

Issue 1: decline in residents' satisfaction with area	
Scale and effects of problem	Other rationale for action
<p>Overall satisfaction</p> <ul style="list-style-type: none"> • The proportion of residents satisfied with their local area as a place to live in 2012 (75%) has fallen from 81% in 2008. • Two fifths of residents are satisfied with the Council (43%), compared with one in three who are dissatisfied with it (30%) • High levels of satisfaction enhance general well-being and can increase social cohesion. <p>Antisocial behaviour, domestic violence and feeling safe</p> <ul style="list-style-type: none"> • Antisocial behaviour incidents in the county have reduced from 18,144 in 2011/12 to 16,316 from 2012/13. However, the rate of domestic abuse incidents (24 per 1,000 population in 2012/13) is higher than England's rate. • 99% of Northumberland residents say they feel very or fairly safe living in their neighbourhood <p>Sense of community and volunteering</p> <ul style="list-style-type: none"> • Almost three quarters of residents feel strongly that they belong to their local area. • About a quarter of Northumberland residents do some form of voluntary work at least once a month for group, club or organization. A larger proportion (40%) has given unpaid informal help at least once a month in the last 12 months to someone who is not a relative. • Over 10% of young people aged 13 to 19 in Northumberland participate in volunteering 	<p>Stakeholder views</p> <p>Residents feel that the most important factors in making somewhere a good place to live are:</p> <ul style="list-style-type: none"> • Health services • Education provision / schools (<i>see issue table on education</i>) • Clean streets • The level of anti-social behaviour • Affordable decent housing. <p>Volunteering is increasingly seen as being important</p> <p>Policy drivers</p> <p>National</p> <p>National Planning Policy Framework: ((accessed 31. 3.14)planning guidance for land use and economic development requires local planning authorities to ensure that health and wellbeing are considered in local and neighbourhood plans. (Department for Communities and Local Government, 2012, National Planning Policy Framework),</p> <p>Local</p> <p>Health and Well-being Strategy priorities include 'Making sure that all partners in Northumberland work together and are clear about what they themselves need to do to help to improve the health and well-being of local people'.</p> <p>The Children and Young People's Strategic Statement 2015-18 has an aim of increasing the proportion of pupils who rate their safety going out after dark as 'good' or 'very good'</p> <p>The Housing Strategy aim is that the population of Northumberland have access to a home that is safe, warm, and affordable, and that help and support is available to those that are unable to meet their own housing needs</p> <p>Contributes to Inequalities</p>

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<p>activities and the number is increasing annually.</p> <p>‘Decent housing’*</p> <ul style="list-style-type: none"> • 41% of private housing is classed as ‘non-decent’*, compared to the national average of 36%. In Northumberland this is primarily due to being difficult to keep warm because of solid wall construction • 2% of Northumberland’s dwellings are overcrowded (with one bedroom fewer than would be recommended for the number of occupants), compared to 4.5% in England and Wales as a whole (2011) 	<p>Satisfaction with local area varies by area: in the South East, only 65% were satisfied, compared to the North (82%) and the West (83%).</p> <p>Residents in the North and West of Northumberland appear to have more links with their local community than those living in the South East of the county.</p> <p>Levels of volunteering vary across the county and tend to be lower in the more deprived areas (as is the case nationally).</p> <p>In rural parts of the county, proportions of ‘non-decent’* housing are higher (62% in former Berwick District Council area).</p> <p>Housing deprivation increases the risk of low life expectancy (The Marmot Review)</p> <p>Overcrowding makes studying difficult, with a corresponding reduction in educational attainment.</p> <p>Damp or cold dwellings contribute to illness, particularly respiratory conditions.</p>
<p>* ‘Non decent’ is a term meaning that the dwelling does not meet the government’s ‘decent homes’ standards. A dwelling is defined as ‘decent’ if it meets the statutory minimum standard, provides a reasonable degree of thermal comfort, is in a reasonable state of repair and has reasonably modern facilities.</p>	
<p>What can we do?</p> <p><i>What has already been happening?</i></p> <ul style="list-style-type: none"> • The public health team have been working with staff from partner agencies, community members and champions to deliver a World Café approach in the form of a ‘Being Well’ Café in Berwick. Actions to increase community assets are being delivered by the team. • In South East Northumberland, an Arts Council award enabled more people of all ages to get creative and work alongside artists of all kinds over a three year period from spring 2013 (the Bait project, run by a consortium). A further grant from the Arts Council will enable the project to continue in a leaner form until 2019. Recent analysis suggests that this ‘Arts for Health’ approach increases well-being scores. • From late 2013 to date 180 new affordable homes have been built in Blyth and recently 48 new homes were completed in Amble. • A relatively small but valuable addition to the number of affordable homes has been produced by community based groups this year with developments at Stocksfield by SCATA and Wooler by Glendale Gateway Trust. • Many agencies working together to improve participation/engagement of young people in the community. • Northumberland’s Local Plan Core Strategy is under development. This will: 	

