



Northumberland

County Council

HEALTH AND WELLBEING BOARD

13TH OCTOBER 2022

Northumberland Joint Strategic Needs Assessment

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

Cabinet Member: Cllr Wendy Pattison Adult Wellbeing

Purpose of report

This paper is intended to inform the Health and Wellbeing Board (HWB) of the proposed process to refresh the Joint Strategic Needs Assessment (JSNA) and provide an update on progress

Recommendations

It is recommended that the Health and Wellbeing Board:

1. Agree that the JSNA should include both needs and assets to reflect the Northumberland Inequalities Plan 2022-32.
2. Agree to the establishment of a JSNA Steering Group to co-ordinate current work attached at appendix 5.
3. Agree the priorities and timelines as attached at appendix 5.

Key points

- JSNAs are assessments of the current and future health and social care needs of the local community. They are unique to each area and are intended to cover not just services that can be delivered by LAs, the ICS or NHSE but to also consider the wider determinants of health and local assets that can help to improve outcomes and reduce inequalities.
- The council and the ICB (assuming this function of the CCG has transferred to the ICB) have equal and joint duties to prepare JSNAs through the H&WB.
- A number of needs assessment thematic areas have been completed. The completion of these has been based on either that they have been considered as priority areas, or that a health needs assessment has been required to inform the commissioning of services e.g. welfare and benefits advice, sexual health, drug and alcohol services.
- The proposal is that a multi-agency steering group is established to prioritise, develop and establish ownership of each JSNA theme so that areas of unmet need are considered and addressed.
- The intention is that all information on the JSNA themes will be available on a dedicated part of the council's website. This is in development.

Background

A JSNA provides population health intelligence to understand the needs of the population, as well as smaller population groups within it. It assesses current and future health, care and wellbeing needs of the local community to inform local decision making. This includes wider social factors that have an impact on people's health and wellbeing, such as housing, poverty, and employment as well as a focus on behaviours which affect health such as smoking, diet and exercise. It provides a common view of health and care needs for the local community; identifies health inequalities; and provides evidence of effectiveness for different health and care interventions. It can also identify gaps in health and care services, document unmet needs and identify priority areas or key challenges for different areas. More recently, JSNAs have also become an assessment of assets, reflecting the shift to strength based approaches to improving health and wellbeing.

Information from both national and local sources including a range of organisations such as the Council, local and regional health partners is collected and collated to inform the JSNA. A key factor in its production is that all organisations and sectors engage in its production to ensure that the evidence base is used to improve the health and wellbeing and outcomes of Northumberland's residents. The main audience for the JSNA is health and social care commissioners, who use it to plan services. It can also be used as source of evidence to support funding bids and business cases, for educational projects, and by local voluntary and community groups, or members of the public who wish to get a better understanding of their local area, or a group of interest, or want to understand the local prevalence of an issue, or health condition. In keeping with the Northumberland Inequalities Plan, the intention is that this should also be developed to include an assessment of community assets.

Producing, publishing, and maintaining a JSNA is a statutory responsibility of the H&WB. The Local Authority and ICB are statutory partners in this process however, all partners should contribute, including police, fire and rescue, education, social services, NHS providers, voluntary organisations and others. The JSNA should inform and align all policies/plans and commissioning intentions across the system such as NHS commissioning intentions, the Children and Young People's Plan and investment decisions for third sector and charitable organisations.

Producing a JSNA is an iterative process, the resource should be refreshed regularly e.g. when new data or evidence is published and/or when national guidance changes. As each topic is completed, a review date will be agreed with the lead author including a commitment to update dependant documents e.g. the Pharmaceutical Needs Assessment

The intention is that Northumberland's JSNA will be an interactive tool, published on the council's website using a visual analytics platform to help people see and understand the data. A shorter-term solution to making completed JSNA themes publicly accessible is in progress.

Progress

Best Start in Life

NCC started to refresh the JSNA in 2019, with a workshop focussed on the Best Start in Life (BSiL). The workshop was well attended and evaluated well. BSiL was the first theme chosen because:

- BSiL was identified as the top priority by Marmot (2010) as having the biggest impact on reducing health inequalities

- Opportunistically, there was a regional Sector Led Improvement initiative which provided an opportunity to engage partners and provided a structure for the workshop
- As a partner, in this process, the CCG (as it was then) had identified BSiL as a priority for the Population Health Management (PHM) workstream.

Inclusive Economy – Health and Work

The Crisis Care, Suicide Prevention and Mental Health Strategic Partnership and Inclusive Economy Lead identified health and employment as a priority and a JSNA Chapter was initiated. This work has involved the partnership and the newly formed Northumberland Employment Partnership. Recommendations include:

- Using our role as Anchor Institutions as employers and commissioners and procurers to increase opportunities for residents furthest from work.
- Support people with long term health conditions through the development of integrated employment programmes where health and employment needs are addressed together.
- Adopt inclusive recruitment and retention practices as employers and commissioners.
- Work with North of Tyne Combined Authority, NHS NENC Integrated care Board, Local Authorities and Joint Health and Work Unit to develop a strategic approach to employment and health.

The Employment and Health JSNA Chapter is provided at Appendix 1

Fuel Poverty

Developed through a fuel poverty working group, the main recommendations of the fuel poverty JSNA are:

- Collaborate with local health services colleagues to identify people with health conditions vulnerable to fuel poverty and ensure that they are supported to access adequate heating, particularly during the winter months.
- Work towards a single point of contact for self-referral and for those who come into contact with vulnerable households to refer into appropriate services.
- Develop targeted pathways to co-ordinate support from Council teams and VCSE organisations in addressing identified needs of individual households.
- Ensure there is a just transition to Net Zero and that our actions to reduce the use of carbon to heat homes does not inadvertently impact those on the lowest income and with the poorest health, therefore increasing health inequalities.

The fuel poverty JSNA Chapter is provided at Appendix 2.

