

COUNCIL

21 SEPTEMBER 2022

Northumberland Inequalities Plan 2022 - 2032

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

Services

Cabinet Member: Cllr Wendy Pattison, Adult wellbeing

Purpose of report

To present the Northumberland Inequalities Plan 2022 – 2032 and share with Full Council the proposals for system development and enablers, focused areas of action and short, medium and long-term indicators of progress. The report has been developed as a result of a series of locally based engagement workshops, triggered by the Leader's commitment to prioritise reducing inequalities, with a call to our partners to tackle this key issue for the benefit of Northumberland residents. The report is a statement of intent to work on these actions and deliver better outcomes over the next 10 years. The report recognises the importance of governance and accountability, requesting that a cross party members group is established to monitor the progress of the plan.

Recommendations

Full Council is recommended to:

- 1. Agree the Northumberland Inequalities Plan 2022 2032.
- 2. Agree the proposals for the shorter-term culture change to support the enabling actions as set out in table 1 of the report:
 - a. Residents voice equal to data
 - b. Workforce development and coordination
 - c. Developing, commissioning and delivering services differently
 - d. Inequalities lens (includes a poverty and hardship dedicated action plan)
 - e. Maximising our civic/statutory level responsibilities
- 3. Agree proposed short, medium and long-term indicators as set out in table 2 of the report:
 - a. Best start in life (shorter term)
 - b. Living conditions (medium term)
 - c. Employment (medium term)

4. Agree to delegate to the Executive Director for Public Health in consultation Cllr David Fergerson to establish the cross party members group who will govern the plan (see appendix 4)

Link to Corporate Plan

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

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

Key findings

- In some parts of Northumberland, residents are dying up to 12 years earlier than those in other areas and spending longer living in poor health.
- The landmark Marmot Review: Fair Society, Healthy Lives¹ outlined the causes of health inequalities and the actions required to reduce them. The Review proposed an evidence-based strategy to address inequalities through the social determinants of health, that is, the conditions in which people are born, grow, live, work and age.
- There is an overarching appreciation that the biggest drivers to level off and start to close the gap in inequalities will take generational change with national policy shift and significant infrastructure improvements through regeneration and employment. This requires long term commitment to our ambitions for change and to make these a reality requires the steady methodical application of the actions over a period of some years.
- In response to the inequalities exacerbated by the COVID-19 pandemic, the Leader of Northumberland County Council instigated a call to action Summit on Inequalities attended by Northumberland senior leaders
- Developing a shared understanding of the 4 domains of inequalities (protected characteristics, geographical, socio economic factors and inclusion groups) was a key platform to build from.
- During June and July 2022 almost 400 stakeholders participated in locality-based conversations building on the content of the initial summit and expanded into more focused place-based discussion
- Five principles have emerged to frame the inequalities plan:
 - Look at everything through an inequalities lens
 - Voice of residents and better data sharing
 - Community strengths are considered first
 - Enhancing our services to ensure equity in access to opportunity
 - o Maximising our civic level responsibilities
- Three screening questions to be asked in all we do:
 - O What can communities do for themselves?
 - O What do communities need some help with?

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

 What can't communities do (even with help from outside agencies) that agencies/institutions can do.

Findings from the locality events

- Across Northumberland there is a strong indication from a range of professional and volunteer stakeholders that there is more to do to create the conditions which empower communities to take proactive action and maximise working together, especially about coordinated partner behaviours and the development of meaningful neighbourhood level action plans.
- Variation has been considered (through an inequalities lens) across localities and factors such as transport and moving around were seen as less positive in Berwick, Amble and Choppington; whilst feeling safe and a sense of belonging were less positive in Blyth and Ashington. Most areas were a mid-range of feelings of satisfaction for factors such as housing and community and play and recreation. Areas such as Hexham and Morpeth showed high satisfaction on natural space and facilities and amenities. The results are a snapshot from multi-disciplinary professionals who work across the County.
- The primary themes to emerge across the 12 events:
 - Deepen the appreciation of inequalities inclusive of all facets e.g. rurality, deprivation, inclusion groups
 - o Improve connections in communities and develop community builder roles
 - Better data and evidence sharing
 - Building on the strengths of communities to empower them to do more for themselves – trust and let go
 - Need improved join up of agencies doing things better together (integration)
 - Improve transport and moving around
 - Increase feeling safe and being socially connected
 - More affordable housing better spread across the County
 - Increase meaningful employment for local people
 - Improve opportunities for children and young people
- The inequalities plan is being built in two phases:
 - Shorter term culture change enabling actions to be embedded by 2025/26
 - A set of Big Ambitions based on the evidence-based Marmot indicators to set the direction of travel. The actions to get us there being drawn from existing plans such as the North of Tyne Wellbeing Framework and the Northumberland Joint Health and Wellbeing Strategy²

Background

Why are inequalities important?

