if we are happy and feel in control of our lives. The first step is to create the conditions for good employment, healthy and affordable housing, enough money to live, and feeling safe in our own communities. We have some of the levers for this locally, though not all.

- Strengthen communities so that they have more control over decisions and resources in their local area and can build trust and mutual support. We can then work with people in communities, voluntary and community groups and organisations, and frontline staff in statutory services to have those brief conversations about why and how to improve health and wellbeing, and where to get support if needed ('Making Every Contact Count').

- Some of the biggest challenges are to reduce the inequalities in uptake of vaccinations, screening, and NHS Health Checks in Northumberland. This requires partners to work together and with communities to identify opportunities to increase uptake among people less likely to take up these offers.

Health and social care when needed

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

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

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

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

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

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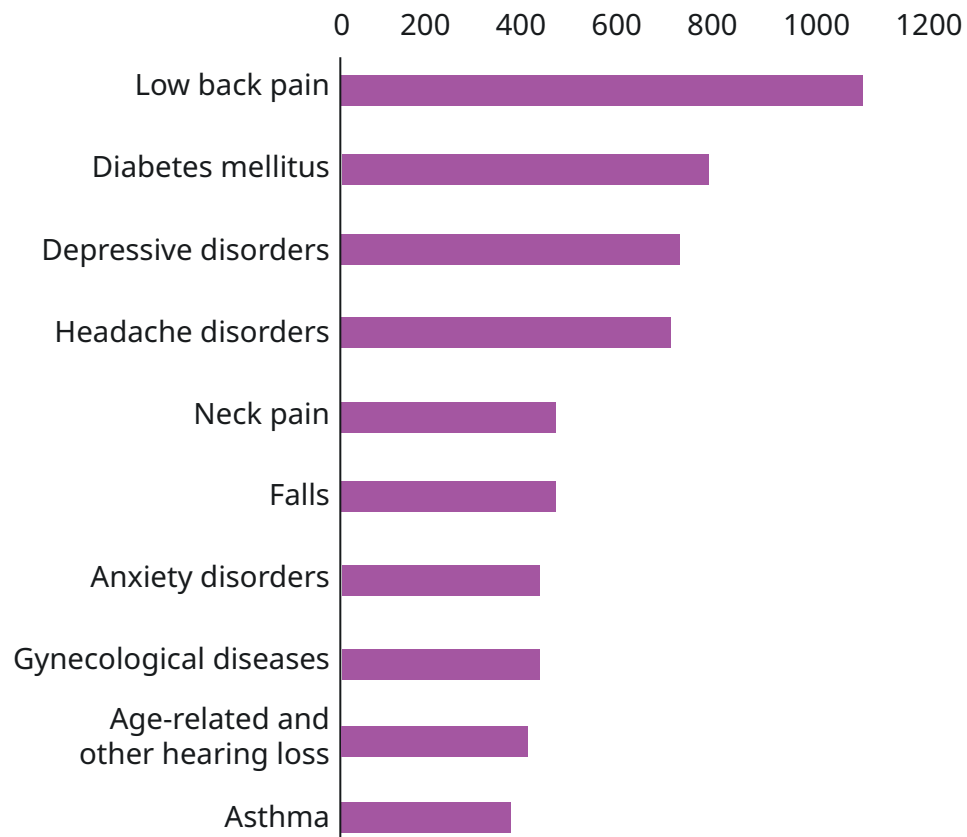
Source: OHID Health Profile for the North East of England 2021

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

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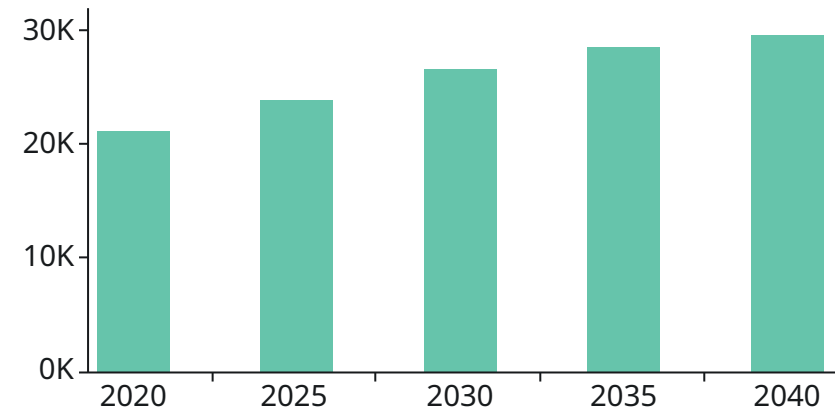

Source: POPPI, Limiting Long-Term Illness

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

24

Figure 11: percentage of the population with 0-6 long term conditions by age in England (2018)
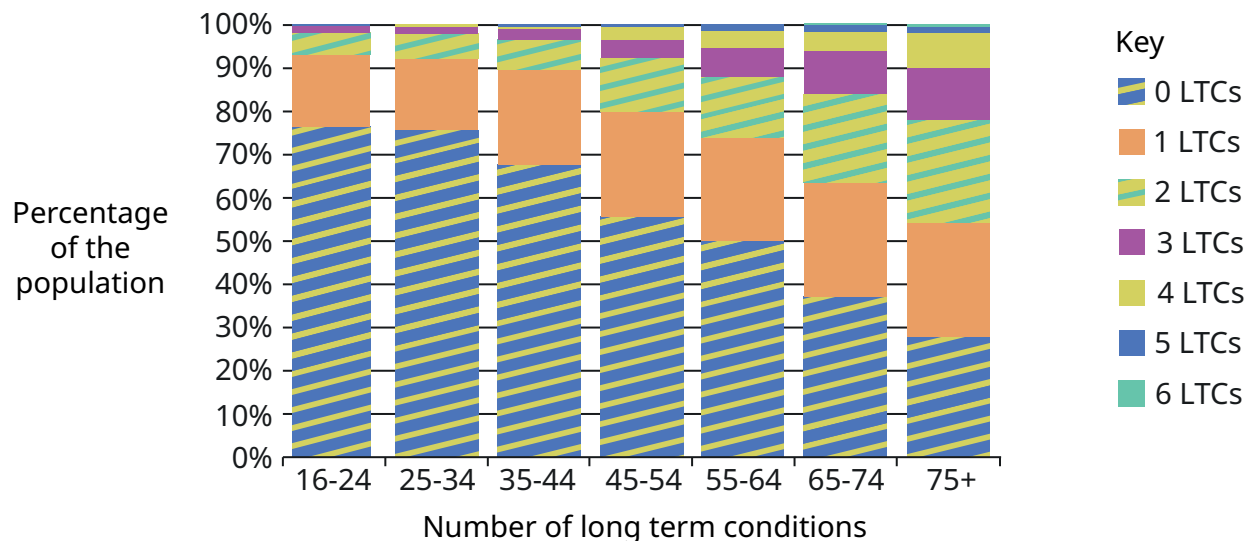
Source data: Department of Health and Social Care, analysis of data from Health Survey for England 2018
Image source: Redrawn from image in Chief Medical Officer's Annual Report 2020, Health trends and variation in England

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

Health care when needed

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

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

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

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

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

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

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

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

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

Social care when needed

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

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

Prevention

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

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

Accessing social care

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

Assessments and care planning

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

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

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

Case Study: Short Term Support Service

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

References

1.   **Care and Repair England.** *Ageing Well at Home*.

2.   **Office for National Statistics.** *Household projections for England: 2018-based*. 2020.

3.   **House of Commons Select Committee.** *Older people and employment Fourth Report of Session 2017-19*. 2019.

4.   **Office for Health Improvement and Disparities.** *OHID Fingertips*. 2023.

5.   **Centre for Ageing Better.** *Housing: The state of Ageing*. 2022.

6.   **Correia, M. Waitzberg, D.** *The impact of malnutrition on morbidity, mortality, length of hospital stay and costs evaluated through a multivariate model analysis*. s.l. : Clin. Nutr., 2003.

7.   **The Food Foundation.** Food Insecurity Tracking . [Online] 2023. https://foodfoundation.org.uk/initiatives/food-insecurity-tracking.

8.   *'Just because I'm old it doesn't mean I have to be fat': a qualitative study exploring older adults' views and experiences of weight management*. **Jackson, S. Holter, L. Beeken, R.** s.l. : BMJ Open, 2019.

9.   **Malnutrition Task Force.** *State of the Nation 2021: Older People and malnutrition in the UK today*. 2021.

10.   **Department of work and pensions.** *Households below average income*. 2023.

11.   **UCL, Dawes Centre for Future Crime.** *Older adults as victims of online: Policy briefing*. 2021.

12.   **World Health Organization.** Cardiovascular diseases: Avoiding heart attacks and strokes. [Online] 2015. https://www.who.int/news-room/questions-and-answers/

13.   —. Preventing cancer. [Online] 2023. https://www.who.int/activities/

14.   **Office for National statistics.** Adult smoking habits in the UK: 2022. [Online] 2023. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/

15.   **NHS Digital.** Health Survey for England, 2021 part 1. [Online] 2022. https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021/part-2-overweight-and-obesity

4. Being mobile

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

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

Keeping physically active

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

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

28

Figure 12: Chief Medical Officer Physical Activity Guidelines for adults

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

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

(3)

In Northumberland in 2021-22

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

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

(4)

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

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

Figure 13: Physical activity levels by age group
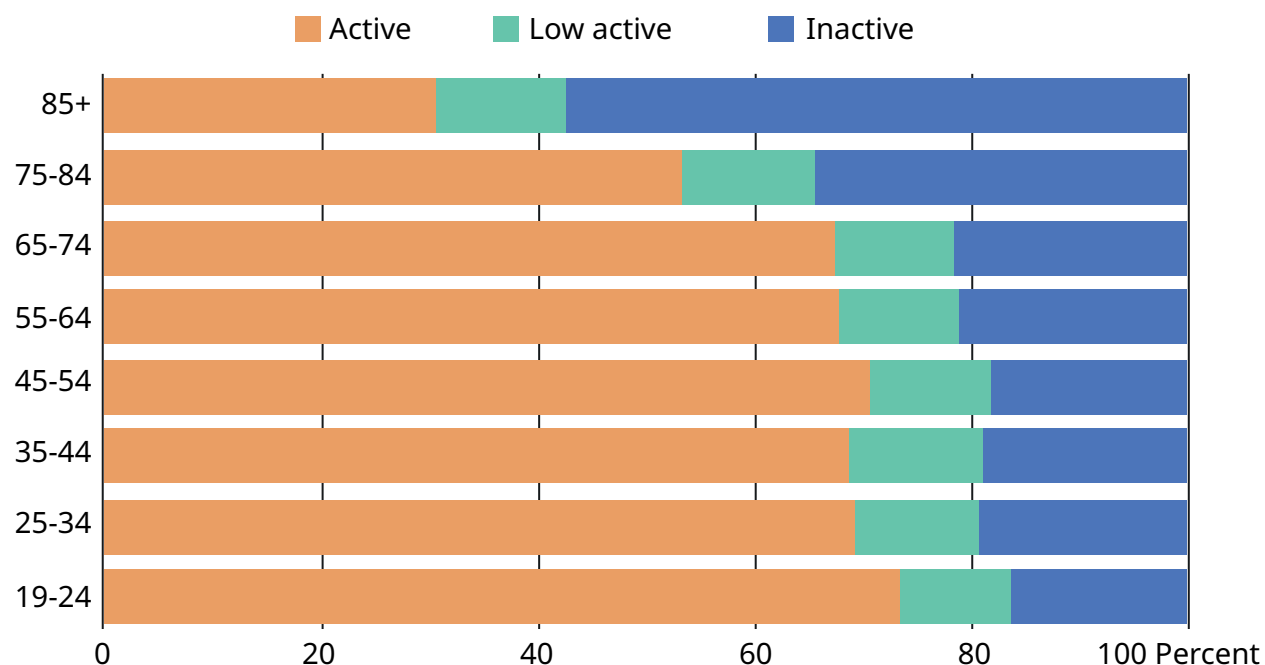
Source: NHS Digital Statistics on obesity, physical activity, and diet 2020

What are we doing to support people to stay active?