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- guide where future development takes place
- guide how proposals for new developments will be assessed
- provide policies to help protect Northumberland's environment
- set out the general scale and distribution of new development
- set out strategic allocations for housing and employment
- involve impact assessments

What is already planned?

- [CCG commissioning strategy](#) planned initiatives include promoting well-being and reducing the impact of ill health, for people living in residential and nursing homes
- [The Housing Strategy](#) expresses a commitment to increasing the number of new affordable homes, and to delivering improvements which ensure that existing housing stock is occupied and of decent standard, such that people choose to move and live there
- The public health approach in Northumberland has begun to emphasise the principles of building well-being and improving social capital, through taking practical asset based actions. Public health has begun to utilise methods that seek to understand the effects of context, the mechanisms which link assets to changes in health behaviour, and the complexities of neighbourhoods and networks which are consistent with asset focused approaches.
- Further well-being café events are planned.
- Work is going on in Public Health to develop measures of well-being and resilience that can be used with communities to identify changes and areas for change.
- Two developments to provide 36 new homes are currently under construction in Shilbottle and Embleton and moving forward work will start in 2015 on 26 new affordable bungalows in Morpeth Road Blyth. Consultation and planning is ongoing for further schemes and the next one is likely to be at Nelson Village, Cramlington. Other sites currently being targeted are in Berwick and Alnwick.
- In the 2014/15 financial year the Council's key housing partners, the Registered Providers, had confirmed funding for a total of 354 new affordable homes. In addition there were also 210 new affordable homes that had been agreed through Section 106 Planning Agreements due for construction by Volume House Builders on their sites.

What else can we do?

- Include health impact assessment as part of more decision-making processes
- Increase recognition of the importance to health and well-being of local community, social networks and participatory decision-making at a local level
- Ensure that development plans support thriving communities.
- Continue to build on work to build resilience and strengthen communities
- Ensure good access to health facilities, education facilities, and community facilities for all groups of the community.

Issue 1: decline in residents' satisfaction with area

Key partners: health sector, police and criminal justice, housing sector (council, Housing Associations, Registered Providers), education, social services, third sector