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

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

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

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

What the data tells us

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

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

 $^{^2\} https://www.instituteofhealthequity.org/file-manager/FSHL related docs/overall-costs-fshl.pdf$

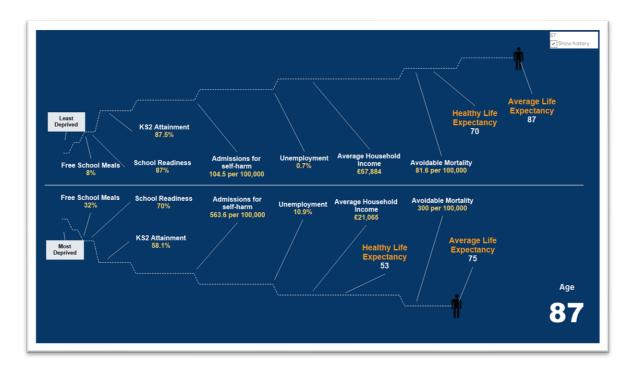


Figure 1. Inequalities across the life course. Source: Northumberland Public Health Team

Current plans and strategies

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

The North of Tyne Combined Authority (NTCA) has developed a wellbeing framework⁶ which provides a sub-regional approach to some of the wider determinants of health specifically economic regeneration opportunities.



Figure 2. North of Tyne combined Authority Wellbeing Framework

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

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

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

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

There is a common purpose and ambition to reduce health, social and economic inequalities in Northumberland. To achieve this ambition, it has been agreed that the Northumberland system⁴ comes together to focus on a few key enablers which will support an improvement in a focused collection of short, medium and longer-term indicators which will demonstrate that inequalities are narrowing and outcomes for our residents are improving. This requires a willingness from partners to collaborate on delivery and a broad and strong commitment which will survive political, fiscal and organisational planning cycles and leave a lasting legacy.

Restarting the conversation: Inequalities Summit

The landmark Marmot Review: Fair Society, Healthy Lives⁵ outlined the causes of health inequalities and the actions required to reduce them. The Review proposed an evidence-based strategy to address inequalities through the social determinants of health, that is, the conditions in which people are born, grow, live, work and age.

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

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

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

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

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

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

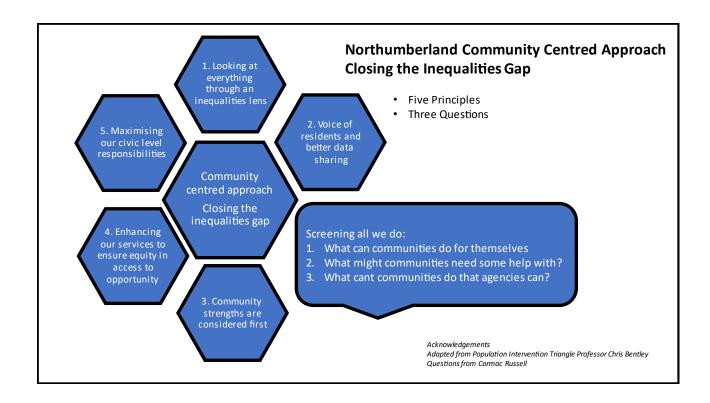


Figure 3. Principles to emerge from the Summit

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

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

Twelve locality conversations

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

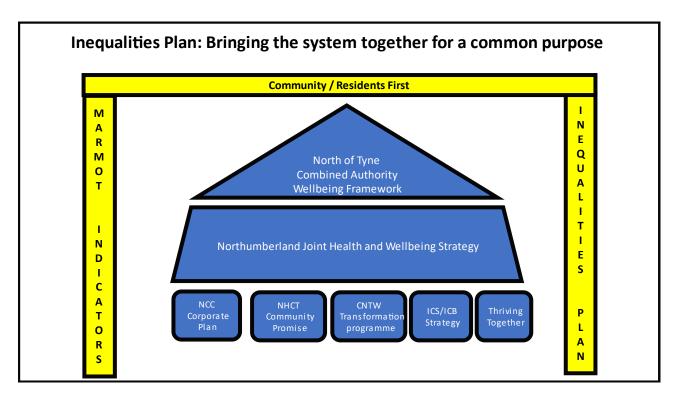


Figure 4. The relationship between existing strategies and action plans and the Northumberland inequalities plan