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

- Northumberland has a wealth of outdoor spaces for walking, cycling, and other activities including our parks, coast, beaches, forests, and hills. Conversations with our communities have revealed how much these are valued by them.

- Stepping into Spring events, supported by health improvement staff in the Northumberland County Council Public Health team, showcase local groups, activities, opportunities to volunteer and support from services for older adults. The events are generally organised by town and parish councils, development trusts or by community groups.

- Active Northumberland has its AgeWell programme which targets activities towards those aged 55+. These generally include gentle exercise sessions and health walks.

- Age UK produces a directory of exercise classes held in community venues around the county.

- Northumberland County Council health trainers provide group work and one to one support for anyone living in Northumberland aged over 16 years and can support increasing physical activity. The service is free, and a substantial proportion of clients are over 55.

- The Northumbria Healthcare Trust Active Hospital programme encourages patients and staff to be physically active. The programme trains health professionals to be more aware and confident in promoting physical activity and increase the number of quality conversations and signposting that happen with patients about their physical activity. The programme has focussed on embedding this into clinical pathways including pre-operative, Parkinson's, oncology, and diabetes.

- "We Are Undefeatable" is a national campaign supporting people with a range of long-term health conditions. Their purpose is to support and encourage finding ways to be active that work for you and your health condition.

30

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

- A recent Health Equity Audit of our leisure services indicated that more could be done to increase awareness of activities for older adults. It also highlighted that carers could be better supported at leisure centres when bringing older adults for activities.

- There is opportunity to address barriers to physical activity in older adults such as being 'too old to exercise', or that physical activity is risky with health conditions.

- There are many opportunities within local communities to support people to be active. A priority is understanding the assets we have, strengthening and building on them to provide local and sustainable opportunities. Physical activity groups also help people become more socially connected. Health trainers, social prescribing link workers and support planners can help introduce people to these opportunities.

Maintaining strength and balance

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

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

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

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

(Anne, Age UK, Northumberland)

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

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

Figure 14: Actual and projected rate of falls in Northumberland per 100,000 population 2018-2040 (HES + population projection)
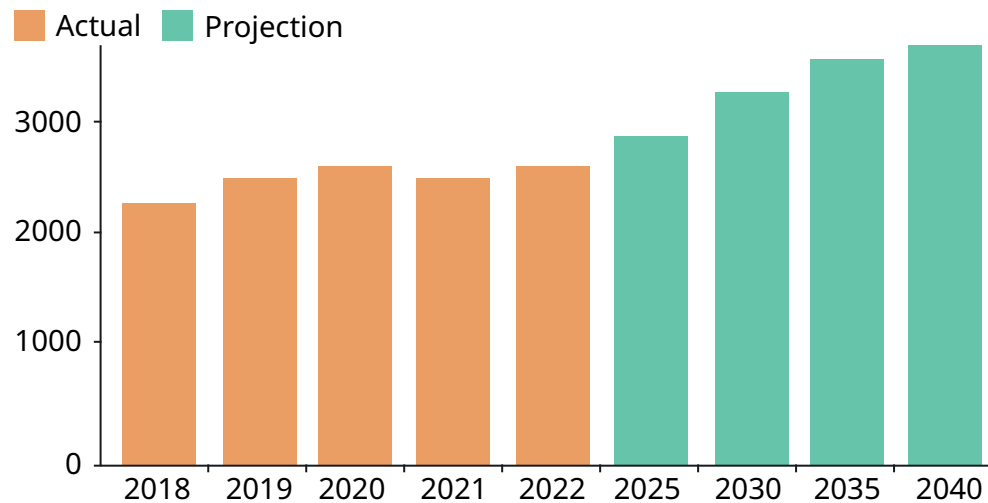
Source: NHS Digital HES Database; ONS 2018-Based Population Projections

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

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

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

- Some community groups in Northumberland support people with strength and balance, such as chair based exercises (See Comrades in Chairs case study)

- Northumbria Healthcare Trust runs two gait and balance groups at Wansbeck General Hospital, which is led by physiotherapists. The groups run for 10 weeks and include assessments at the beginning and end of the programme. Patients also receive an educational component which includes a home exercise programme from the 'get up and go' booklet produced by the Charted Society of Physiotherapy.

Case Study: Comrades in chairs group in Blyth

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

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

- Northumbria Healthcare Trust is planning to introduce further gait and balance groups at Hexham General Hospital next year.

- Some community-based falls prevention exercise groups stopped during the COVID-19 pandemic. These have not yet re-started, but Northumbria Healthcare Trust is exploring options to reintroduce these community opportunities.

Access to transport

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

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

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

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

(Kathy, Northumberland resident)

Data from the 2022 National Travel Survey shows that among the oldest age group (70+) in England,

the proportion of people without a car increases, and bus usage also increases

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

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

Average bus trips per year

Proportion of people not owning a car

Age category

■ Average bus trips per year
— Proportion not owning a car
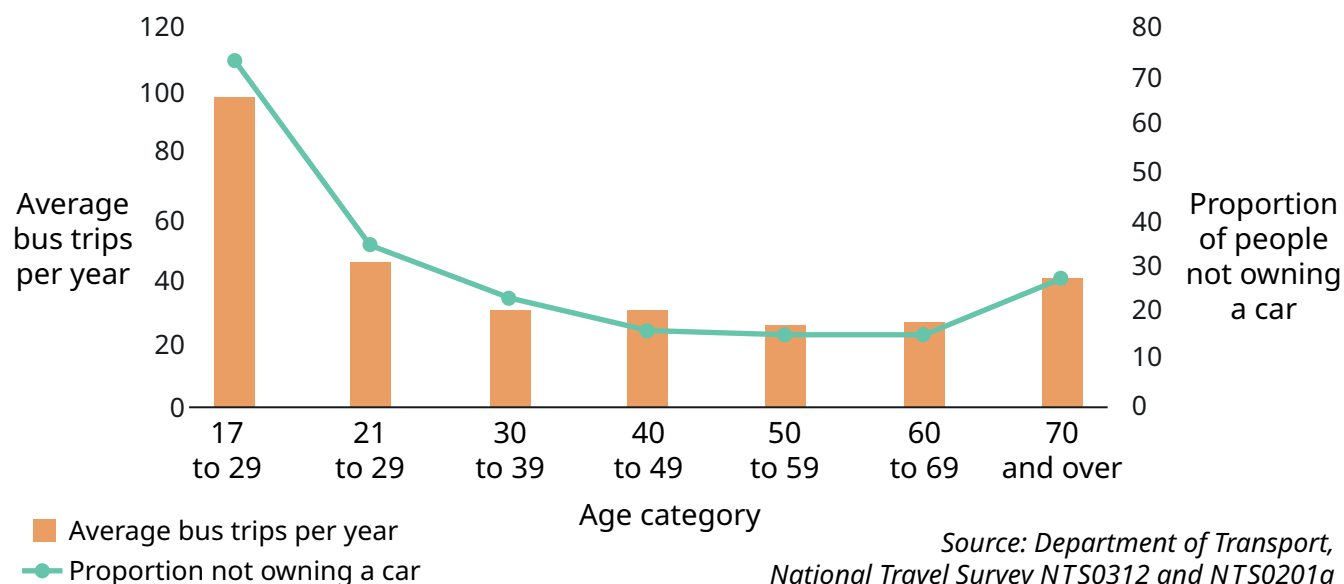
Source: Department of Transport, National Travel Survey NTS0312 and NTS0201a

33

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

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

This compares to 65% uptake in England.

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

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

(Cramlington 65+ resident, Cramlington community conversation)

What are we doing to support older people with transport?

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

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

Figure 16: Bus routes in Northumberland and % of the population 70+
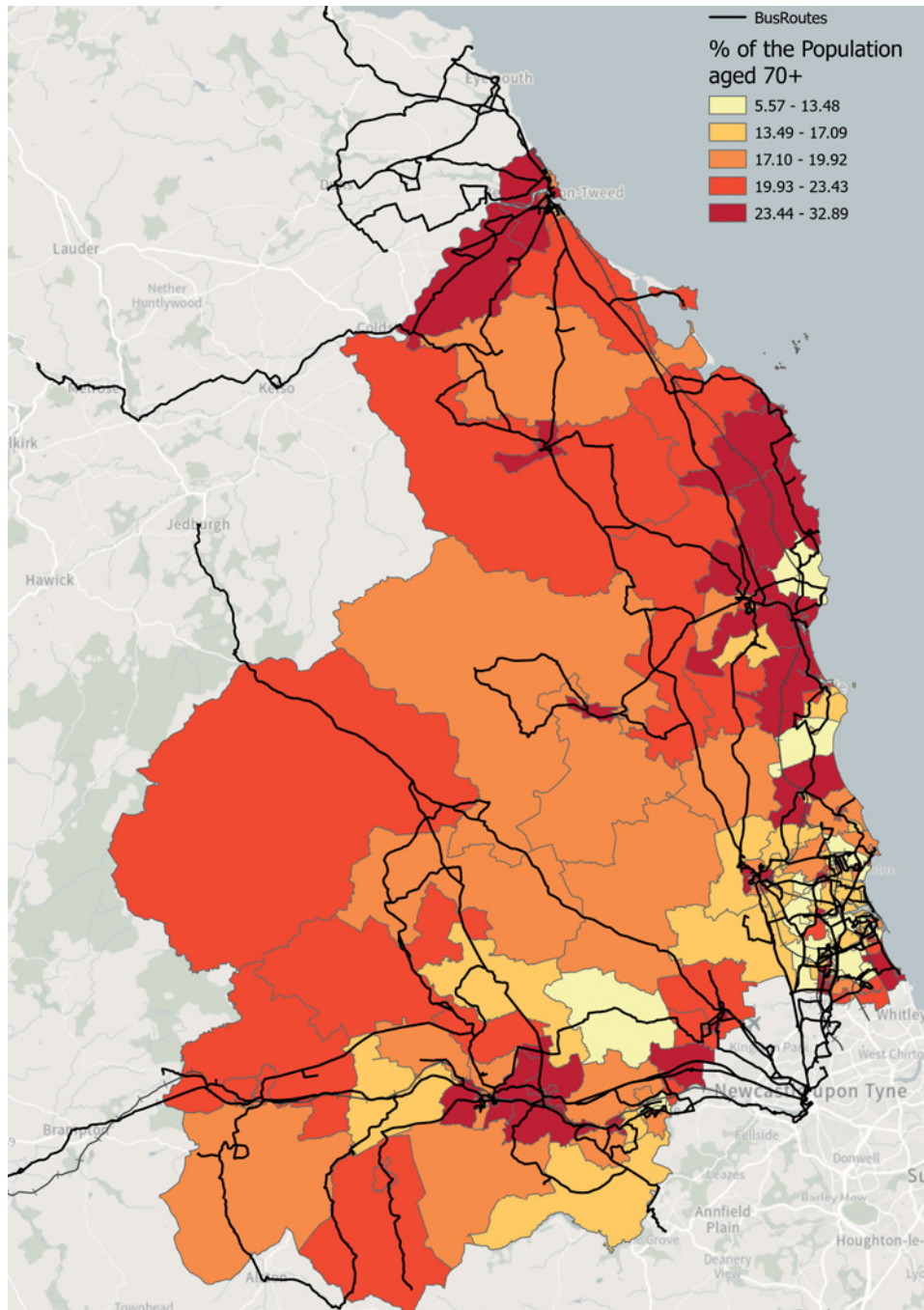
We have several community transport organisations in the county who support people to travel to various opportunities. A recent Transport Health Needs Assessment of public and community transport has mapped the coverage of these across the county and assessed gaps in provision. Some examples of community transport schemes are:

- Bell View Charity provides wheelchair accessible community transport to members and trips include going to the doctors, opticians, hairdressers, podiatry and community groups.