Armed Forces Veterans and Military Families

Completed in June 2022, this needs assessment has been presented to the Northumberland Armed Forces Network which will now assume responsibility for responding to the recommendations (in more detail at Appendix 3). These included:

- Improve local data/ information gathering on veterans. Accurate and up to date records of veterans and families of military personnel need to be maintained to understand the needs of this population and inform the commissioning, design and delivery of services. This health needs assessment has identified gaps in such information.
- Ensure veteran housing data is in line with advice from the Department for Levelling Up, Housing and Communities (DLUHC). A key theme in the UK Government's Strategy For Our Veterans, 2018 is that veterans have a secure place to live either through buying, renting or social housing. This health needs assessment identifies housing need for local veterans through anecdotal reports from the Armed Forces Outreach Service, SSAFA beneficiary data and experiences of GPs at Seaton Park Veteran Friendly GP Practice.
- Explore opportunities for activities where veteran and military families can increase levels of physical activity. To improve both physical and mental health of veteran and military families, health improvement activities within peer groups could be promoted.
- Support existing community/ peer groups within military families. Local community groups run by welfare support workers are a key asset for military families however many activities are organised during working hours. This excludes working spouses/ family members who may feel disconnected as a result of not being able to attend events.
- Use existing links with local employers to understand if opportunities for employment of service leavers was impacted by COVID-19. Nationally, the employment rate for 2019/20 service leavers (84%) was slightly lower than for 2018/19 service leavers (86%). On examination of quarterly trends, the MOD concluded that this was likely due to the economic effects of COVID-19 and the reduction in employment availability, in particular for those aged under 25. There is no local data available on the impact of the COVID-19 pandemic on local employers of veterans. This requires further exploration by the Armed Forces Forum.
- Explore potential unmet need for dental support for military spouses and children. There are reports of long waiting lists for dental practices near to bases which may impact the ability for military families/ children to receive appropriate dental care. This is likely an issue experienced by the wider population of Northumberland and not an issue exclusive to military families.
- Work with primary schools close to RAF Boulmer and Albemarle Barracks to explore upskilling teaching staff to support with separation anxiety. Younger children of primary school age seem to receive very little support to process separation anxiety associated with military parents' deployment. This recommendation to further explore possible options with schools aligns with two key themes of the UK Armed Forces Families Strategy 2022-32.
- Seek to address isolation & rurality of military families through improved access to public transport. This health needs assessment reports on the rurality of both military bases in Northumberland and the isolation felt by military families as a result of limited public transport links. The Council should consider the impact of isolation on military families and explore opportunities to improve the availability of public transport services.

Progress to date on other themes is outlined in Appendix 4.

Priorities

It is proposed to establish a JSNA Steering Group including representatives from public health, ICB, education and skills, housing, leisure and tourism, regeneration, transport, planning, climate change and NHS Trust partners to co-ordinate current needs analysis and agree priorities for 22/23 - 24/25. Draft Terms of Reference are at Appendix 5.

Implications

Policy	The JSNA should inform the development of commissioning and procurement proposals to ensure that unmet need is addressed through those processes. the policy intention is for H&WBs to also consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities
Finance and value for money	The aim of the JSNA is to strategy is to assess current and future health, care and wellbeing needs of the local community to inform local decision making, improve health and wellbeing and reduce inequalities. Prioritising unmet need across various programmes should lead to a more sustainable health and social care system, improve health and wellbeing and improve economic output. There are no direct implications from the development of the JSNA itself.
Legal	The development of a JSNA is a statutory output of the H&WB. The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 confirm that the matters within this report are not functions reserved to Full Council
Procurement	The JSNA should inform the development of commissioning and procurement proposals to ensure that unmet need is addressed through those processes but has no direct impact on any procurement activities.
Human Resources	There will be workforce implications relating to education and training
Property	Some council buildings may feature as part of the assessment of assets contributing to health and wellbeing.
Equalities (Impact Assessment attached)	Reducing inequalities is a core element of the JSNA

Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
Risk Assessment	N/A
Crime Disorder &	Work focusing on areas such as inclusive employment and giving children the best start in life is likely to have a longer term impact on reducing crime.
Customer Consideration	Where appropriate, needs assessments will include an element of service user and resident experience to identify gaps in services.
Carbon reduction	NA
Health and Wellbeing	The JSNA is a source of information that should be used by all health and care commissioners and providers to ensure that services meet the needs of residents and contribute to improved health and wellbeing.
Wards	All

Report sign off.

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

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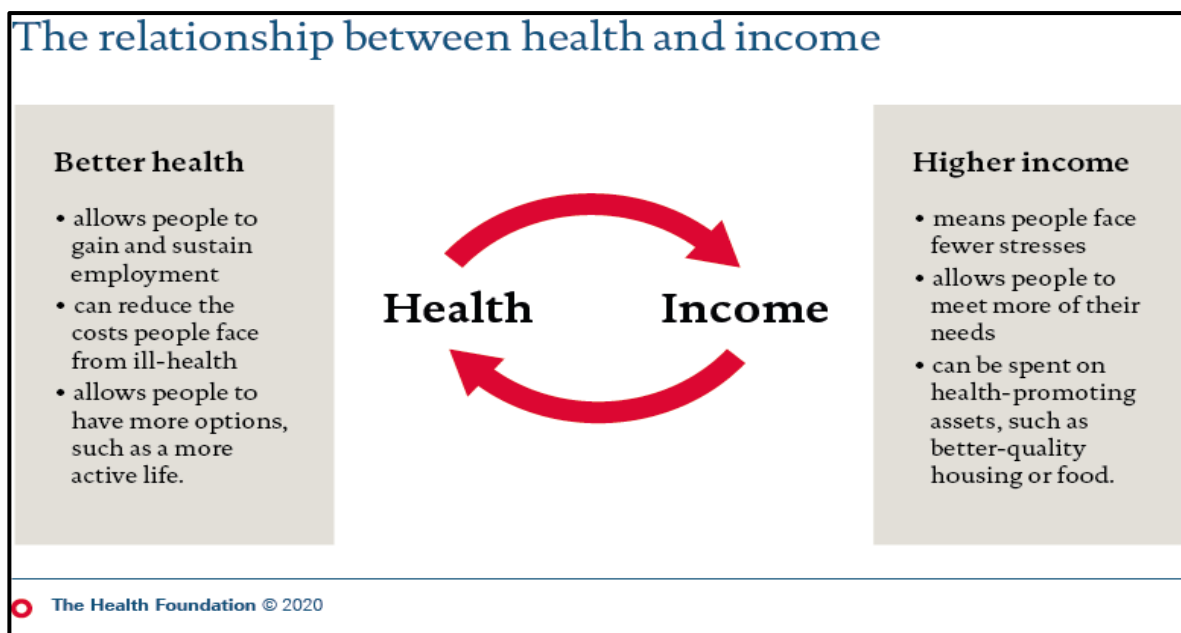
NORTHUMBERLAND JOINT STRATEGIC NEEDS ASSESSMENT

INCLUSIVE ECONOMY: HEALTH AND WORK

1. Introduction: The relationship between employment and health

Northumberland aspires to have an ***Inclusive Economy*** where economic growth and jobs and training opportunities are open to all residents. An Inclusive Economy with good quality employment is one of the key building blocks for a healthy society, so the extent to which our residents have a share in the economy has a significant impact on their social and economic wellbeing, and how long and well people live.