Key findings from the locality conversations

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

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

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

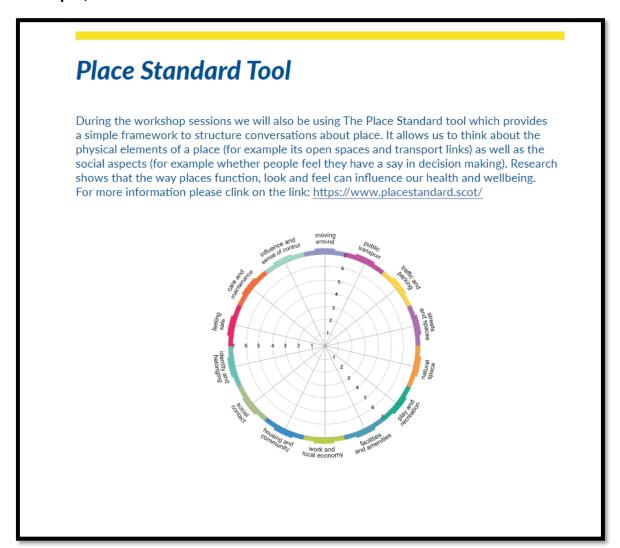


Figure 5: Place Standard Tool

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

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

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

Bringing all the learning and thinking together towards the end of the locality conversations participants were asked what their key priorities would be for an inequalities plan. All themes identified are already considered within the Northumberland Joint Health and Wellbeing Strategy² under the four core themes. The spotlight needs to be on areas of action that can only be done as a system collective. The most dominant themes to emerge included:

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

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

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

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

Table 1 Inequalities enabling action plan: Embedded by 2025/26

	Theme 1: Resident's voice equal to data			
	Action	How measured	Who	When
1.1	Residents survey for the system	Statistically relevant returned survey	NCC and partner organisations	Spring 2023

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

2.3	Improving communications within and across organisations so agencies and residents know what is on offer (complement Northumberland Front Line) but not only digital inclusion	Through community connectors and residents groups and town and parish council networks	NCT Thriving Together Town and Parish Councils	Ongoing through 22/23 – 25/26
	Theme 3: Developing, Commission NCC strategic change programme		ervices differently ((linked to
	Action	How measured	Who	When
3.1	Commissioning teams across NCC & ICB undertake commissioning through a different lens training with	5 x 3 hour training programme for commissioning and procurement teams	NCC ICB NHCT	Summer 2023
	Cormac Russell	Contracting	CNTW	
		differently as a result	Thriving Together	
			Health Watch Northumberland	
3.2	All developments and contracts to have ABCD embedded with community-based metrics alongside quantitative outputs	Sample of contracts and specifications to review if ABCD within and outcomes are being measured through an inequalities lens	NCC ICB NHCT CNTW HDFT Thriving Together	Winter 2023/Spring 2024
3.3	Develop place based economic development which starts with understanding social inequalities	All bids for future funding to utilise the Place Standard tool as an approach to having conversations with residents and stakeholders	NCC Neighbourhood networks Residents NTCA	2023/24 and roll out as standard practice
3.4	Integrated working and pooling resources where relevant to do so – starting with best start in life and families as our "leading the way" example	CYP integration senior programme board established collaboration charter being implemented	NCC HDFT NHCT CNTW	2025/26
		CYP integration forward plan being delivered alongside Family Hubs	PCN Health watch Northumberland	
3.5	Consider what could communities/residents offer first e.g., volunteering (The Northumberland Exchange), a community allotment	Develop the volunteering infrastructure with the community connector/builder programme	Neighbourhood networks /residents forums Health Watch Northumberland	2024/25