- Adapt NE runs a Getabout scheme where they advise people on how to make journeys by public transport if possible.

- Watbus is a community transport charity that has a fleet of vehicles for use by voluntary organisations, community groups and individuals. They run a shuttle service for residents of Newbiggin every Tuesday and Friday enabling residents to access local amenities. Community groups use the service to collect members from their houses and drop them at community venues.

What opportunities are there to improve transport?

- Community transport providers are facing funding and workforce pressures that mean they can be unable to meet growing demand for their services. Closer collaboration between public transport, community providers and communities themselves may help to develop solutions that work for communities and individuals.

- Increase awareness of schemes that support travel to health care appointments including the Healthcare Travel Costs Scheme. People receiving benefits may be able to claim a refund of reasonable travel costs if referred to hospital or other NHS premises for specialist NHS treatment or diagnostic tests by a doctor, dentist or another primary care health professional.

- Increasing connectivity will be a combination of improving transport links and ensuring opportunities and services are close to where people live.

- The Northumberland Local Plan includes policies that ensure new development proposals are accessible by public transport, walking or cycling where feasible. This aims to reduce dependence on private cars.

Age friendly places

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

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

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

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

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

- Clear signage, wayfinding and information.

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

- Places to stop and rest such as indoor public venues or outdoor benches.

- Ensuring public places feel safe and secure, including adequate lighting and being overlooked by other people.

- Publicly accessible toilets – without these some older people may be more reluctant to be out and about for long.

- Places to shelter in rainy or hot weather, such as indoor public spaces and bus shelters.

- Disabled access to shops, cafés and other public spaces.

- Accessible open spaces such as parks, gardens, lakes, coast, woods, and nature reserves.

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

(Elaine, Northumberland resident)

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

(Participant, Ageing Well workshop)

Case Study: Improving public toilets across Northumberland

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

The Community Life Survey 2020/21 found that

older adults are generally more satisfied with their local area

and feel a greater sense of belonging

than younger adults (See Figures 17 and 18).
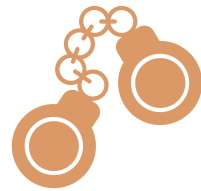
The English Housing Survey found that

people living in more deprived areas were more likely to say they experienced problems in their area.

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

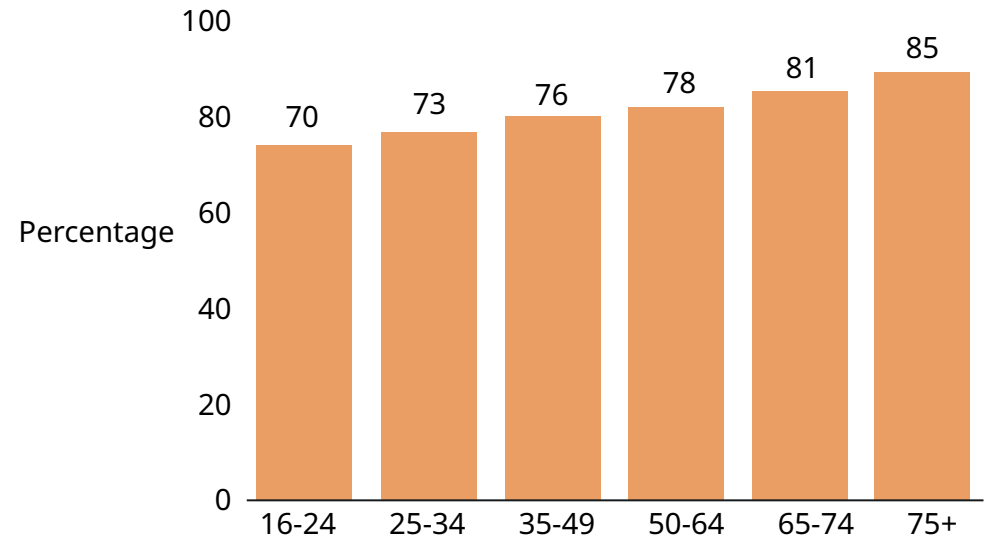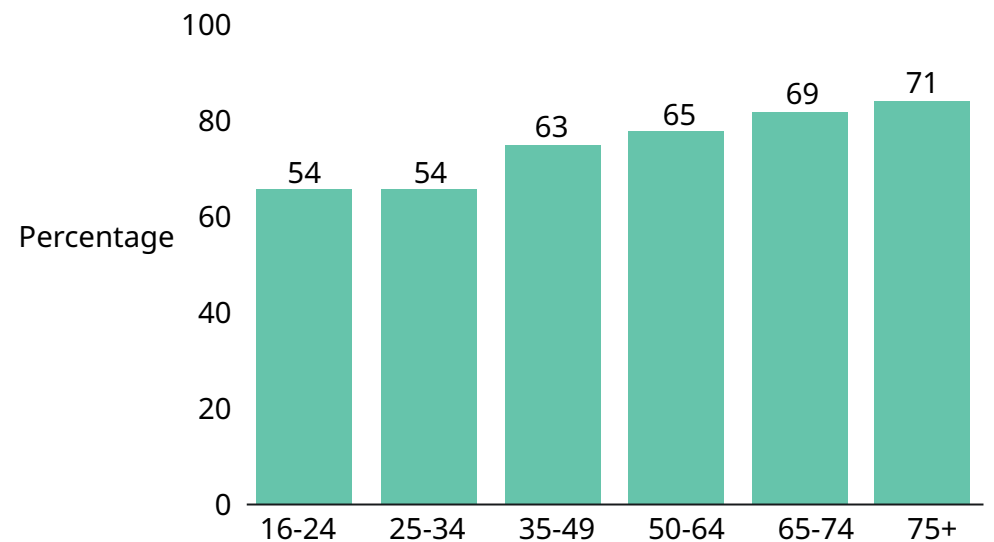**Figure 17:** Percentage satisfied with local area by age group 2019-21

Age group	Percentage
16-24	70
25-34	73
35-49	76
50-64	78
65-74	81
75+	85

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

Age group	Percentage
16-24	54
25-34	54
35-49	63
50-64	65
65-74	69
75+	71

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

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

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

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

- Requiring a proportion of homes to meet 'accessible and adaptable' standards

- Supporting the delivery of homes for older people.

- Supporting well designed places that facilitate mobility.

- Ensuring new development is connected to ICT infrastructure (increasingly, healthcare will be delivered to people in their homes, which means that a good data connectivity will be important.)

- Ensuring new housing development is served by adequate healthcare infrastructure (mostly in respect of GP surgery capacity). For large scale housing developments, developers often make contributions to improve healthcare infrastructure.

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

Figure 19: Place standard tool displaying the average views of 532 respondents in Cramlington
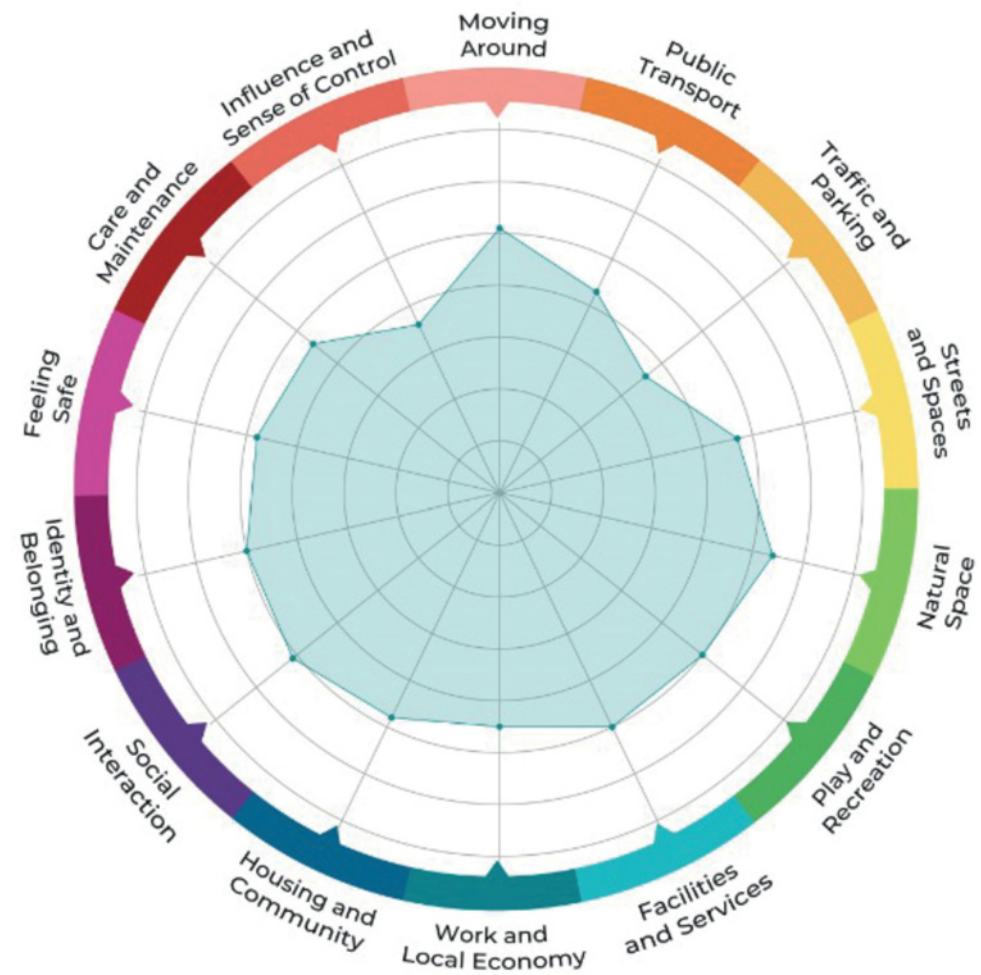
What opportunities are there to promote age friendly places?

- Moving forward the Council will be developing a Countywide Design Code which will provide a framework for high quality places.

- We need to engage with older people as we develop built environments, to ensure the environment enables them to be mobile and active.

- We can improve perceptions of safety in neighbourhoods through Designing out Crime approaches.

- The Northumberland Local Plan encourages a sustainable pattern of development that includes provision of housing, employment, education, healthcare and retail particularly within main towns and service centres. This will reduce the need for transport and promote sustainable travel around neighbourhoods such as walking, cycling and wheeling.

- We are planning to have more community conversations using the place standard tool and exploring opportunities to use it more widely to ensure residents voices are heard.

References

1. *A unified framework for the measurement of mobility in older persons*. **Beauchamp, Marla K, et al.** Supplement_4, s.l. : Age and Ageing, 2023, Vol. 52.

2. **Department of Health and Social Care.** *UK Chief Medical Officers' Physical Activity Guidelines*. 2019.

3. **Office for Health Improvement and Disparities.** *OHID Fingertips*. 2023.