Issue 2: growth in numbers of older people	
Scale and effects of problem	Other rationale for action
<ul style="list-style-type: none"> • Northumberland in 2014 has a high proportion of people aged 65+ (23%, compared to England's 17%). The proportion of people aged 85+ is forecast to grow from 3% in 2015 to 7% in 2035. This is likely to lead to greater demands on health and social services (especially from increased numbers of people with dementia and long term physical conditions) (<i>See issue table on long term conditions.</i>) • Only around 10 percent of people aged 65 and over are in employment • Older people who are unemployed are more likely to be in long-term unemployment. • Compared to England, Northumberland has proportionately fewer persons of working age to support the older population (a dependency ratio of 41%, compared to England's 29%), which could potentially increase reliance on social services • Housing suitability is likely to change, especially in areas with older housing stock. • More people are taking on caring responsibilities because of the increasing number of older people who need care. The carer population is also ageing. <p>Examples of expenditure</p> <ul style="list-style-type: none"> • Older people are the group who most frequently use health and social care services, particularly those with complex needs, long-term conditions, functional, sensory or cognitive impairment. Services become more costly to provide for an 	<p>Stakeholder views</p> <p>Through its engagement with older people and those living with dementia, the Ageing Well programme has found that key issues for older people include:</p> <ul style="list-style-type: none"> • the availability of reliable transport and access to wider community provision, particularly for those living in rural areas. • events need to be 'age-friendly' so that people feel confident to be involved. <p>Northumberland Clinical Commissioning Group undertook extensive public, patient and provider engagement on its key areas for transformational change (see local policy drivers below)</p> <p>Policy drivers</p> <p>National e.g. NHS England 5 Year Forward View (2009) (<i>See also issue table on 'long term conditions'</i>) New NICE Guidance on Social Care (September 2015) , which is of relevance to local authorities, CCGs and others who commission home care services.</p> <p>Local CCG strategy priority domains include:</p> <ul style="list-style-type: none"> • long term conditions • mental health • end-of life and carers <p>The strategy also highlights the support of the most vulnerable as a key area for transformational change</p> <p>Health and Well-being Strategy priorities include:</p> <ul style="list-style-type: none"> • Supporting people with long term conditions to be more independent and have full choice and control over their lives • Making sure that all partners in Northumberland work together and are clear about what they themselves need to do to help to improve the health and well-being of local people • Making sure that all public services support disabled people and those with long term

Issue 2: growth in numbers of older people	
increasingly older population.	<p>health conditions to stay active for as long as possible.</p> <p>Contributes to Inequalities</p> <p>Older age groups more likely to suffer from particular health conditions, especially where there is also a high level of deprivation or where an older person is living alone.</p> <p>People living in residential and nursing homes tend to be less healthy and less satisfied with quality of life.</p>
<p>What can we do?</p> <p><i>What has already been happening?</i></p> <ul style="list-style-type: none"> • Involvement of public health team in Older People's Health campaigns (including Arthritis Awareness, Slips trips and falls and flu awareness) • A range of courses took place in 2014-15 linked with older people's health, including health roadshows and dementia awareness training for pharmacy workers • • The Ageing Well in Northumberland programme brings together a range of partners to address older people's issues and provide necessary support and activities. The health improvement service facilitated a Step into Spring Road Show. 163 people attended, 66% of whom were between 70 and 89 years old. Health and wellbeing was addressed in a holistic way with taster sessions for exercise and various activities, health checks by Health Trainers, information on local transport and support groups, finances and health and social care. • Evaluation indicated that people enjoyed trying out new activities and also found the social aspects of the event beneficial. <p><i>What is already planned?</i></p> <ul style="list-style-type: none"> • CCG commissioning strategy planned initiatives include <ul style="list-style-type: none"> ○ Promoting well-being and reducing the impact of ill health in those people living in residential and nursing homes ○ Partnership working to reduce the incidence of falls in the elderly ○ Further work on integrated palliative, and end of life, care pathway ○ Implementation of joint carers' strategy • CCG commissioning strategy highlights 'making best use of community services' and 'making best use of community beds' as key areas for transformational change • The Housing Strategy states that 'We will conduct a review of existing housing options for older people and work with our partners to develop the right accommodation for all groups of older people in Northumberland. We will also identify more opportunities to provide advice and support to those wanting to make a choice on their housing options in later life.' • Information and involvement forums in North Northumberland: ageing well in the North; Ageing Well with Dementia • Expansion of intergenerational work 	

Issue 2: growth in numbers of older people

- Introduction of the role of Ageing Well Allies
- Ageing Well Road Shows and Winter Warmer events
- Ageing Well hen pilot projects with experienced poultry keepers sharing skills to encourage reminiscence and tactile therapy
- Linking projects with national campaigns around nutrition, hydration, physical activity, socialisation, falls, 'flu' jabs and staying warm.
- Widening of existing forums to promote Ageing Well and Dementia Friendly Communities

What else can we do?