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

		capital indicators e.g. More connections at the local level? More associations active, more clubs and groups including traditionally marginal residents? See Safer and Stronger Communities Fund Indicators of Strong Communities (2006)		
4.5	Poverty and hardship action plan inclusive of fuel poverty implemented and monitored (NOTE: this is a standalone action plan embedded within the inequalities plan)	Plan written Cross party members group established and monitoring plan	NCC Members	Autumn 2022/23
	Theme 5: Maximising our civic	level responsibilities		
	Actions	How measured	Who	When
5.1	Large employers (anchor institutions) maximise their corporate social value responsibilities – training and employing local people and procuring from local supply chains and encouraging local businesses.	H&WB Board members to provide report into H&WB Board on delivering against their responsibilities Better Health at work award social value evidence Businesses signed up to NTCA Good Work Pledge	NCC NHCT ICB CNTW HDFT TUC Large business e.g. British Volt	Forward plan programme during 2023/24 and then annually thereafter
5.2	Consider how we improve moving into/out of and around the County to maximise opportunities for education, employment and physical health (transport equity audit)	Transport system leaders to sponsor the equity audit and will receive the recommendations Undertake health equity audit on transport inclusive of active travel, public transport, patient transport and community transport Recommendations owned by strategic commissioners and providers	NTCA & Northeast Joint Transport Committee ICB NCC H&WB Board Cabinet	2024/25

		JSNA chapter written with recommendations		
5.3	Work with our small and medium size businesses to ensure staff wellbeing is considered to keep people in good quality work	Develop an employee assistance scheme for SME staff to support health and wellbeing. Evaluate implementation in two local areas	NCC SME NTCA	2024/25 – 25/26
5.4	Improving our town centres as destinations for social connections and economic benefit	Build social connections as a core part of all town centre improvement plans	NCC Neighbourhood networks Town and parish councils	2024/25 and ongoing

If the five supportive / enabling culture-changing actions are delivered within the next three years (2025/26) we will be gaining traction regarding the few key metrics the system can work towards within their individual corporate plans as well as within the overarching Joint Health and Wellbeing Strategy² over the next 10 years.

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

To align with the evidence base, as set out by Professor Sir Michael Marmot⁶, there are a few core indicators which can track whether an area is levelling off and eventually closing the gap within our communities.

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

The metrics have been chosen to give short, medium and longer term ambitions for the whole system to sign up to which align with the North of Tyne Wellbeing Framework⁷ and the Northumberland Joint Health and Wellbeing Strategy².

Alongside the partnership plans there will also be significant work underway over the coming years to tackle inequalities through regeneration programmes such as the

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

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

⁷ North of Tyne Combined Authority Wellbeing Framework

Borderlands and Shared Prosperity Funds. The individual anchor institutions will continue to deliver against their corporate social responsibilities and the ICB will grow in maturity as an organisation and deliver against its inequalities agenda.

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

Table 2: short, medium and longer term indicators

		Closing the gap ambitions Eng and within Northumberland	How measured	By when
	Best start in life	i tortifali berialia		
1		Current gap tbc Trajectory to close tbc	Ages & Stages Questionnaire % across county variation and compared to FSM children	SHORT TERM Baseline 22/23 TBC
2	% of children at end of early years with good development	Current gap tbc Trajectory to close tbc	% across county variation and compared to FSM children	SHORT TERM Baseline 21/22
3	% of children with attainment 8	Current gap tbc Trajectory to close tbc	% across county variation and compared to FSM children	SHORT TERM Baseline 2021/22 2025/26
4	% 18 – 24 year olds who are NEET	Current gap tbc Trajectory to close tbc		SHORT TERM Baseline 2021/22 2025/26
	Living conditions			
5	Reducing the gap in communities: feeling safe Sense of belonging Life satisfaction	Differences reported through locality events so need to develop baseline measure	Place standard tool in	SHORT TERM Baseline 21/22 2027/28 closing the gap
6	Reducing the gap in residents eligible to take up benefits and those in receipt	Current gap XX Trajectory to close XX	Citizens Advice Bureau data and intelligence	SHORT TERM Baseline 21/22 2024/25
7	Reducing the gap in fuel poverty ⁸	Current gap Trajectory to close	% households in fuel poverty	SHORT TERM Baseline 21/22 2025/26
	Employment			
8	Reducing the gap in access to good quality jobs	Current gap Trajectory to close	to North of Tupo Cood	MEDUIM TERM 2026/27
9	Reducing the employment gap. (Women, over 50's, ethnic minority groups, disability and health status)	Current gap xx Trajectory to close xx	% of those with a long term condition / mental health condition and in employment compared to those without LTC/MH	2027/28
10		Including access to good quality health services		MEDIUM TERM 2027/2028

			H&WB Board and adults and health OSC	
	Quality and length of life			
11	Healthy Life expectancy	Current gap Trajectory to close modelled		LONG TERM 2032
12	Life expectancy	Current gap Trajectory to close modelled		LONG TERM 2032

Governance

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

In addition to this, a cross party members group is proposed to provide support and challenge to the inequalities plan and specifically, the poverty and hardship component of it. The draft terms of reference for the group can be seen in appendix 4

Appendices

Appendix 1. Report from Locality Event

Appendix 2. Maturity matrix for community-centred delivery

Appendix 3. Northumberland Place Standard tool

Appendix 4. Inequalities Cross Party members group terms of reference

Implications

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

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

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

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

Background papers

Fair Society, Health Lives (The Marmot Review)

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

Northumberland Joint Health and Wellbeing Strategy (2018-2028)

North of Tyne Combined Authority Wellbeing Framework

Report sign off.