4. **NHS Digital.** Statistics on Obesity, Physical Activity and Diet, England, 2020. [Online] 2020. https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/england-2020/part-5-adult-physical-activity-copy.

5. *Muscle tissue changes with aging*. **Volpi E, Nazemi R, Fujita S.** 4, s.l. : Curr Opin Clin Nutr Metab Care, 2004, Vol. 7.

6. **UK Health Security Agency.** The human cost of falls. [Online] 2014.

7. *Mobility in Older Adults: A Comprehensive Framework*. **Webber, Sandra C. Porter, Michelle M. Menec, Verena H.** 4, s.l. : The Gerontologist, 2010, Vol. 50.

8. **Department for Transport.** *National travel survey: Take-up rate of concessionary travel schemes by region of residence: England, 2002 onwards*. 2022.

9. **Public Health England.** *Spatial Planning for Health: An evidence resource for planning and designing healthier places*. 2017.

10. *Ageing in urban environments: Developing 'age-friendly' cities*. **Buffel, T., Phillipson, C., & scharf, T.** s.l. : Critical Social Policy, Vol. 32(4), pp. 597-617.

11. *The role of transport and mobility in the health of older people*. **Musselwhite, C. Holland, C. Walker, I.** 1, s.l. : Journal of Transport and Health, 2015, Vol. 2.

12. **Our Place.** *Place Standard Tool Guidance*. s.l. : Crown Copyright, 2022.

5. Building and maintaining relationships

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

Social participation

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

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

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

The Active Lives Survey 2019-20 found that in Northumberland (1)

23% of adults said they feel lonely often, always or some of the time.

This is similar to the national average.

It is estimated that in Northumberland

30% of people aged over 65 are living alone based on the Census 2021.

This is lower than the national average and the lowest level in the North East.
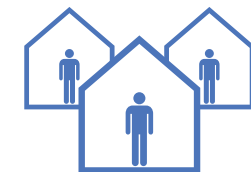
The 2021-22 Adult Social Care Survey found that (1)

45% of social care users aged 65 or over in Northumberland had as much social contact as they would like.

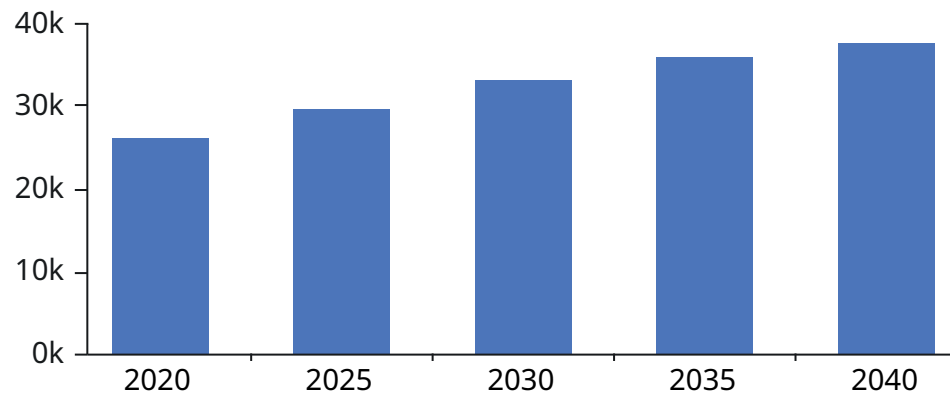**The 2021-22 Adult Social Care Survey also found that** (1)

41% of carers (aged 65+) had as much social contact as they want with people they like.

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

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

Source: POPPI, Living Alone

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

> *"Since COVID-19, many older adults have had a huge reduction in their roles, routines, social activities and community activities. I have heard many patients across both of wards that they do not do what they use to do, that they do not participate in social activities and have not been getting the social interaction that cognitively stimulates them."*
>
> (Annie, Cumbria, Northumberland, Tyne, and wear NHS Foundation Trust)

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

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

- In Northumberland there are a wide range of community groups, clubs, community hubs, leisure centres, libraries, and networks that people can join.

- Social prescribers work with GP practice patients to find social groups or activities that can support their health and wellbeing.

- Northumberland Frontline is a community directory for people to find local services and groups.

- Northumberland social care services are trained to spot the early signs of social isolation.

- Community Hubs allow us to support communities to bring together local groups, organisations and partners including our libraries and customer services, offering place-based support that is easy to access.

- Ageing Well Allies is a programme to train people who have regular contact with older people. It provides knowledge of the key health Improvement messages and helps people feel more confident in signposting older people and others to a range of health and social care and community services for appropriate advice, information and support.

- Faith groups in Northumberland are an important source of support for many older people in our communities. They help to address spiritual needs, provide a sense of purpose and belonging, and support people emotionally and practically.

41

Case Study: Haltwhistle friendship group

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

Case Study: Knock and Check

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

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

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

- Building on learning from Northumberland County Council's response to the COVID-19 pandemic and the storms we witnessed across the County in November 2021, we are committed to collaboration between our communities, partner agencies and the voluntary sector to support the residents of Northumberland.

- Organisations that provide information and advice are working together to better coordinate information and advice services so that people can more quickly and easily find the information they need.

Strengthening relationships

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

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

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

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

Bereavement

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

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

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

Sexual health and intimate relationships

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

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

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

Older age groups can be more vulnerable to late diagnosis of sexually transmitted infections (STIs). It has been suggested that lack of sex education offered to over 50s when they were at school means they may not be aware of STI symptoms or their dangers. (3)
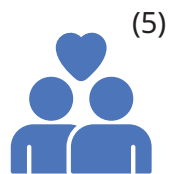
(5)

The English Longitudinal Study of Ageing found that

77% of men and 54% of women aged between 50-90 were still sexually active.

2/3 rated sex as a vital part of their relationships (Age UK).

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

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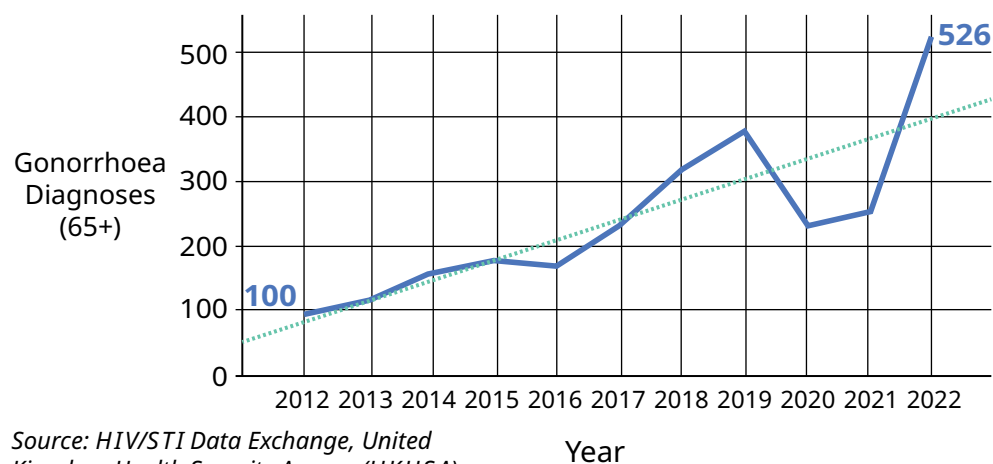
In most age groups, **Northumberland has lower rates of STIs compared to England.**

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

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

Gonorrhoea Diagnoses (65+)

100

526

Year

2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022

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

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

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

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

44

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

- Whilst the Northumberland Integrated Sexual Health Service does not currently have targeted initiatives at present for adults aged 55+ in Northumberland, a Health Equity Audit is currently underway which will consider access and experience of older adults of the service. This may lead to specific work to raise awareness of sexual health and services for older residents.

- Age, Sex, and You (4) is a national website dedicated to providing the older generation with advice on sex and intimacy.

Domestic safety

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

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

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

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

(8)

Nationally, 14% of adults 60-74 reported having suffered domestic abuse **at least once since the age of 16. (Crime Survey for England and Wales 2023)**

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

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

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

Case Study: Financial and emotional abuse by family members

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

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

- In early 2021 Northumberland Council received White Ribbon accreditation to cement its commitment to ending domestic abuse and sexual violence in the county. White Ribbon is a charity that works to encourage everyone, and especially men and boys, to make the White Ribbon Promise to never commit, excuse or remain silent about violence against women and girls.

- Domestic abuse is a priority for Northumberland Children and Adult Safeguarding Partnership (NCASP) and Domestic Abuse Partnership Board. We currently have a multiagency Domestic Abuse and Older People working group.

- Northumberland Domestic Abuse Service (NDAS) is running a pilot for 12 months which is employing an Older Persons Domestic Abuse Practitioner to work across Northumberland. The pilot has a focus on joining up health and domestic abuse services to ensure victims and survivors receive the support they need, and that support reaches rural and isolated communities.

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

- Raising awareness of support and services available for our older population in Northumberland.

- Deliver training for staff so that they can identify, risk assess and refer on appropriately.

- Improve the data set we have for monitoring domestic abuse among older people to understand the level of need and demand to inform the refresh of the Domestic Abuse Strategy.

References

1. *Social relationships and mortality risk: a meta-analytic review*. **Holt-Lunstad, J. Smith, TB. Layton, JB.** 7, s.l. : P L o S MEdicine, 2010, Vol. 7.

2. **Mind.** What is bereavement? [Online] 2019. https://www.mind.org.uk/information-support/guides-to-support-and-services/bereavement/about-bereavement/

3. **Terrence Higgins Trust.** *STILL GOT IT: SEXUAL HEALTH OF THE OVER 50S*. 2018.

4. **Sheffield, University of.** Age, Sex and You. [Online] 2023. https://www.agesexandyou.com/.

5. *Sexual Health and Well-being Among Older Men and Women in England: Findings from the English Longitudinal Study of Ageing*. **Lee D M, Nazroo J, O'Connor D B, Blake M, Pendleton N.** 1, s.l. : Arch Sex Behav, 2016, Vol. 45.

6. **World Health Organization.** Abuse of older people. [Online] 2022. https://www.who.int/news-room/fact-sheets/detail/abuse-of-older-people.

7. **Library, House of Lords.** Domestic abuse of older people. [Online] 2021. https://lordslibrary.parliament.uk/domestic-abuse-of-older-people/.

8. **Office for National Statistics.** Domestic abuse: findings from the Crime Survey for England and Wales. [Online] https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabusefindingsfromthecrimesurveyforenglandandwalesappendixtables.

6. Learning, growing and making decisions

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

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

Learning and skills development

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

There are 30 libraries in Northumberland and over 200 villages

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

In Northumberland, **16,745 library members are over 60 years old,** which is around 1/3 of all library members.

Among those enrolling in Northumberland Skills courses for 2023-24, **66% are categorised as low income** and qualify for free training.

In 2022-23, Northumberland skills had **1,659 people aged 19+ enrolled in skill development activities. 39% of these were aged 55 or over.** The COVID-19 pandemic saw a large drop in participation, with current uptake of people 55+ being at 48% of pre-pandemic levels.