The relationship between physical and mental health and income is bi-directional, as illustrated below;



There is a compelling body of evidence that being in inadequate quality work, being unemployed or economically inactive¹ adversely impacts both mental wellbeing and physical health and shortens the lives of many of our residents. Low pay and high demands create chronic stress on the body which can lead to higher blood pressure, increased blood sugar and an impaired immune system, it can also lead to health-harming behaviours which all increase the risk of many life shortening diseases such as heart disease and cancer. Long term unemployment or economic inactivity can cause depression, anxiety and lowers self-esteem.

¹ [Using economic development to improve health and reduce health inequalities, The Health Foundation \(2020\)](#)

Conversely, poor physical and mental health and disability excludes many people from employment and training. A higher percentage of working-age people in Northumberland are economically inactive (neither employed or on unemployment benefit) than national averages, with long-term sickness being one of the main reasons. Mental health conditions and musculoskeletal disorders are the most common illnesses associated with unemployment and inactivity. Without specialist support, those out of work and with health conditions are more likely to become long-term unemployed or inactive and see their health further deteriorate. This limits the pool of labour available to local employers and can adversely impact local economies.

Therefore, health and employment cannot be separated, and this interrelationship needs to be reflected in both policy and services delivered.

The distinction must be made between '**Good Work**', defined as employment of high quality, that is secure, well-paid, provides both good physical and psychological working conditions, autonomy, social support, and opportunities for progression, and 'any' work, which can include employment which is precarious, low paid, with poor working conditions and low levels of choice and control. It has been posited that an insecure job can be more harmful for certain health outcomes than unemployment².

An Inclusive Economy offers all residents opportunities to secure and maintain Good Work, thereby positively impacting the health and wellbeing of individuals and communities and will prevent lives from getting shorter.

As a constituent local authority, Northumberland shares the Inclusive Economy ambitions of the North of Tyne Combined Authority (NTCA) in relation to:

- Closing the gap on average earnings (increasing earnings, qualification levels and progression routes to ensure residents have access to new higher skilled jobs in future).
- Closing the unemployment gap (removing the barriers which make it difficult for people to take up employment and training opportunities).
- Closing the skills and education gap (making sure our young people have the skills, experience and qualifications to take up quality training and jobs through good schools and colleges).
- Closing the aspiration and ambition gap (providing opportunities that enable local people to own their own economic future and all young people to have high aspirations and confidence, with support that allows them to make good choices).

2. Why is this important in Northumberland?

Social, economic, and health inequalities exist within Northumberland's communities and between Northumberland and the rest of England as evidenced by a range of data:

² Is an insecure job better for health than having no job at all? A systematic review of studies investigating the health-related risks of both job insecurity and unemployment (BMC Public Health 2015)

- Residents from our poorest neighbourhoods in Northumberland are dying 17 years earlier than those from more affluent areas and are living 19 years longer in poor health than our wealthier areas.
- 42.3% of working age residents with disabilities or long-term health conditions are in employment, against 70.9% of those without. This gives a disability – employment gap of 28.6% (ONS April 2021 – March 2022).
- 2.3% of working days in Northumberland are lost due to sickness absence (1.4% North East, 1% England, ONS 2017/19)

Health inequalities are mirrored by disparities in employment and unemployment rates between Northumberland and national averages. Office of National Statistics (ONS) labour market data show:

- An unemployment rate of 5.2% of the working age population, against an England average of 4.3% (Apr 2021-Mar 2022).
- An unemployment claimant count of 3.1%, amounting to 5,975 people (July 2022).
- 7.6% of the working-age population have no qualifications, against a Great Britain average of 6.6% (Jan – Dec 2021).
- An economic inactivity rate of 25.2% (45,700 residents) against an England average of 21.2%. 10,000 of these are inactive due to long-term sickness from work. 8,500 are economically inactive but say they want to work (Apr 2021-Mar 2022).
- 19.2% of households are workless (19,300 in total) against an England average of 13% (Jan-Dec 2020).
- Mental health conditions are predominant and resident support needs are in high demand. Claimants of the main health related unemployment benefit, Employment Support Allowance (ESA) show that almost half (48%) claim for 'mental and behavioural disorders' (ONS, Feb 2022).

Inequalities also exist within areas of Northumberland:

- Average household income is £17,000 in our most deprived areas and over £67,000 in our least deprived areas (2022).
- The unemployment claimant count in the Hexham constituency is just 1.6% but is 4.3% in Blyth Valley (July 2022).
- Similarly, the Northumberland economic inactivity rate of 25.2% varies between 22.2% in Hexham parliamentary constituency and 29% in Wansbeck (amongst the lowest to one of the highest in the Northeast) (Apr 2021-Mar 2022).

3. Who is at risk and why?

Certain groups in Northumberland tend to be under-represented in the labour market and be more disadvantaged economically, including:

- Young people aged 18-24
- People aged 50 and over
- People with disabilities and long-term health conditions

- People in disadvantaged areas of south-east Northumberland, deep rural areas, and coastal areas.

People in these groups often have lower skill levels and additional barriers to work which need more specialist and intensive support. Recent trends show that economic inactivity is on the increase post-Covid, particularly among people who are 50+ and people leaving the labour market because of poor health. The disability – employment gap (the proportion of people in work with a disability against those in work without a disability) is widening. These are long-standing issues which may have been exacerbated by the Covid pandemic for which specialist support is needed to address.

Covid pandemic impacts

Many of the issues impacting health and inequalities impacting Northumberland pre-date the Covid pandemic, but evidence suggests the pandemic and consequences of lockdowns widened some existing inequalities. Other new impacts can be identified that have emerged post-pandemic.