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

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

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Appendix 1: Locality report out briefing template

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



Report Out - Alnwick August 2022

Restarting the conversation about inequalities in Northumberland

In response to the widening inequalities caused by COVID, a summit was held earlier this year where key stakeholders and senior leaders from the County Council, the NHS, voluntary and private sector came together in a call to action. During June and July almost 400 stakeholders from the VCSE, public and private sector, town and parish councils and elected members, built on the summit by attending 12 locality events. These events provided the opportunity to have more focussed local place-based discussions on how we collectively continue to tackle inequalities, through a community centred approach.

In the poorest parts of Northumberland, residents are dying up to 12 years earlier than people in wealthier areas and spending longer living in poor health. This has been made worse by the pandemic.

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

The landmark Marmot Review: Fair Society, Healthy Lives (2010) outlined the causes of health inequalities and the actions required to reduce them. The Review proposed an evidence-based strategy to address inequalities through the social determinants of health, that is, the conditions in which people are born, grow, live, work and age.

Alnwick Locality Event

Thank you again for joining the Alnwick locality event. Your involvement will help us develop the Inequalities Plan and thanks to your input it will reflect the whole county and a wide range of voices.

Together we looked at the causes and impact of the wider determinants on inequalities and how we need action on these along with good quality services and an active, strong, empowered community to reduce inequalities.

On the day we heard a presentation from Cormac Russell, an international leading figure in in asset-based community development. Cormac helped us as an expert guide and critical friend. The focus of the presentation was what can be done with communities but even more so what can be done by communities.

He encouraged us to ask ourselves:

- 1. What can communities do for themselves?
- 2. What do communities need some help with?
- 3. What can't communities do that agencies can?

We also heard local examples of building community strengths such as the Forget Me Nots Residents Association based in Blyth, and how place based Economic Regeneration Plans are being developed to build on the unique strengths of our towns.

Participants discussed how mature we are as a county in embedding community centred approaches. The results from Alnwick can be seen here:

Note: Score – 1 is ad hoc, and 5 is thriving.

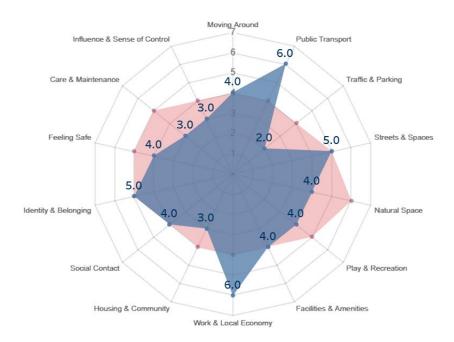
Maturity Factor	Alnwick Score	County Wide Score
Graded community support	3	3
Learning & training	2	2
Monitoring & evaluation	3	2
Practical asset mapping	3	3
Community based perspectives	2	2
Neighbourhood action plans	3	3
Coordinated partner behaviour	2	2

Participants also used the Place Standard Tool (https://www.placestandard.scot/) to understand what was strong about the area and to identify their top priorities to help address inequalities.

The below graphic outlines the topics that were considered strong in Alnwick (high numbers on a gradient of 1-7), and those where some improvement would enhance the current position (lower numbers).

In Alnwick the priorities identified to help address inequalities are Traffic and Parking, Influence and Sense of Control, Care and Maintenance, and Housing and Community.

Alnwick
Countywide



In summarising the locality events, participants highlighted key themes they felt should be considered as part of the Northumberland Inequalities Plan.

In Alnwick, key themes were:

- Improve transport options and moving around, especially public transport infrastructure quality, affordability and flexibility.
- More affordable housing and greater diversity of housing stock availability.
- Increase meaningful employment for people to support the local economy and address poverty.

Themes arising from all events have been collated to ensure diversity across the county is reflected in the Inequalities Plan.

Some suggestions made and issued raised at the event may fall outside the remit of the countywide Inequalities Plan. Where this is the case, we will follow this up as a separate piece of work and may be in touch with key stakeholders or event participants.