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

© 2024 Mapbox © OpenStreetMap
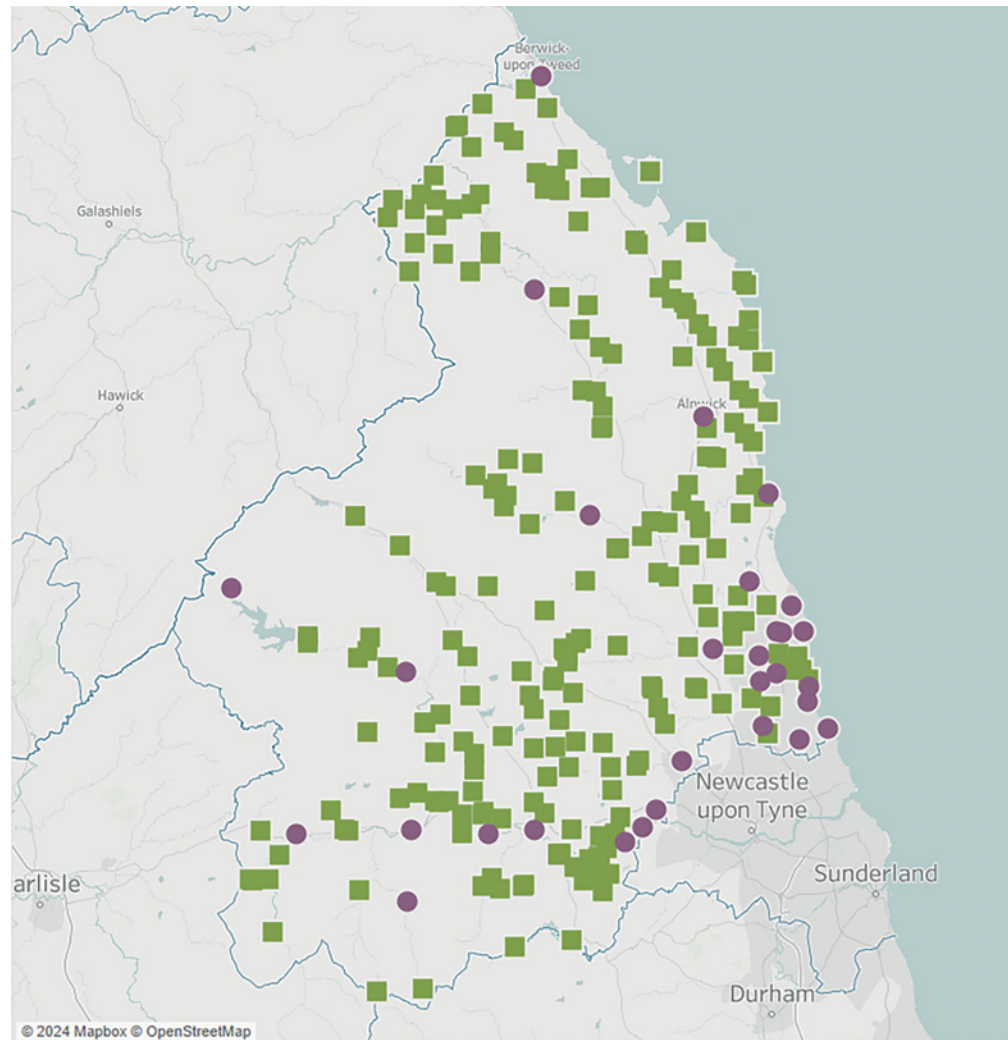
Type
- Library
- Van

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

(Alison, Northumberland resident)

How are older people supported to learn in Northumberland?

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

- Our libraries are important hubs for learning across the county. People can access reading material in a variety of formats including physical formats such as large print and audio as well as digital eBooks and eAudiobooks;

- Many different interest groups meet in our libraries such as creative writing, local history or genealogy groups that draw directly on the resources and inspiration available to them but also those who make use of our free safe environment to meet like-minded people to knit or craft together, play board games and paint.

- Events such as author talks, book launches, theatrical performances and talks about local history and places are organised through libraries. Some can be joined remotely by people unable to attend the events.

- Volunteers deliver library materials to individuals who cannot visit the library themselves. Over time, relationships established benefit both volunteers and recipients of service.

- University of the Third Age (U3A) is a UK network of learning groups run by and for members. They have an online programme to connect people with other learners, provide lessons and resources, and offer free workshops and events. Across Northumberland there 12 local groups registered with U3A.

- Northumberland Skills has 11 campuses across the county where people can learn new skills. The most popular courses for 55+ age groups are sewing skills, Spanish, painting and drawing, English and maths skills and administering medication.

What opportunities are there to promote ageing well through learning?

- Increased awareness of what is available for older adults through libraries across the county.

- Greater involvement by communities to shape their local library services to meet their needs.

- Aim to return participation in Northumberland Skills to pre-covid levels, particularly engaging our older population.

- Further collaboration between Northumberland Skills and other adult education providers to ensure coverage of opportunities across the county.

Information and advice

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

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

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

> *"For us we have a strong community, but others don't know what's available or where to go for support."*
>
> (Ibby, 55+ Northumberland resident)

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

Northumberland County Council Contact Centre receive approximately

22,000

enquiries per month, and an additional

4,000

enquiries

at Information Centres across the county.

Northumberland Council receive

over 1000 contacts per month

related to older persons bus passes.

A survey of people accessing Information Centres in 2022 found that

56% of people were aged over 65

In 2022-23 Northumberland Citizens Advice assisted over

29,000 people per year

and helped them deal with **about 60,000** different problems.

How are older people supported to find and access information and advice in Northumberland?

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

- Frontline is an online information and referral service that helps anyone in Northumberland signpost or refer people to services or support. It has more than 250 registered services and recent activity has been approximately 300 referrals made per month and 900 signposts.

- Northumberland County Council has 6 face-to-face Customer Information Centres in Northumberland located in Berwick, Alnwick, Ashington, Blyth, Cramlington, Hexham.

- Northumberland Citizens Advice provides free, confidential, impartial, and independent advice and information on a wide range of subjects. They can work with you to sort out any debt worries and claim all the benefits you may be entitled to. They can help with housing and employment problems or deal with queries about consumer or tax issues. They can advise on legal matters, answer questions about immigration, and family and personal matters.

- Community connectors such as Social Prescribing Link Workers and Support Planners help people link to community support or services relevant to people's needs.

- Libraries are a first point of contact for information during all their opening hours (including evenings and Saturdays) and staff can facilitate contact with the right colleagues and partners for those who need it.

Digital inclusion

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

There is a wealth of resource online that can support ageing well and improve older people's quality of life. These include online health care appointments, shopping, banking, social networks, hobbies, interests, and entertainment. However, limited digital skills can be a barrier for people making use of these resources. The COVID-19 lockdowns brought into sharp focus the benefits of using digital technologies to connect with family, friends and support agencies.
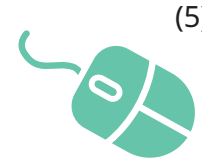
(5)

Internet usage tends to be lower in older age groups

67% of people aged 65+ use the internet daily

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

Older adults also tend to

### use the internet for a narrower range of activities.

(6) **According to the Lloyds Bank UK Consumer Digital Index 2021,**

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

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

Figure 24: Proportion of age groups using the internet daily

Source: ONS Frequency of internet use, by age group 2020
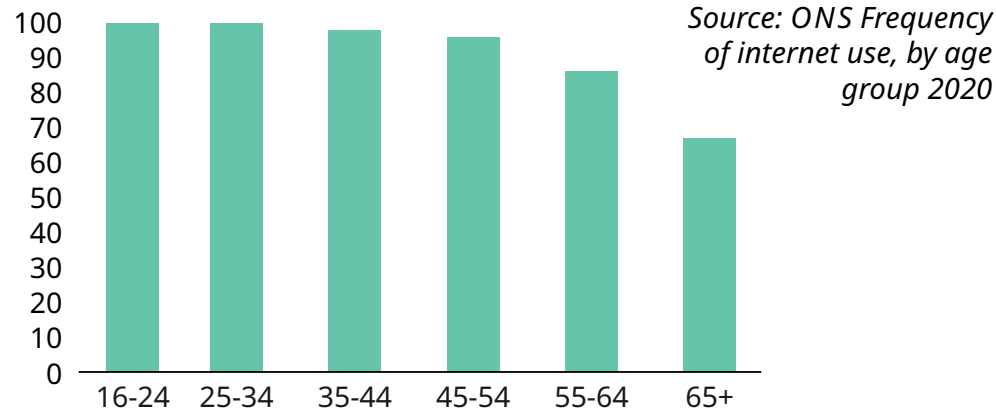
Research by Age UK in England found that the three most common reasons for people aged 65 and over not using the internet were:

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

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

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

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

(Rob, Northumberland Community and Voluntary Action)

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

(Chris, Age UK Northumberland)

How are older people supported with digital inclusion in Northumberland?

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

What opportunities are there to address digital inclusion?

- Developing a coordinated digital inclusion strategy across a spectrum of stakeholders.

- Promotion of social tariffs that enable those on lower incomes to benefit from online presence at a lower cost.

- Introducing digital device banks that loan equipment to those on lower incomes. Libraries have existing management systems that could be used for device loans.

- Holding digital inclusion events in community venues such as village halls and involving existing groups.

- Running activities that will attract older residents such as family history that will then encourage developing online skills.

- Recruiting community volunteers to provide regular support – many retired people are digitally confident and could pass on skills to their peers. There is also opportunity for intergenerational work, young people sharing their skills with older members of the community.

References

1. **World Health Organisation.** *World Report on Ageing and Health*. 2015.

2. *A Sense of Control and Wellbeing in Older People Living with Frailty: A Scoping Review*. **Adam Nyende, Caroline Ellis-Hill & Stefanos Mantzoukas.** 8, s.l. : Journal of Gerontological Social Work, 2022, Vol. 66.

3. **Age UK.** *Information and Advice for Older People: Evidence Review*.

4. **Mental Health Foundation.** Tackling digital exclusion in older people. [Online] 2021. https://www.mentalhealth.org.uk/explore-mental-health/blogs/tackling-digital-exclusion-older-people.

5. **Office for National Statistics.** *Frequency of internet use by age group and disability status*. 2020.

6. **Lloyds Bank.** *2021 Consumer Digital Index*. 2021.

7. **Age UK.** *Digital inclusion and older people – how have things changed in a COVID-19 world*. 2021.

7. Contributing to society

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

Employment

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

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

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

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

(Graham – Northumberland resident)

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

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

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

Recent trends indicate that

economic inactivity has increased post-Covid

particularly among people who are 50+ leaving the labour market

(Figure 25). The most common reasons for this appear to be an increase in long-term conditions and those taking early retirement.

People with lower levels of education, the long term unemployed and women

are less likely to re-enter work at older ages

after becoming unemployed.

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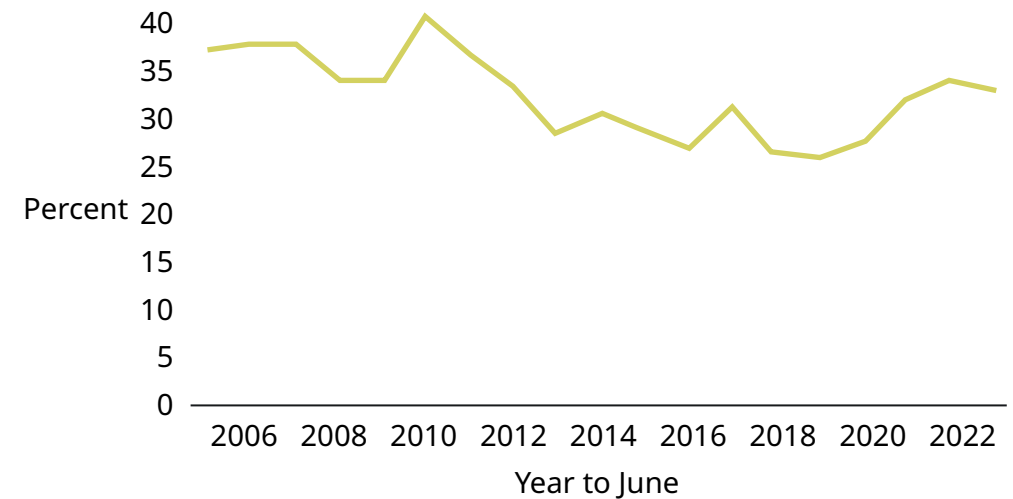

What is currently being done in Northumberland to support employment for older adults?