Data show that:

- 28% of adults saw finances deteriorate and the poorest saw debt levels increase
- Long-term unemployment and economic inactivity trends have increased since the pandemic.
- Young people tend to be disproportionately impacted by economic downturns. Though the claimant count for 18–24-year-olds is relatively low and vacancy opportunities have recovered, the pandemic disrupted the education of young people and their transitions to the labour market, which can have a longer-term ‘scarring’ impact on future labour market prospects.
- The pandemic also had a disproportionate impact on people with disabilities and existing health conditions. 71% of disabled people have had their work impacted by the pandemic, compared to 61% of non-disabled people. Disabled people are more likely to be working in sectors that closed during the pandemic, more likely to be at risk of redundancy, and more likely to be working reduced hours than non-disabled people.
- The unemployment claimant count for people aged 50 and over rose sharply during the pandemic but stabilised and is relatively low. However, data show that much of the increase in economic inactivity is in this age cohort. There has been an increase in people aged 50+ and people with health conditions leaving the labour market and becoming economically inactive. This has resulted in a reduced pool of labour and fewer people job searching or participating in employment support programmes.
- Though the labour market recovered and generated relatively high vacancy rates, many employers report hard-to-fill vacancies and staff shortages. This demonstrates a mismatch of labour demand and supply, and a need for better employment and skills support for residents.
- There is potential that recovery will be stunted by a significant rise in the cost-of-living and a potential economic downturn, further disproportionately

impacting those who are unemployed and/or economically inactive and with poor health.

4. Key issues

The following key priorities have been identified:

1. Increase the employment rate and reduce the unemployment and economically inactive rate, closing;
 - employment / unemployment / economic inactivity gaps between Northumberland and other areas
 - employment / unemployment / economic inactivity gaps within Northumberland.
2. Improve the number of good jobs available to residents, paying the living wage and offering flexible conditions and progression opportunities. While already a priority this will be critically important to address rises in the cost-of-living and a potential economic recession.
3. Support more people who are economically inactive to participate in the labour market
4. Reach people in cohorts which are underrepresented in the labour market (including over 50's, people with disabilities and long-term health conditions, residents of disadvantaged neighbourhoods) to make labour market participation more inclusive.
5. Ensure good quality advice and guidance is available to all residents.
6. Better understand data about the impact of health inequalities on the economy, and employment as a key determinant of health.

5. What assets do we have in Northumberland?

Employment and skills support services are available for a wide range of Northumberland residents, from short-term jobseekers moving in the labour market to those with more complex barriers to work who need more specialist and intensive support. These services include:

- Northumberland County Council (NCC) delivers a good range of support across the county through Northumberland Skills, in partnership with DWP and other providers.
- As a constituent of the North of Tyne Combined Authority (NTCA), Northumberland benefits from working in partnership across the area and from investment through devolved funding. This includes devolved Adult Education Budget and Shared Prosperity Fund. The North of Tyne Employability Strategy (*Strengthening our Labour Market, Aug 2022*) commits NTCA and constituent local authorities to work together and with partner organisations to deliver better skills and employment support and identifies areas for investment.
- The skills infrastructure and the devolved (to North of Tyne level) Adult Education Budget ensures a good range of training and skills development is funded and available to residents and can be responsive to employer demand and changes in the labour market.

- Northumberland has a thriving Voluntary and Community Sector with a good reach into communities and understanding of the needs of residents, including those who are unemployed or economically inactive.
- NCC acts as Lead Accountable Body for support projects delivered in partnership which have a specific focus on residents who are economically inactive (including those with health barriers to work) and a Work and Health programme.
- NCC is active in promoting the North of Tyne Good Work Pledge (which includes the Better Health at Work criteria) to help increase the pool of jobs which pay the Living Wage and have good working conditions with progression opportunities and is supporting implementation of the North of Tyne Wellbeing Framework.
- The Northeast Better Health at Work Award recognises efforts of employers in addressing health issues in the workplace.
- NCC's wholly owned regeneration company Advance Northumberland has a key role in driving growth and investment into the County. Working together NCC and Advance are able to ensure residents benefits from new business and jobs growth activities. Using NCC Procurement services and section 106 agreements secures social value for Northumberland and its residents including training and job opportunities.
- Anchor Institutions such as the NHS and council have made commitments to addressing the wider factors that drive health inequalities. Examples of these include Northumbria NHS Foundation Trust's Community Promise which seeks to address the six pillars of poverty, employment, education, economy, environment and wellbeing, CNTWs Individual Placement Support Service which supports service users to find employment and the Council's Social Value Procurement Statement
- The emerging Northumberland Inequalities Plan where partners have made a commitment to look at everything through an inequalities lens, listen to the voice of residents, share data, ensure community strengths are considered first, ensure our services are equitable and maximise our civic and statutory level responsibilities.

The labour market currently has a relatively high rate of job vacancies for a smaller pool of jobseekers. However, vacancies are not always a good match for jobseekers or are spread evenly across areas, and employers report hard-to-fill vacancies and skills shortages for their jobs. The Council and its partners aim to deliver support to both businesses and residents to help increase the jobs and opportunities available and provide a good match to meet both the needs of residents and the needs of local labour markets.

6. What do people say?

As part of the consultation by North of Tyne Combined Authority on the Wellbeing Framework, survey respondents highlighted the importance of good or decent jobs with opportunities for progression with predictable hours. They highlighted the impact of worrying about income as causing elevated levels of anxiety and stress.

In the Northumberland Youth Parliament 'Make Your Mark' (2022) report, 5,428 young people aged 11-18 identified the most important issues of concern as Health and Wellbeing (1,211) and Jobs, Money, Homes and Opportunities (1,067).

Evidence from the Government's mainstream employment support programmes for people who are long-term unemployed or have additional support needs (Work and Health Programme and Restart - delivered in Northumberland by Reed in Partnership and NCC) shows that health is a significant barrier to work. 21% of Restart participants in Northumberland cited health as a barrier to finding a job. More than one-third of these stated a need for a mental health referral (Reed in Partnership, Aug 2022).

Feedback from participants in the Bridge Northumberland programme, a partnership of VCS organisations which helps people overcome barriers to work cited stress and anxiety, lack of self-esteem, and unsupportive working conditions as barriers to finding and sustaining employment.