- Work to ensure high employment levels (because of high dependency ratio)
- Continued expansion of projects that have proved to be successful
- Investigate possibilities for better transport to events and social places, particularly in more remote rural areas.
- Continue to encourage 'age-friendly' surroundings
- Ensure that the recommendations from the new [NICE guidance on social care](#) are implemented as soon as possible.

Key partners: health sector (including pharmacies), social services, housing sector, third sector, employers/JobCentre

Issue 3: deprivation and potential deprivation, including child poverty	
Scale and effects of problem	Other rationale for action
<p>Deprivation</p> <ul style="list-style-type: none"> Only 15.4% of the population live in one of the 20% most deprived areas of England, significantly better than England's 20.4% average (2013). Although this current level of deprivation is low, there are still problems and potential problems highlighted below. <p>Education and employment</p> <ul style="list-style-type: none"> 5.7% of Northumberland's 16-18 year olds are not in education, employment or training (2014), compared to England's 4.7% and above the average for the county's statistical neighbours For 7.6% of 16-18 year olds it is not known whether or not they are in education, training or employment. This is lower than England's 9.0% but slightly higher than average for the county's statistical neighbours Although deprivation levels are less severe than average, Northumberland's long term unemployment rate is 10.2 per 1000, significantly worse than England's 7.1%. <p>Housing</p> <ul style="list-style-type: none"> In 2012, 11.8% of Northumberland households experienced fuel poverty, worse than England's 10.4% 41% of private housing is classed as 'non-decent'*, primarily due to heating difficulties caused by solid wall construction Homelessness is expected to increase as a result of welfare reform and the under-supply of affordable housing 	<p>Stakeholder views</p> <p>CCG undertook extensive public, patient and provider engagement on its key areas for transformational change (see local policy drivers below)</p> <p>Policy drivers</p> <p>National</p> <p>Fair Society, Healthy Lives (2010) (The Marmot Review); Education of disadvantaged children (2015).</p> <p>Local</p> <p>CCG strategy highlights support for the most vulnerable as a key area for transformational change.</p> <p>The 5 key priority areas of the Health and Well-being Strategy include:</p> <ul style="list-style-type: none"> Children and families who, without some extra help and support early on, would be at risk of having poorer health, at risk of not doing as well at school, and at risk of not achieving their full potential in their lives Making sure that all partners in Northumberland work together and are clear about their respective contributions to help to improve the health and well-being of local people <p>The Children and Young People's Strategic Statement 2015-18 has aims of:</p> <ul style="list-style-type: none"> reducing the proportion of 16-18 year olds who are classified as NEET ensuring there is at the very least no increase in the proportion of children living in low income families <p>Contributes to Inequalities</p> <p>Life expectancy varies across the district, being 9.6 years lower for men and 7.2 years lower for women in the most deprived areas of Northumberland than in the least deprived</p> <p>The South East of the county, particularly Blyth and Ashington, has a higher</p>