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

- **The Midlife MOT** is for people 45-65 years old, to help them prepare for working in older life. It is a national digital resource to help people with their work, health and money.

- **The Restart Scheme** is a national service commissioned by the DWP and delivered in Northumberland by Reed in Partnership. The service provides employment services to help people who have been unemployed long term to get back into work.

- **Better Working Futures** is a national service commissioned by the DWP and delivered in Northumberland by Reed in Partnership. The service supports people who are long term unemployed with the additional barrier of poor health to develop skills and overcome barriers to work.

56

- **Solid Foundations** is a not-for-profit partnership funded by the North of Tyne Combined Authority which provides personal support to help address the wider barriers which are preventing people from finding work.

- **Return to Work Carers Project** funded by the North of Tyne Combined Authority and delivered by Northumberland Carers provides a range of employability support to carers.

- **Bernicia Working Homes** service which provides employability support to their tenants living in social housing.

- **Individual Placement Support**, run by Cumbria, Northumberland Tyne and Wear NHS Foundation Trust has a range of services and pilots aimed at supporting service users with mental health issues into work. This includes supporting the individual and the employer.

- **Work Smart Live Well Team** is a collection of services who provide careers and health guidance, advice and support and is available every Tuesday morning at Cramlington Hub.

- **Accreditation Schemes** such as the National Disability Confident Scheme North East Better Health at Work Award and North of Tyne Combined Authority Good Work Pledge are aimed at improving the quality of work by improving workplace practices.

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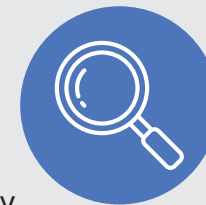
The Bridge Project provided one to one bespoke support for adults who were long term unemployed and economically inactive. A similar scheme is currently running under the name 'Solid Foundations'.

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

What opportunities are there to improve employment among older people?

- There is a need for a better understanding of the views of those who are unemployed or economically inactive about their conditions and how they act as a barrier to work, and the support they need to overcome them.

- Employers should consider recruitment practices to ensure they do not disadvantage older workers such as eliminating ageist language in job adverts, job descriptions and qualification or experience criteria.

- Increase opportunities for good work which include inclusive working practices, part time/job share options and flexible locations to improve recruitment and retention of older people in the work force.

- Support community involvement and volunteering, which can be a stepping stone into future work opportunities and using community assets is an effective way to support others into work.

- Employment services could have advisors who have specialist expertise in supporting older workers.

- Closer collaboration between health and employment agencies to develop and commission new approaches that meet the needs of those who are out of work with long-term-conditions.

Volunteering

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

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

"Giving to others makes you feel better and lifts your spirits – it's better than any medicine."
(Kathy – Northumberland resident)

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

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

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

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

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

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

- Thriving Together has a website that helps sign post people to local and national volunteering websites.

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

What opportunities are there to promote volunteering?

- Better sharing of information across the county. For example, a communication campaign, providing a spotlight on the different opportunities.

- Digital inclusion may help more older adults connect to volunteering and employment opportunities in their communities.

- A volunteer passport that allows individuals to switch easily between multiple volunteering opportunities, Thriving Together are working on a pilot project to provide a digital skills passport as a solution.

- Taster days with volunteering opportunity as an introduction so people can assess the suitability of an opportunity.

- Employers providing volunteering leave and encouraging employees to link with local schemes.

- Working with communities to identify the needs in their communities and supporting them to take action.

Case Study: Heart of Blyth

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

HEART of BLYTH

"If you knew others were willing to help, what would you LOVE to do to make your community a better place?"

Caring responsibilities

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

The physical, emotional, and psychological demands of caring can be demanding, stressful and can limit carers employment, education, and social opportunities. It is important that carers have the coping skills, resources and wider support to enable them to play this vital role.
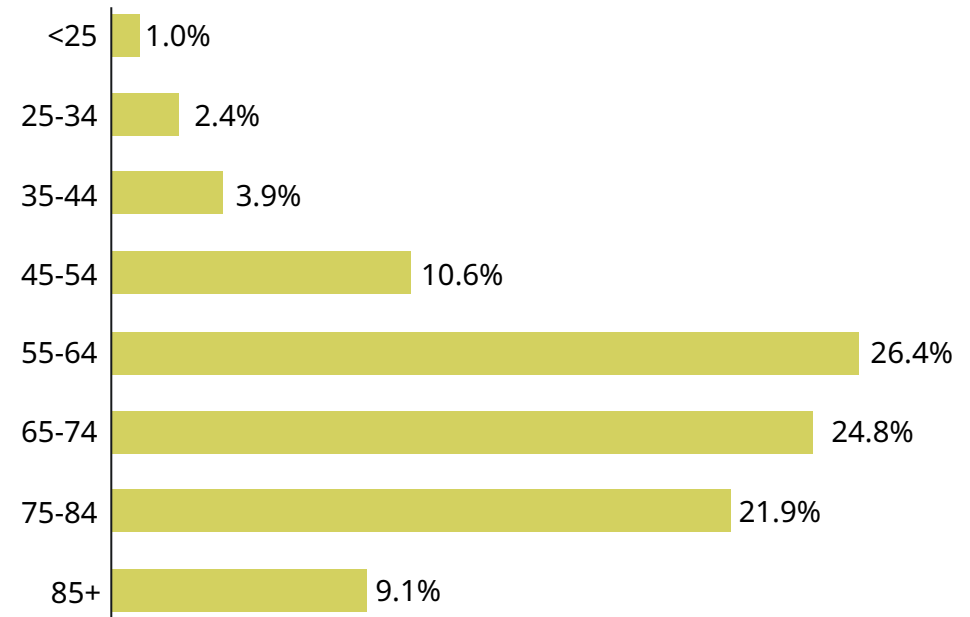
"We regularly support carers suffering from stress and burnout because of lack of support, knowledge or competence in what they were having to cope with... Carers are desperate for respite from their caring responsibilities - be that longer term respite for a week or two so they can take a much needed holiday; or on a daily basis so they can have an hour or two for themselves."

(Community organisation, Northumberland)

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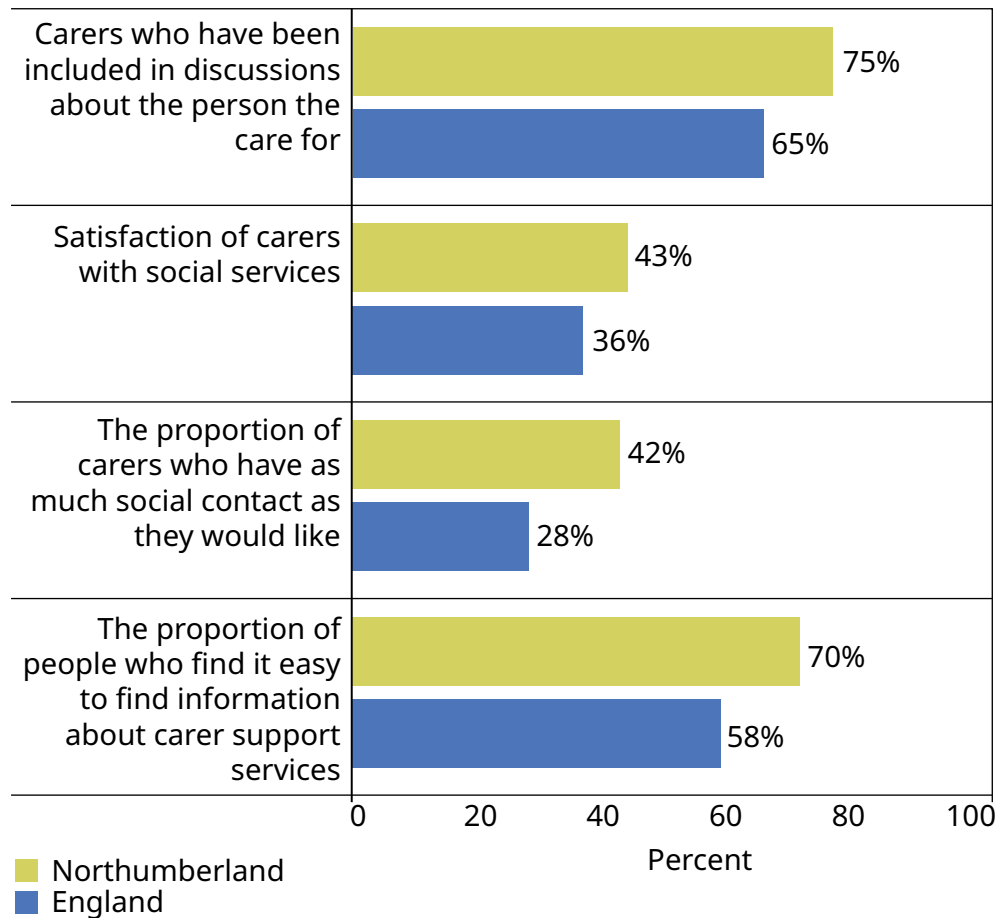
Figure 26: Carers in Northumberland by age category

Age category	Percentage
<25	1.0%
25-34	2.4%
35-44	3.9%
45-54	10.6%
55-64	26.4%
65-74	24.8%
75-84	21.9%
85+	9.1%

Adobe Stock | 515361652

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

	Northumberland	England
Carers who have been included in discussions about the person the care for	75%	65%
Satisfaction of carers with social services	43%	36%
The proportion of carers who have as much social contact as they would like	42%	28%
The proportion of people who find it easy to find information about carer support services	70%	58%

Percent

■ Northumberland
■ England

What do we do to support carers in Northumberland?

- In Northumberland, carers are offered a carer assessment, which is a discussion between the carer and a social worker to establish the current and potential future need for support and to determine how sustainable their situation is. This focuses on all possible solutions including support from family, the community, housing services, social security benefits, and education.

- In Northumberland we have a Carers Partnership Board who owns and drives the 'Commitment to Carers Strategy'. This forum provides an opportunity to inform joint working, with the aim of achieving the best possible outcomes for carers and the people they support. Carers are represented on this Board.

- Northumberland County Council also funds Carers Northumberland to support carers across the county which includes access to a variety of support groups and other agencies.

- Adult Social Care works closely with Northumberland Communities Together to support carers across Northumberland to access advice, services, support and grants. This compliments the work of Carers Northumberland and Escape who are commissioned to support carers.

What further opportunities are there to support carers?

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

Challenging age discrimination and stigma

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

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

Adobe Stock | #651519492

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

(Sarah, Theatre Sans Frointieres, Northumberland)

(6)
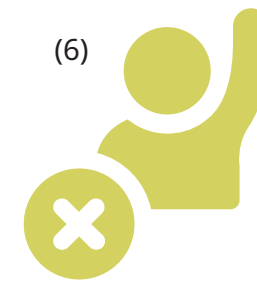
A national survey by the Centre for Ageing Better found that

**55% people agreed that the UK society is ageist** as opposed to 13% who do not.

(7)

The English Longitudinal Study of Ageing found that among people aged 50 or above,

25% reported perceived age discrimination.