What next?

The countywide Northumberland Inequalities Plan will be presented to the Health and Wellbeing Board in September 2022 and will be delivered in two phases:

- Short term culture change enabling actions to be embedded by 2025/26
- Agreed Big Ambitions reflecting the evidence –based Marmot indicators to set the direction of travel.

We will keep you updated on how these progress in the autumn.



Appendix 2

Maturity matrix

Workshop 1: How mature are we here [NAME OF PLACE: approaches at the level of place?] in community-centred	
factors	Emerging definition	Thriving definition	On a scale of 1- 5, how close are we to thriving?
Graduated community support	No apparent priority given to address need for community development.	Evidence that support to communities has improved their capacity, capability and engagement.	
Learning and training	Learning and training schemes about community engagement and development are haphazard and uncoordinated, with little overall strategy.	Planned learning, skills development and support for community participants is strong and consistent. Training for community champions and volunteers is well developed and widespread. Joint training with statutory sector staff takes place regularly.	
Monitoring and evaluation	No real joint work between voluntary and charitable (VCSE) sector members and their funders around setting up monitoring and evaluations systems.	Regular feedback provided on positive effects of community engagement and any issues of concern. Learning is reviewed and recorded to improve future joint working.	

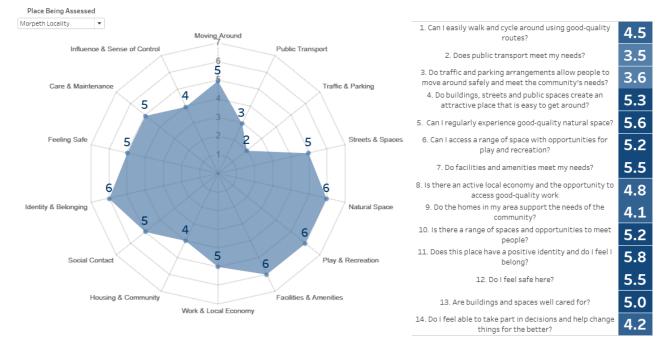
Practical asset mapping	Little account taken of community assets or locally identified lack of assets. Planning is top-down rather than ground-up.	Up-to-date knowledge of key assets (e.g. local leaders; well-used community venues and infrastructure etc.) are shared systematically by working partners and community leads. Planning happens jointly whenever possible.
Community based perspectives	Community consultation on plans with formal representatives is limited and takes place at a late stage in the process.	The assessment of a community's needs, wants, barriers and aspirations is completed by trained and supported community members. Their research and findings ensure all community development work reflects the wishes of that community.
Neighbourhood action plans	A range of community-focussed goals and actions established separately by different external stakeholders.	The agreed contributions of community and other interested parties (external stakeholders) are clear. Formal mechanisms are in place to check all parties are sticking to the agreed principles of behaviour.
Coordinated partner behaviour	External organisations from a range of different sectors continue to work in priority communities in largely uncoordinated schemes.	Integrated systems enable individuals and families to determine key decisions and set priorities.

Appendix 3

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

Northumberland Place Standard Tool

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





Appendix 4: Cross Party Steering Group on Inequalities - draft terms of reference

1. Purpose

The purpose of the Cross-Party Steering Group on Inequalities is to:

- Advise, consider and make recommendations to Cabinet on the development of the Northumberland County Council Inequalities plan and related matters relating to addressing inequalities including any plans to address poverty and hardship.
- Allow an opportunity for members to discuss issues and opportunities with key
 officers in relation to addressing inequalities in the county.
- Enable and contribute to partnership work with other agencies and partners and provide assurance to the Cabinet.

2. Status

The Steering Group will be an advisory board to the Cabinet. The Steering Group will not have subcommittee status and the political balance rules in section 15 of the Local Government and Housing Act 1989 will not apply but it is expected that the Steering Group will be established on a cross-party basis.

3. Areas of focus

The Steering Group will oversee the development and delivery of the council's inequalities plan considering evidence, national and international policy and good practice and corporate priorities. There will be a specific focus on the council's response to the short-term impact of the increase in the cost of living.

4. Reporting

The Steering Group will report to the Cabinet with recommendations as necessary.

5. **Membership**

Membership of the Steering Group will consist of xx elected members, following nominations by the Group Leaders to reflect the political composition of the Council and the geography of the county.

6. Meetings and ways of working

Meetings will be held bi-monthly with 6 monthly reports into Cabinet.

7. Review

These terms of reference may be reviewed and amended as required.