7. Conclusions and Priorities for Action

The Inclusive Economy: Health and Work JSNA provides an assessment of the inter-relationship between health and economic inequalities affecting Northumberland residents. Available data and intelligence identify a number of key issues, many of those pre-existing but exacerbated by the Covid pandemic, that are essential to address to deliver a more equal and inclusive economy in Northumberland. Working in partnership with commissioners, deliverers and employers across all sectors will be essential to achieving this.

Northumberland County Council commits to working with all partner organisations to:

- Use all available data and intelligence to build a thorough understanding of local issues relating to the economic impacts of health inequalities in order to find solutions to addressing them.
- Continue to build the vision of an Inclusive Economy across a wider network of partners by building alliances and leveraging in the local assets and powers of Anchor Institutions.
- Work with commissioners and funders and partner organisations (including NTCA, Northeast and Cumbria Integrated Care System and NHS Integrated Care Board, Government's Work and Health Unit and the VCSE) to develop services that meet the health and economic needs of Northumberland residents and communities.
- Delivering the North of Tyne Employability Strategy key priorities to (1) provide employment support for the most disadvantaged (2) deliver local community-led and place-based approaches (3) Support people with long-term health conditions, through the development of integrated programmes (with health and employment support services working together) and (4) create good quality jobs.
- Work with commissioners and providers to reduce the disability – employment gap (the gap between the proportion of people with disabilities and long-term

health conditions who are in work against those in work who do not have disabilities or long-term health conditions).

- Work with local employers and businesses to help deliver their recruitment and skills needs, and develop ways to support more residents to access jobs and progression opportunities as a key wider determinant of health
- Continue to actively promote standards of good work and best practice in relation to employment and health at work policies.
- Explore opportunities for co-investment, co-design, and co-commissioning to better integrate health and employment support services.

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References and links to services

[Northumberland County Council Employment and Skills Support Services](#)

[CNTW NHS Individual Placement and Support employment service](#)

[North East Better Health at Work Award](#)

[Advance Northumberland](#)

[Together Northumberland Community Promise](#)

[Work and Pensions Committee, UK Parliament July 2021](#)

North of Tyne

North of Tyne Employability Strategy: [Strengthening our Labour Market \(August 2022\)](#)

[North of Tyne Good Work Pledge](#)

[North of Tyne Wellbeing Framework Report-Jan-22.pdf](#)

[North of Tyne Skills Plan](#)

Data Sources

<https://www.nomisweb.co.uk/reports/lmp/la/1946157061/report.aspx>

<https://stat-xplore.dwp.gov.uk/webapi/jsf/login.xhtml>

<https://fingertips.phe.org.uk/>

https://fingertips.phe.org.uk/profile/health-profiles/area-search-results/E06000057?place_name=Northumberland&search_type=parent-area

Joint Strategic Needs Assessment: Fuel Poverty

1. What is fuel poverty?

Fuel poverty or 'fuel poor' households are terms referring to households that must spend a large proportion of their household income to heat their home to a reasonable temperature. Fuel poverty is avoidable, and it contributes to social and health inequalities. The following figure from the [Department for Business, Energy & Industrial Strategy](#)¹ highlights the three drivers which contribute to fuel poverty.



Households are considered to be in fuel poverty if:

- I. The household has an energy efficiency rating below the recommended rating:
 - Target for 2020 - Band E
 - Target for 2025 - Band D
 - Target for 2030 - Band C

and,

- II. When accounting for fuel costs, households are left with a residual income below the official poverty line.

2. What are the health effects of fuel poverty?

There is [clear evidence](#)² for excess winter deaths and health conditions which are associated with cold temperatures. In particular, there is an increased risk of cardiovascular issues such as heart attack or stroke, respiratory illness, flu, and hypothermia.

Indirect effects can include the impact on mental health, through the financial stress that fuel poverty causes to households as well as falls, and the risk of carbon monoxide poisoning if boilers and heating appliances are poorly maintained or in areas of low ventilation. Furthermore, the social impact of living in a cold home is significant. Research has found an association between cold homes and poor educational performance among children, partly due to higher rates of sickness and absence from school. Children living in cold homes [were found](#) to be more likely to lack an adequate and quiet environment to carry out homework³.

3. Who is at risk and why?

Certain people may be vulnerable to the cold weather due to a medical condition or disability which prevents them from moving around to keep warm, or due to personal circumstances such as being unable to afford to keep warm.

These at risk groups include:

- People with cardiovascular conditions
- People with respiratory conditions (in particular, chronic obstructive pulmonary disease and childhood asthma)
- People with mental health conditions
- Young people and adolescents whose mental health can be significantly impacted by living in a cold home
- People with disabilities
- Older people (65 and older)
- Households with young children (from new-born to school age)
- Pregnant women

Many of the most vulnerable members of society may spend longer in the home than most, and therefore require the heating on all day.

As well as certain medical conditions, people on a lower income (and likely to be living in more deprived areas) and those living in households with a poor energy efficiency are also at an increased risk of fuel poverty.

More recently, these individuals may be pushed into fuel poverty as a consequence of rising energy bills and cost of living.