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

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

Figure 28: 'Older age is characterised by frailty, vulnerability, and dependency.'
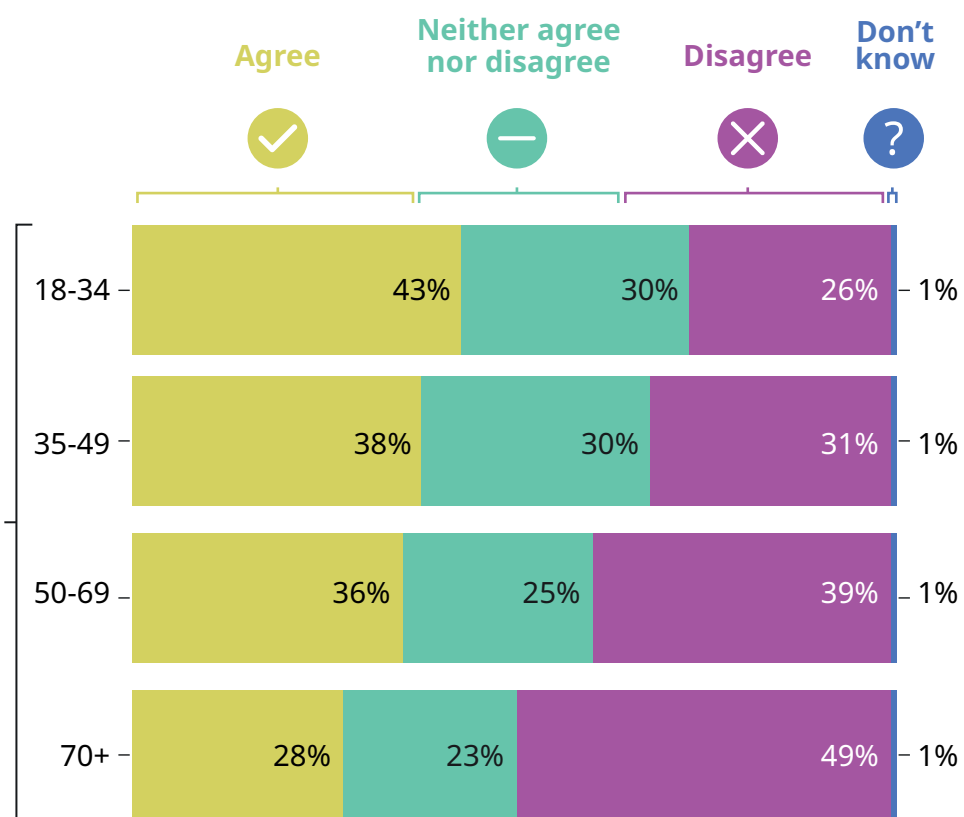
Source: Centre for ageing better. Reframing public perceptions of ageing (8)

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

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

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

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

What do we do to address age discrimination in Northumberland?

- In Northumberland we have a well-established Safeguarding Adults Board (SAB), which has recently integrated with the Children's Partnership to create the Northumberland Children and Adults Safeguarding Partnership (NCASP). This promotes a 'think family', life course approach to safeguarding, which considers the needs of the individual in the context of their relationships and their environment whilst also recognising diversity and personal preferences.

- Equalities Impact Assessments are used within Northumberland County Council to ensure that policies, programmes and practices are fair and meet the needs of people in protected groups such as older age.

Case Study: Creative theatre for older adults

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

What opportunities are there to address age discrimination in Northumberland?

- Continue to challenge negative stereotypes of older people across all areas of society.

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

References

1. **The Health Foundation.** Using economic development to improve health and reduce health inequalities. [Online] 2020. https://www.health.org.uk/publications/reports/using-economic-development-to-improve-health-and-reduce-health-inequalities.

2. **N HS.** 5 steps to mental wellbeing. [Online] 2022. https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/five-steps-to-mental-wellbeing/.

3. **World Health Organisation.** *World Report on Ageing and Health*. 2015.

4. *Relationships between Volunteering, Neighbourhood Deprivation and Mental Wellbeing across Four British Birth Cohorts: Evidence from 10 Years of the UK Household Longitudinal Study*. **Mak, H.W., Coulter, R. and Fancourt, D.** 3, s.l. : Int. J. Environ. Res. Public Health, 2022, Vol. 19, p. 1531.

5. **National Council for Voluntary Organisations.** TIME WELL SPENT 2023. [Online] 2023. https://www.ncvo.org.uk/news-and-insights/news-index/time-well-spent-2023/.

6. **Centre for Ageing Better.** *Ageism: What's the harm?* 2023.

7. *Associations between age discrimination and health and wellbeing: cross-sectional and prospective analysis of the English Longitudinal Study of Ageing*. **Jackson, S. Hackett, R. Steptoe, A.** 4, s.l. : The Lancet Public Health, 2019, Vol. 4.

8. **Centre for Ageing Better.** *Reframing public perceptions of ageing*. 2021.

9. **Age U K.** *Adult Safeguarding: Policy position paper*. 2018.

8. Summary and recommendations

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

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

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

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

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

- What can communities do for themselves?
- What do communities need some help with?
- What can't communities do (even with help from outside agencies) that agencies/institutions can do?

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

Recommendations

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

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

2. Consider ways to **embed ageing well in all our areas of work**, taking a 'whole systems' approach. This could include ensuring that the needs of older adults are considered in all policies, strategies, plans, programmes and projects using tools such as Integrated Impact Assessments.

3. Continue to **support and promote the Ageing Well Network**, which brings together over 200 organisations to share best practice and support one another.

4. Continue to **monitor available data** related to healthy ageing, such as those highlighted throughout this report.

5. Identify opportunities to **hear the voices of older residents** in our diverse communities. People's experiences and wisdom will help guide the way services need to adapt to meet people's changing needs, support their independence and allow them to continue to participate in their communities. Voices may be heard through methods such as residents' surveys and the place standard tool.

6. We must **continue to pursue our approach of Asset Based Community Development**. There are solid foundations to build on in Northumberland. The report has highlighted many brilliant initiatives already going on across the county, and this only touches on the huge amount of ongoing work. Professional and voluntary stakeholders are already starting to work together more closely to empower communities to identify and address their needs.

7. Three areas of this report stand out as requiring a stronger focus:

   - Ensure that **ageist attitudes and behaviours are challenged and stamped out** across our institutions and communities. We should be no more tolerant of this than other types of discrimination such as racism, sexism and homophobia.

   - More could be done to **increase awareness of the need for older adults to maintain strength and balance**, which is crucial for staying mobile and reducing their risk of falls.

   - Older age groups are particularly prone to social isolation and addressing this will be a key part of enabling ageing well. Our county is particularly rural, which means we must **work with our communities to combat social isolation**. This will include promoting digital inclusion and improving transport connectivity to people, places, opportunities and services.

Acknowledgements

Contact us

Northumberland County Council,
County Hall,
Morpeth
NE61 2EF

Email: PublicHealth@northumberland.gov.uk

Website www.northumberland.gov.uk

Telephone: 0345 600 6400

Bringing people, place and policy together

Northumberland County Partnership
Creating Generational Change by Bringing People, Place and Policy Together

Northumberland
County Council

Mission

We want to reduce the gap in experiences our residents have across health, education, employment and social outcomes, by tackling inequalities.

Our mission is to ensure people have fair access to the building blocks for a good life such as a decent income, a good quality job, safe, affordable and warm housing as well as good quality education and training opportunities.

Bringing people, place and policy together

Northumberland
County Council

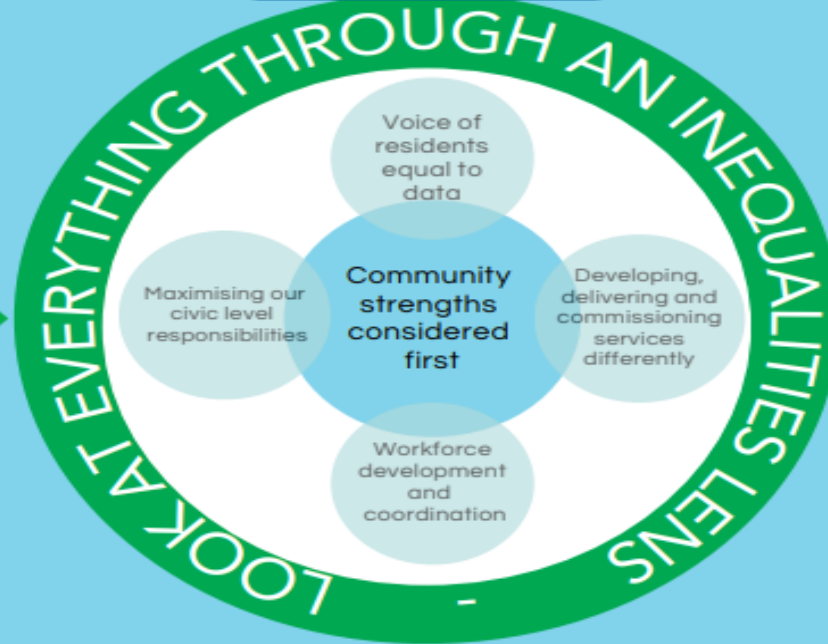**Bringing people, place and policy together**

Why we are doing this

People in our most deprived communities have shorter healthy lives than those in our least deprived. By reducing societal inequalities people will be able to live a healthy and happy life for longer.

Transport

Employment

Education & Skills

Housing

Health & Public Services
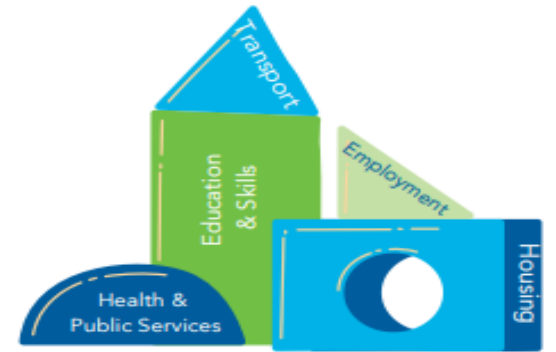
What we will do:

- Improve our understanding of inequalities at a neighbourhood level

- Change the way we work as organisations, how we work together and how we work WITH communities

- Build on the strengths of communities and support them to take meaningful local action

How we will do it:

LOOK AT EVERYTHING THROUGH AN INEQUALITIES LENS

Voice of residents equal to data

Maximising our civic level responsibilities

Community strengths considered first

Developing, delivering and commissioning services differently

Workforce development and coordination

How we will know we have made a difference:

Measure progress against 6 of the Marmot policy objectives:

- Our children will have the best start in life
- Adults and children maximise their capabilities and have control over their lives
- People have fair employment that is linked to good work
- Everyone has a healthy standard of work
- Our communities are healthy and sustainable
- Healthy life expectancy has increased

Northumberland residents, communities and organisations, working together to close the inequalities gap and increase healthy life expectancy.
Underpinned by 3 questions:
What can communities do for themselves? What might communities need some help with? What can't communities do that agencies can?

Page 223

County Partnership

Don't Reinvent the Wheel: Creating overarching governance working with what we have

Partnership

Creating a dynamic forum to enable collective power to be released

County Mission – Marmot policy areas as framework

Chairing
Lord Don Curry

Membership
Chief officer

Governance

Northumberland County Partnership (to be formed)

Health and Wellbeing Board

Northumberland adults and children's safeguarding partnership

Safer Northumberland Partnership

Economic Partnership Does not exist currently including public sector, private sector & VCSE

Institute of Health Equity (IHE)

- We will work with the **Institute of Health Equity** (IHE) for 2 years April 2024 – April 2026:

  - Take a collaborative approach to developing short, medium and long-term recommendations for tackling inequalities in each of the principle areas

  - Contribute emerging evidence from other work they are involved in.