Issue 3: deprivation and potential deprivation, including child poverty	
<ul style="list-style-type: none"> There are over 4000 households currently assessed as being in housing need and registered on Homefinder - the Council's database and allocation system. <p>Child poverty</p> <ul style="list-style-type: none"> In Northumberland, 9,300 children under 16 live in poverty. This gives a rate of 17.6%, much lower than England's 19.2% but any child poverty is unacceptable. In 2012, 17.6% of Northumberland's children aged under 16 were in low income families, lower than England's 19.2% and similar to the county's statistical neighbours. In 2015, 12.9% of primary pupils (England 15.6%); and 11.9% of secondary pupils (England 13.9%) are eligible for and claiming free school meals. The county is similar to its statistical neighbours for both of these indicators. 	<p>proportion of 16-18 year olds not in education, employment or training than the county average (e.g. in 2011 it was twice as high)</p> <p>Fuel poverty is greater in the Berwick area.</p> <p>Health outcomes (physical and mental) are worse for poorer groups</p> <p>There are fewer children living in poverty in Northumberland than in other parts of the north east, but there are certain areas of the county where it remains a major issue</p> <p>Life expectancy and disability free life expectancy are consistently related to differences in income deprivation (particularly child poverty and deprivation among older people) across thousands of small areas in England. (The Marmot Review).</p> <p>Poverty affects cognitive abilities, which in turn affect the ability to make rational decisions about healthy behaviour</p>
<p>* 'Non decent' is a term meaning that the dwelling does not meet the government's 'decent homes' standards. A dwelling is defined as 'decent' if it meets the statutory minimum standard, provides a reasonable degree of thermal comfort, is in a reasonable state of repair and has reasonably modern facilities.</p>	
<p>What can we do?</p> <p><i>What has already been happening?</i></p> <ul style="list-style-type: none"> Sure Start Children's Centres are a focal point in every community where families with children under five can access the services and information that they need. The Centres are there to ensure that all children get the best possible start in life. There are currently 20 Children's Centres in Northumberland. Sure Start services are provided across the whole county, some through Children's Centres, others through libraries, health centres and other community centres. Health Trainers work with individuals from disadvantaged communities, focusing their work within the areas of highest deprivation. They work with individuals who typically do not access healthcare services and who are usually reluctant to engage with services. Health Trainers offer advice and support to people to identify ways to achieve a healthier lifestyle. The Specialist Health Improvement Healthy Weight Service focuses the majority of its work in the South East of the county. 	

Issue 3: deprivation and potential deprivation, including child poverty

See also housing actions in 'decline in residents' satisfaction with area' and also lifestyle actions in 'lifestyle-related health problems

What is already planned?

- [The council will co-ordinate its actions designed to reduce or manage the negative impacts of welfare reform and will ensure that housing organizations are kept involved in this work to ensure that opportunities to join up work and reduce duplication are identified.](#)
- (See also housing actions in issue 1 (decline in residents' satisfaction with area)

What else can we do?

- Investigate possibilities for better transport to events and social places, particularly in more remote rural areas, to avoid the potential isolation that can accompany deprivation.
- Continue to ensure that deprived communities can access financial and welfare advice and support
- Ensure that deprived communities have access to advice and services to help with lifestyle changes

Key partners: health sector, housing sector (council, Housing Associations, Registered Providers), social services, Children's Centres, health centres, libraries, community venues, Health Visiting Teams, Family Nurse Partnership, education sector (including Early Years education providers), third sector.