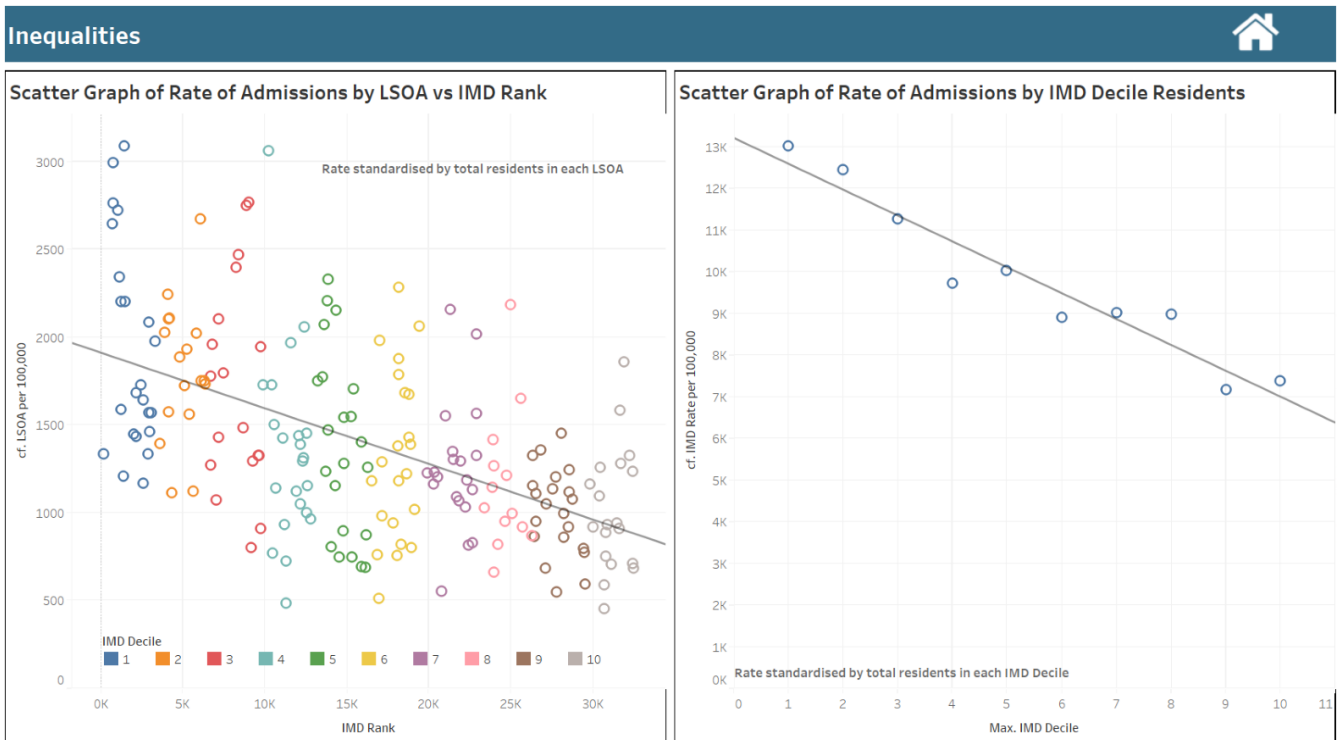
4. Why is this important in Northumberland?

I. **Local deprivation and hospital admissions exacerbated by the cold**

The [Index of Multiple Deprivation](#)⁴ is a relative measure of deprivation measured across seven distinct domains: income, health & disability, employment, education, skills & training, barriers to housing & services, crime, and living environment. In Northumberland, approximately 38,178 people live in areas classed as the most deprived 10% of the country.

Hospital admissions data shows that Northumberland hospital admissions for conditions exacerbated by cold homes such as acute bronchitis, asthma, COPD, pneumonia, acute respiratory tract infections in 2021 was greater in areas of deprivation (see below):

Figure shows hospital admissions rate by IMD (indices of multiple deprivation) deciles in Northumberland 2021 (1 being the most deprived)



There are some similarities between the wards with the highest admissions and with the highest percentage of households with an income of < £20,000, these include: Croft, Newbiggin Central and East, Cowpen.

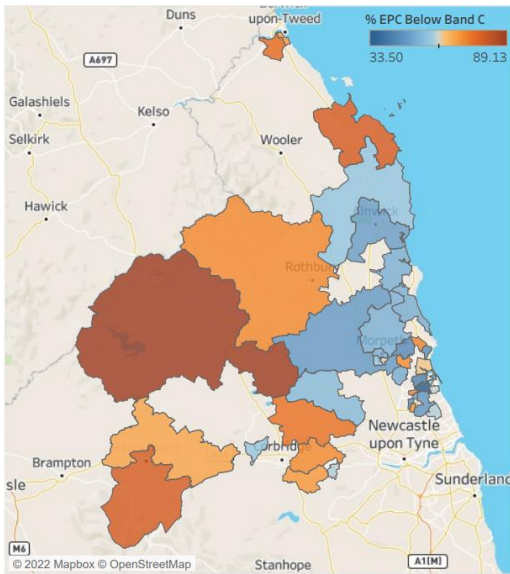
II. Local households with low energy efficiency

Households of low energy efficiency may be difficult to adequately heat due to loss of energy from the building to the surrounding environment. Property type (detached house, terrace house, flat etc), age of the household, and tenure (owned, socially rented etc.) all contribute to the energy efficiency of a household.

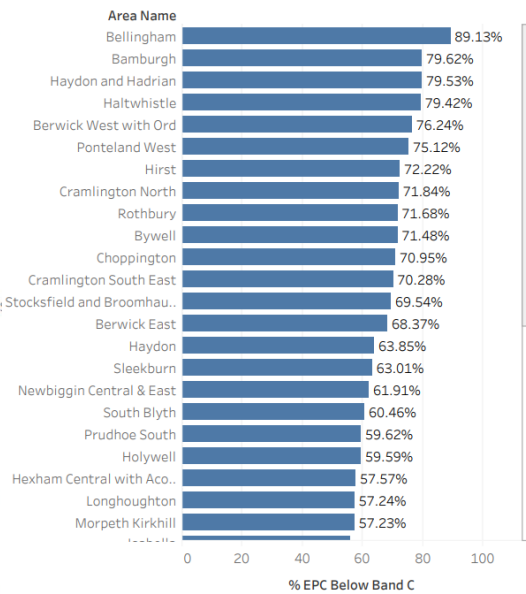
In 2011, [The Health Impacts of Cold Homes and Fuel Poverty](#) ² report highlighted the relationship between excess winter deaths, low thermal efficiency of housing and low indoor temperature.