- Will deliver in 2 phases:

  - Phase 1 – April 2024 – April 2025

    - October 2024 inequalities event: **Housing & Health**

  - Phase 2 – April 2025 – April 2026

    - April 2025 Inequalities event: **Employment & health**

    - October 2025 Inequalities event – **Best start in life**

  - Completion - April 2026

    - April 2026 Inequalities event – People, Place, Policy

Establishing governance arrangements, developing a monitoring framework and developing recommendations in Housing and Fair Employment Principles

Focus on a collaborative approach to develop recommendations to implement the remaining principles

A road map for generational change

2024 – 2044 Changing A Generation

Bringing people, place and policy together

➡️ Future state modelling – what will be different? – Closing the inequalities gap? To achieve our mission we are framing the work around

➡️ **Tackling Inequalities** **Institute Health Equity (IHE) Prof Sir Michael Marmot**

Tackle Racism, Discrimination and Their Outcome

- ✓ Giving Every Child the Best Start in Life
- ✓ Enable all Children, Young People and Adults to Maximise Their Capabilities and Have Control Over Their Lives
- ✓ Create Fair Employment and Good Work for All
- ✓ Ensure a Healthy Standard of Living for All
- ✓ Create and Develop Healthy and Sustainable Places and Communities
- ✓ Strengthen the Role and Impact of Ill Health Prevention

Pursue Environmental Sustainability and Health Equity Together

How Will We Know We Have Made A Difference

Bringing people, place and policy together

➡️ We will measure the changes using:

➢ *Statistics* ➢ *Surveys* ➢ *Stories*

2024   2028   2032

➡️ An example to drill into *Best Start In Life*

BLYTH
- **Statistics**
  - School readiness
  - Child poverty
  - Ofsted
- **Survey/ place standard tool**
  - Physical activity levels
  - Happiness
- **Stories**
  - 2024: Reception class
  - 2028 - Yr 3

BELLINGHAM
- Statistics
- Survey
- Stories

BERWICK
- Statistics
- Survey
- Stories

Northumberland County Council

A shared mission delivered by the partnership

➡️ How do we record the changes and inspire others:

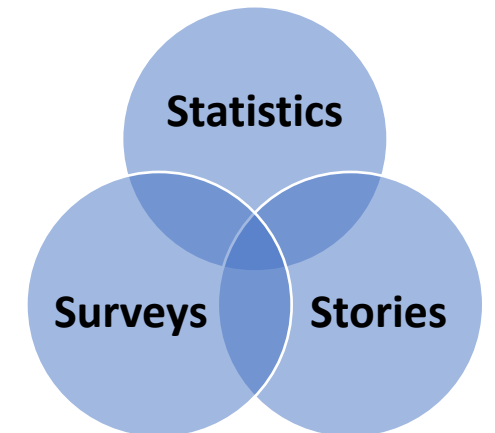❖ Joint Strategic Needs and Assets Assessment (JSNAA) *amplified*

❖ 20 year aspirational mission with 4 / 5 year interval stretch targets

❖ Not a static document confined to a dusty shelf

❖ An opportunity to be innovative

- A *Living Archive*, accessed by all partners, to share our stories and progress?

Statistics

Surveys   Stories

Bringing people, place and policy together

Northumberland
County Council

IHE Governance for two year contract

NEMCA

County Partnership

HWBB

NCASP CYP

CSP

EP

C.P.
Meet 3 times a year
April, July, October
(April & Oct align with showcase events)
IHE to *report into* partnership

HWBB
Quarterly basis is the Core Inequalities advisory board
Closed session (TBC)
Single agenda item board

Strategic insights leadership group
Bi monthly deep dive
(Core group plus subject matter experts & data leaders)
Chaired by Jessica Allen

Year 1: IHE Deep Dive Housing and Good/Fair Employment

Education & Skills
NCC Dir Education
Nland skills
Nland college
Employability
Northumbria Uni
Libraries
VCSE rep (across housing & employability)

Employment
NCC Dir Regeneration
Chamber of commerce
Federation small business
MEF rep
Brian Palmer / Connected
NHCT (anchor rep)
DWP

Housing
Dir Planning and housing
Developer
Architect
Bernicia
Karbon
Advance
Residents association

County Partnership Mission Tactical Support Group
Co-Chairs – Jill Davison/Liz Robinson
Members -Sandra Cain, Pam Forster, Louis Holford, Sarah McMillan, Claire Malone, Karen Lounton…
Membership will flex across Partnership dependent on support required

Inequalities event / show case planning group
April and October showcase events
(current Inequalities Steering Group)

Health and Wellbeing Board to decide

1. IHE Inequalities Advisory Board to be a single agenda item once a quarter
   A. Closed or open meeting?
   B. If closed to be held in forum other than council chamber – maybe partner hosts
   C. Core membership plus additional senior representatives / Cabinet members to reflect the deep dive areas
      - Housing
      - Good and fair employment

Bringing people, place and policy together

NORTHUMBERLAND COUNTY COUNCIL

HEALTH & WELLBEING BOARD

FORWARD PLAN 2023 - 2024

Lesley Bennett, Senior Democratic Services Officer
Tel: 01670 622613
E-mail Lesley.Bennett@northumberland.gov.uk

Updated : 26 February 2024

FORTHCOMING ITEMS

ISSUE	OFFICER CONTACT
March 2024	
• Director of Public Health Annual Report – Ageing Well • Public and Community Transport Health Needs Assessment • Northumberland Adult Services Self-Assessment (LASAIR) Report • County Partnership and Institute of Health Equity Governance	Gill O'Neill/Luke Robertshaw Gill O'Neill/Kaat Marynissen Sarah Zarraga Gill O'Neill
April 2024	
• Refreshed Joint Health & Wellbeing Strategy • Annual Report of Principal Social Worker (Adults) • Safe Havens	Neil Bradley/Tracey Horseman
May 2024	
•	
June 2024	
• Sexual Health Strategy	John Liddell/Clare Elliott/Gill O'Neill

MEETING DATE TO BE CONFIRMED

• Urgent and Emergency Care - Strategic Care • Child and Adolescent Mental Health • Pharmacy Update Blyth, Prudhoe, Ashington – NOV/DEC • Safe Haven, Ashington	Ann Everden

Updated : 26 February 2024

REGULAR REPORTS

Regular Reports	
• Joint Health & Wellbeing Strategy Refresh Thematic Groups – Update (Quarterly – Apr/July/Oct/Jan) • System Transformation Board Update • SEND Written Statement Update - progress reports • Population Health Management - (Oct/Jan/Apr/July) **Annual Reports** • Annual Report of Senior Coroner • Public Health Annual Report • Child Death Overview Panel Annual Report • Healthwatch Annual Report • Northumberland Safeguarding Children Board (NSCB) Annual Report and Update of Issues Identified • Safeguarding Adults Annual Report and Strategy Refresh • Annual Health Protection Report • Northumberland Cancer Strategy and Action Plan • Tobacco Control • Healthy Families Partnership Board Annual Report • Healthy Weight Alliance • Mental Health	Sir Jim Mackey/Siobhan Brown ?? Rachel Mitcheson Andrew Hetherington/Karen Lounten (JAN) Gill O'Neill (FEB) Paula Mead/Alison Johnson (JAN) Peter Standfield/Derry Nugent (JULY) Paula Mead (JAN) Paula Mead (JAN) (OCT) Robin Hudson (DEC/JAN) Kerry Lynch (DEC) Jon Lawler (SEP) (AUG) (NOV)
2 Yearly Report	
• Pharmaceutical Needs Assessment Update	(MAY 2024)

Updated : 26 February 2024

Page 233

NORTHUMBERLAND COUNTY COUNCIL
HEALTH AND WELLBEING MONITORING REPORT 2023-2024

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

Updated : 26 February 2024

			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	(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. (2) a second supplementary statement was required to acknowledge the change in ownership of all Lloyds pharmacies in Northumberland. (3) an update report be submitted to the November/December meeting of the Board.	
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	(1) the new Northumberland and North Tyneside Community Infection Prevention and Control Strategy be accepted. (2) the strategy goals and actions to achieve those goals be approved.	

Updated : 26 February 2024

13	14.9.23	Healthy Weight Alliance	(1) the establishment of Northumberland HWA be approved to bring agencies and communities together to ensure a co-ordinated approach to healthy weight. (2) the Northumberland HWA report to the Health & Wellbeing Board. (3) Responsibility be delegated to the HWA to deliver the Healthy Weight Declaration.	
14	14.9.23	CNTW New Strategy 'With You In Mind'	**RESOLVED** that the ethos and ambition of the Trust's new strategy be noted, in particular, the commitment to partnership working across the Health & Social Care system.	
15	12.10.23	JHWS Refresh – Adopting a Whole System Approach to Health and Care	(1) Note the achievements described in the report (2) Agree proposed amendments to priorities, actions and indicators or evince of achievement of the theme.	
16	12.10.23	JHWS Refresh – Giving Children and Young People the Best Start in Life	(1) Note the achievements described in the report (2) Agree the proposed amendments to the name of the theme, priorities and associated actions.	
17	12.10.23	Thriving Together – VCSE Sector Update	Presented received.	
18	9.11.23	JHWS Refresh – Empowering People and Communities	**RESOLVED** that the proposed amendments outlined in the report be approved.	
19	9.11.23	Northumberland Tobacco Control Partnership Annual Update 2023	**RESOLVED** that the development and progress of the Northumberland Tobacco Control Partnership during 2023 be noted.	

Updated : 26 February 2024

20	9.11.23	Update on Promoting Better Mental Health and Wellbeing in Northumberland	**RESOLVED** that the wide range of multiagency work which has been undertaken to promote better mental health be noted.	
21	14.12.23	JHWS Refresh – Tackling the Wider Determinants of Health	**RESOLVED** (1) to agree to the proposed amendments to the name of the theme, priorities, and associated actions; and (2) to note the comments on the national indicators aligned to this theme and other measures for understanding the qualitative impact of actions within the Joint Health and Wellbeing Strategy Theme.	
22	14.12.23	Poverty and Hardship	**RESOLVED** to note the contents of the report.	
23	11.1.24	Healthy Neighbourhoods Paper – Housing and Planning as Building Blocks for a Good Life in Northumberland	**RESOLVED** that (1) The report and presentation be received (2) The comments be noted.	
24	11.1.24	Northumberland Health Protection Assurance and Development Partnership	**RESOLVED** (1) that the report, presentation and the proposed scope and terms of reference of the Health Protection Assurance and Development Partnership be accepted.	

Updated : 26 February 2024

			(2) The Health Protection Assurance and Development Partnership to present a report to HWB annually.	
25	11.1.24	Notification of Pharmacy Closures in Blyth	**RESOLVED** (1) To agree to an update to the Pharmaceutical Needs Assessment completed in October 2022, by means of a supplementary statement declaring that there is a gap in essential services, new medicines service, clinical pharmacy consultation service and opiate supervision services, in the Newsham area of Blyth, between Monday and Saturday. (2) To ask that the Task and Finish group set up by the Health and Wellbeing Overview and Scrutiny Committee look into pharmacy provision and consider options for provision of pharmacy services to the Newsham community, and report back to the March meeting of the Health and Wellbeing Board.	
26.	8.2.24	Growing Healthy Northumberland	Presentation and report noted.	
27.	8.2.24	Family Hubbs	Presentation noted.	

Updated : 26 February 2024