Issue 4: mental and emotional health and well-being	
Scale and effects of problem	Other rationale for action
<p>Mental and emotional well-being</p> <ul style="list-style-type: none"> • In 2012 in the Resident's Survey 2% of residents reported a low quality of mental well-being. • The emotional well-being of looked after children aged 5-16 years has been improving over the last few years • In 2014, 1231 Northumberland school pupils had behavioural, emotional and social support needs, a rate of 2.6% (higher than England's rate). <p>Mortality</p> <ul style="list-style-type: none"> • Premature (under 75) mortality in adults with serious mental illness was 1,565 per 100,000 population, higher than England's rate. • Northumberland had 106 deaths (85% of them in males) from suicide and injury of undetermined intent in 2011-13. This is a rate of 11.4 per 100,000, worse than England's 8.8 per 100,000. The small number of female deaths means a valid rate is not calculable but the male rate (20 per 100,000) is higher than England's 13.8 per 100,000. (Source HSCIC) • In 2011-13 136 people all ages died of alcohol-specific causes, a rate of 13.98 per 100,000 (England's rate was 11.93); additionally, in 2013, 159 people all ages died of alcohol-related causes, a rate of 47.5 per 100,000 (similar to England's). <p>Mental health conditions</p> <ul style="list-style-type: none"> • An estimated 14.4% of Northumberland's population aged 16-74 have a common mental health disorder, the most frequent disorder being mixed anxiety and depressive disorder, followed by generalised anxiety disorder. • In 2013, an estimated 3,900 children aged 5-16 in Northumberland had mental health disorders (a rate of 9.5%), the most common being conduct disorders, followed by emotional disorders. Among young people aged 16-24, an estimated 3,900 had eating disorders and 4,200 had ADHD. Some 1,100 children under 17 required Tier 3 CAMHS and 50 required Tier 4 CAMHS. • Over 20,000 people were on CCG's practices' depression registers in 2013/14 (7.7% compared to England's 6.52%). Prevalence (according to the registers) varies greatly by practice, from 2% to 17%. • In 2013/14 in Northumberland there were 1,700 patients aged 18 years and over with learning 	<p>Stakeholder views</p> <p>CCG undertook extensive public, patient and provider engagement on its key areas for transformational change (see local policy drivers below)</p> <p>In 2013/14, 50% of Northumberland's adult social care users had as much social contact as they would like (better than England's 44.5%) and among adult carers, 48.7% had as much social contact as they would like (higher than England's 41.3%)</p> <p>This means that, although Northumberland is better than England for people feeling they have enough social contact, half of social care users and over half of carers still do not have enough social contact.</p> <p>Personal Health Budget recipients have found it much easier to make arrangements for paying for the care they want (including employing carers). In a survey, the majority felt that the scheme had increased their dignity and respect, improved their quality of life and ensured that their views and opinions were included when support plans were written.</p> <p>Policy drivers</p> <p>National</p> <p>Wellbeing and Health Policy 2014; NICE guidance related to Public Health Outcomes</p>

Issue 4: mental and emotional health and well-being

[disabilities recorded on practice registers \(0.6% of patients, higher than England's 0.5%\). The Local Authority knew of 1,300 adults \(aged 18-64\) with a learning disability. There were nearly 800 children with moderate learning difficulties, 200 with severe learning difficulties and 48 children with profound and multiple learning difficulty known to schools.](#)

- In 2012, 100 people with the learning disability of Down's Syndrome were known to social services
- The number of adults in Northumberland who have a learning disability and ASD known to social care is 250. 149 of these people have a formal diagnosis of ASD, 105 of whom receive services in addition to a care manager. Out of the 101 people who have suspected ASD but no formal diagnosis, only 19 have no other social care services other than a care manager. The majority require additional services.
- The number of children and young people (aged 16-20 years) in Northumberland with ASD completing the transition process to adult services is thought to be about 105. The number going through transition is likely to increase in future years as the effect of consistent diagnostic guidelines improves diagnosis.
- Based on national figures, an estimated 3,000 Northumberland residents have an autistic spectrum disorder, the majority aged 18+; however, only approximately 400 adults (over 18 years) were known to services in 2012.
- Over 2300 patients aged 18+ in the CCG received drug treatment for epilepsy in 2013/14, a rate of 0.9 %, compared to England's 0.8%
- In 2012, an estimated 0.3% aged 16+ in Northumberland had a psychotic disorder, compared to England's 0.4%. Across the CCG in 2013/14 there were 2700 patients with schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy, a similar rate to England's 0.9%

Example of expenditure on mental health

- [In 2013/14, the total spend on Mental Health disorders in Northumberland CCG was £69.5million, which equates to £19.6 million per 100,000 population](#)
- [The total CCG spend on 'problems of learning disability' was £3.9 million](#)
- [The bulk of the CCG expenditure on both mental health disorders and 'problems of learning disability' was in the Community and Integrated Care setting](#)
- [Compared to similar CCGs, Northumberland spent £5.6 million more per 100,000 population](#)

[Framework; NICE guidances on perinatal mental health, social and emotional well-being of children and young people, workplace health; mental well-being of older people; mental well-being of older people in care homes](#)

The right to have a personal health budget (PHBs) for adults eligible for NHS Continuing Healthcare (CHC) and children in receipt of continuing care came into force in October 2014.