The energy efficiency of households is reported by the ONS as percentages of EPC scores below band C per local area. The map and table below shows the percentage of dwellings across Northumberland with an energy efficiency below band C:

Ward Map of Households with Low Energy Efficiency



Low Energy Efficiency by Ward

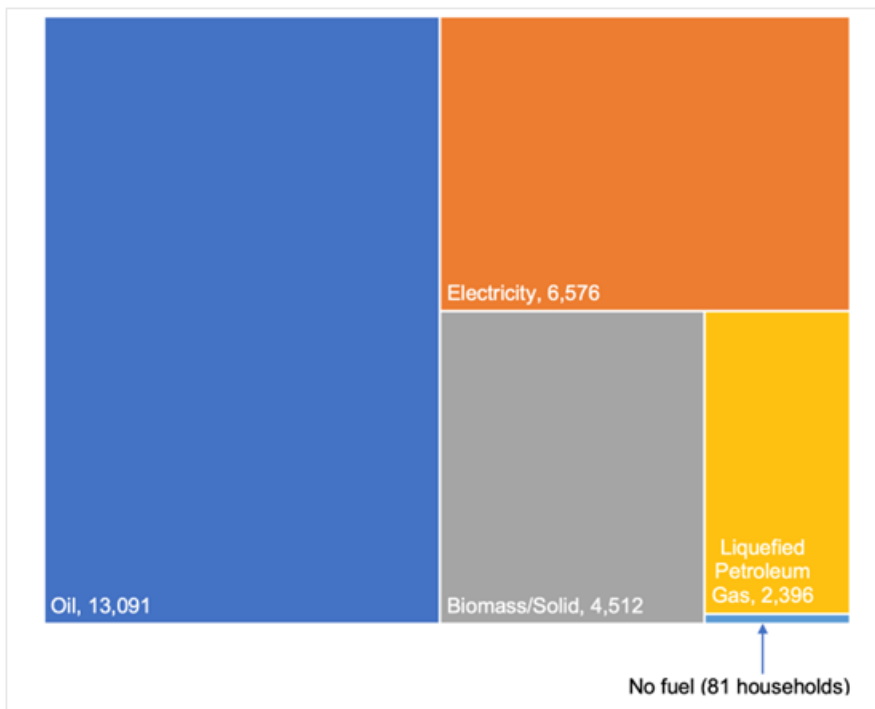


III. Rural households

The rurality of Northumberland also presents certain challenges in energy efficiency and energy usage for households. Many residents live in older buildings, properties which are difficult to insulate and properties which are not on mains electricity and gas.

A large proportion of households in Northumberland rely on gas and electricity supplies 'off-grid'.

The following figure shows the number of households locally using alternative heating sources (other than gas) across Northumberland. This data is taken from the NCC Climate Change Team (at Jan 2022).



5. What assets do we have?

- Northumberland County Council facilitates a Warm Homes Group which is a forum for internal Council teams including Public Health, Climate Change, Housing, and Northumberland Communities Together to work with external VCSE organisations including Northumberland Citizen’s Advice Bureau and Community Action Northumberland and Age UK Northumberland. This forum allows members to discuss key issues in relation to fuel poverty and energy efficiency and work together to improve services’ response and support to local households.
- [Northumberland Citizens Advice Bureau](#)⁵ and [Community Action Northumberland](#)⁶ provide individual support to households through advice on improving energy efficiency, income maximisation, debt management and signposting to any additional financial help, benefits or grants available.
- [The Warm Homes Information Resource](#)⁷ (being updated) developed by Northumberland Citizens Advice Bureau, Community Action Northumberland and Northumberland County Council supports frontline healthcare staff make the most of every contact they have with residents to signpost them to the wide range of support and advice that is available.

6. What do people say

In May 2022, members of different teams within the Council met with VCSE organisations including Northumberland Citizen’s Advice Bureau, Community Action Northumberland, and Age UK Northumberland.

During this workshop, members of the group were asked to discuss the key challenges within their teams/ organisations in relation to fuel poverty and to explore priority areas for collaborative action. Goals for future work include:

- Improve identification of people vulnerable to fuel poverty
- Address limited capacity and gaps in support provision for households in need
- Increase capacity to deliver energy advice to households

7. Recommendations

The following recommendations have been developed considering the goals for future work discussed in the workshop and also the [NICE guidance NG6: Excess winter deaths and illness and the health risks associated with cold homes.](#)

- I. Collaborate with local health services colleagues to identify people with health conditions vulnerable to fuel poverty and ensure that they are supported to access adequate heating, particularly during the winter months.
- II. Work towards a single point of contact for self-referral and for those who come into contact with vulnerable households to refer into appropriate services.
- III. Develop targeted pathways to co-ordinate support from Council teams and VCSE organisations in addressing identified needs of individual households.
- IV. Ensure that there is a just transition towards Net Zero and that our actions to reduce the use of carbon to heat homes does not inadvertently impact those on the lowest income and with the poorest health, therefore increasing health inequalities.

Recommendations from the Armed Forces Veterans and Military Families' needs assessment

Improve local data/ information gathering on veterans

It is essential to maintain accurate and up to date records of veterans and families of military personnel to understand the needs of this population and inform the commissioning, design and delivery of services. This health needs assessment has identified gaps in such information.

- a) Epidemiological data on the number of veterans/ Armed Forces families in the local area is limited at the time of this report. This can be improved through:
 - o Use of updated data (i.e., [2021 census](#)) when available through a report to the Armed Forces Forum of Northumberland County Council. Initial results of the 2021 census are likely to be released June/July 2022.
 - o Encourage local GP practices to undertake the [RCGP veteran friendly accreditation](#) where they will receive support to identify and code their veteran patient population to ensure they are receiving adequate support. This should be explored in Alnwick, where there is a relatively large population of veterans receiving military pensions and compensation in the area. (Note: Railway Medical Group in Blyth is a Veteran Friendly GP practice).
 - o Support the adoption of the [Veterans' Recognition Scheme](#) which includes a voluntary ID card for new service leavers and existing veterans so that they can more quickly, easily and securely prove they served in the UK Armed Forces to access the services they need.
- b) Local drug and alcohol services (Northumberland Recovery Partnership) do not routinely collect data on veteran status therefore it is difficult to ascertain whether drug and alcohol misuse is an issue in the veteran population of Northumberland. Anecdotal reports from Northumbria Police and Seaton Park Veteran Friendly GP practice suggest there are some issues with alcohol and drug misuse in the veteran population. The extent of this issue is unknown. We are liaising with the Northumberland Recovery Partnership to understand if they can include a question about veteran status as part of their assessment to routinely record and share this data.

Ensure veteran housing data is in line with advice from the Department for Levelling Up, Housing and Communities (DLUHC)

A key theme in the UK Government's Strategy For Our Veterans, 2018 is that veterans have a secure place to live either through buying, renting or social housing.

This health needs assessment identifies housing need for local veterans through anecdotal reports from the Armed Forces Outreach Service, SSAFA beneficiary data and experiences of GPs at Seaton Park Veteran Friendly GP Practice.

Currently and over the past three years, there have been no veterans identified as such on the council's homelessness register. Unmet housing need may not be reported to the housing team at the council due to several factors which include the use of insecure housing (i.e., sofa surfing at friends' houses); individuals not disclosing that they are veterans; and barriers such as stigma, military culture of stoicism and self-reliance.

Recent statutory guidance from the DLUHC advises that the provision of specialist training for staff and managers to assist them to identify members of the Armed Forces community and understand their specific needs and circumstances should support an improved application process.

There is ongoing work being undertaken by the council's Housing Team through a recently appointed Armed Forces Engagement Officer who is identifying gaps in support and understanding the requirements of local veteran and Armed Forces community. This work is very timely and is likely to utilise this health needs assessment as evidence of gaps in data collection and the need to improve identification and recording of veterans presenting for housing support.

Explore opportunities for activities where veteran and military families can increase levels of physical activity.

To improve both physical and mental health of veteran and military families, health improvement activities within peer groups could be promoted.

Peer-led activities help to both promote physical activity and strengthen relationships between groups of veterans and military families. A key theme in the UK Government's Strategy For Our Veterans, 2018 is for veterans to be able to build healthy relationships and integrate into their communities (12).

The [Northumberland Physical Activity Strategy Group](#) (which reports into the NCC Health and Wellbeing Board) are keen to explore physical activities for veterans and military families in their future work.

Support existing community/ peer groups within military families

Local community groups run by welfare support workers are a key asset for military families however many activities are organised during working hours. This excludes working spouses/ family members who may feel disconnected as a result of not being able to attend events.

Welfare support hubs on the military bases should facilitate peer-led activities within military families which occur during evenings and weekends to support the involvement of working individuals.

Use existing links with local employers to understand if opportunities for employment of service leavers was impacted by COVID-19

Nationally, the employment rate for 2019/20 service leavers (84%) was slightly lower than for 2018/19 service leavers (86%). On examination of quarterly trends, the MOD concluded that this was likely due to the economic effects of COVID-19 and the reduction in employment availability, in particular for those aged under 25 (14).

There is no local data available on the impact of the COVID-19 pandemic on local employers of veterans. This requires further exploration by the Armed Forces Forum.

Explore potential unmet need for dental support for military spouses and children

There are reports of long waiting lists for dental practices near to bases which may impact the ability for military families/ children to receive appropriate dental care. This is likely an issue experienced by the wider population of Northumberland and not an issue exclusive to military families.

Work with primary schools close to RAF Boulmer and Albemarle Barracks to explore upskilling teaching staff to support with separation anxiety

It has been identified that younger children of primary school age receive very little support to process separation anxiety associated with military parents' deployment. This recommendation to further explore possible options with schools aligns with two key themes of the UK Armed Forces Families Strategy 2022-32.

One of which proposes that *"families are able to access timely integrated, mental health and physical health and wellbeing services"*. Another theme focuses on supporting family units with deployment, mobility and separation and the unique stresses of the military lifestyle, *"[ensuring] they are aware of the support that is available, and how to access it. When children and adults are at risk of harm, they are protected through a multi-agency approach facilitating a swift response"*.

There is opportunity to share good practice from support provided to older children in secondary schools. E.g., the Duchess's Community High School has a dedicated pastoral support worker funded from pupil premium funding.

Seek to address isolation & rurality of military families through improved access to public transport

This health needs assessment reports on the rurality of both military bases in Northumberland and the isolation felt by military families as a result of limited public transport links.

Northumberland County Council should consider the impact of isolation on military families and consider an improvement in the delivery of public transport services.

Progress on updating Northumberland JSNA

Priority	Impact	Opportunity	Partner commitment	Target date for completion
BSiL a) breastfeeding b) smoking at time of delivery c) self-harm amongst young people (x ref mental health)	Evidence from Marmot	Sector Led Improvement work	ICB priority for PHM	a) Completed b) Completed c) Sept 22
Mental Health a) self-harm amongst young people (x ref BSiL) b) maternal mental health (ICS priority) x-ref BSiL c) zero-suicide ambition (ICS priority) d) Parity of esteem (ICS priority) e) Employment	Increasing demand on services pre covid and during pandemic	Integrated Care System (ICS) workstream has identified priorities	ICS Elected member champion ICB CNTW	a) Sept 22 b) Sept 22 c) Completed d) Sept 22 e) Completed
Health behaviour a) Sexual health b) Drugs and alcohol	Health needs assessments demonstrate impact	Service being re-commissioned		June 22 Completed
Other Veterans and military dependants needs assessment	Supports commitment to AF covenant		Northumberland AF network	Completed

Northumberland County Council
Joint Strategic Needs Assessment (JSNA)
Steering Group
Terms of Reference (Draft)

These draft terms of Reference are for approval by the Health & Well Being Board and adoption by the Steering Group at its first meeting

Background

The JSNA is a systematic way to review the health and well-being needs of the population, leading to agreed commissioning priorities that will improve health and well-being outcomes and reduce inequalities.

Producing, publishing, and maintaining a JSNA is the responsibility of the Health and Well-being Board (HWBB) through the Local Authority and CCG (Clinical Commissioning Group) working with other partners

Aim

The aim of the Steering Group is to take a system-wide, place-based approach to the assessment of need and provide evidence for strategies, policies, and commissioning plans

Objectives

1. Have oversight of the JSNA process
2. Guide the work stream, informed by HWBB partners
3. Convene “expert authors” to conduct and publish needs assessments
4. Escalate issue to the HWBB and/or relevant partners
5. Monitor high level outcomes to inform the workplan

Links and interdependencies

The JSNA Steering Group will link to:

- Other HWBB workstreams
- Local Authority Commissioning structures
- CCG planning and commissioning structures

Membership

Public Health Consultant (Chair)

CCG

Planning Directorate

Education Directorate

Children's Services

Adult Services

Neighbourhood Services

Northumbria NHS Foundation Trust

Other organisations can be co-opted as appropriate

Frequency of meetings

The Steering Group will meet quarterly

Quoracy

The group will be quorate if one third of members are present

Reporting arrangements

The group will report to the HWBB quarterly, including which needs assessments have been completed/agreed and with a plan for future assessments

Review arrangements

These terms of reference will be reviewed annually, or at the request of the HWBB

Pam Lee

Public Health Consultant

5 April 2022