Local

[CCG strategy](#) priority domains include:

- Mental health
 - Public health and prevention
- The Strategy also highlights supporting the most vulnerable as a key area for transformational change
- The 5 key priority areas of the [Health and Well-being Strategy](#) include:
- Tackling some of the main causes of health problems in the County, including obesity and diet, mental health and alcohol misuse
 - Supporting people with long term conditions to be more independent and have full choice and control over their lives
 - Making sure that all partners in Northumberland work together and are clear about what they themselves need to

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[on mental health](#)

- In 2014/15, there were 19 Personal Health Budgets established for eligible clients with learning disability, with associated spend of £240k. There were also 19 Personal Health Budgets established for eligible clients with mental health problems, with associated spend of £176k. (Recipients must be eligible for either Continuing Health Care or joint integrated health and social care funding.)

Vulnerable groups

• **Victims of crime**

- *There is a low rate of violent crime, compared to England (only 4.8 violent offences per 1,000 population in 2013/14, compared to England's 11.1) The county also has a low rate of alcohol-related crime. Antisocial behaviour incidents in the county have reduced from 18,144 in 2011/12 to 16,316 from 2012/13. [However, the rate of domestic abuse incidents \(24 per 1,000 population in 2012/13\) is higher than England's rate.](#)*

• **Youth justice**

- [Since 2010, Northumberland's rate of first time entrants to the youth justice system has been lower than England's. In 2013 there were 408 first time entrants per 100,000 in Northumberland. The rate of custodial sentences for young people was only a tenth of England's 0.68 per 1,000 receiving a conviction.](#)

• **People who are experiencing homelessness or living in overcrowded conditions**

- Homeless people have higher than average rates of mental illness, compounded by deprivation and difficulty finding employment.
- [Only 2% of Northumberland's dwellings are overcrowded \(with one bedroom fewer than would be recommended for the number of occupants\), compared to 4.5% in England and Wales as a whole \(2011\)](#)
- [For every 1,000 households, there are 1.3 homeless households \(2013/14\). This is lower than England's rate of 2.3 households per 1,000.](#)
- [In 2011, 32% of Northumberland's households lived in rented accommodation, a lower rate than England's.](#)

do to help to improve the health and well-being of local people

- Making sure that all public services support disabled people and those with long term health conditions to stay active for as long as possible.

The Children and Young People's Strategic Statement 2015-18 has aims of:

- a consistently high proportion of young offenders who are in suitable accommodation
 - reducing the proportion of those who identified themselves as having additional needs who say their needs were not properly looked after in school
 - increasing the proportions of children and young people who know how to ask for help and ask for help when they need it
 - increasing the proportion of children and young people who are 'quite a lot' or 'a lot' happy with their life at the moment
 - providing a wider range of support available to children, young people and families (to reduce numbers involved with social services)
 - increasing the proportion of children and young people who have an adult they trust that they can talk to about their worries
 - decreasing the proportion of children and young people who feel their school deals with the important issue of bullying 'badly'
- [Northumberland early Help Strategy 2014](#)

Issue 4: mental and emotional health and well-being	
<ul style="list-style-type: none"> • Neglected children <ul style="list-style-type: none"> ○ Children's experiences in their early years play a significant impact on their brain development. Young babies' brains are 30% developed at the point of birth but reach 80% of development by the time they are 3 years old. There are well known images of the development of a 'normal' brain compared to that of a child who has suffered severe neglect that show us the damage which can be caused. • Former services personnel <ul style="list-style-type: none"> ○ Local data on former service personnel are not readily available. It is known that the North East in general provides a disproportionately high number of recruits to the armed forces, many of whom will return to settle in the area upon discharge. There is a strong body of evidence to indicate that the ex-service community have worse health outcomes than the general population. • Lesbian , gay, bisexual and transgender (LGBT) population <ul style="list-style-type: none"> ○ There is little evidence on the size of the LGBT population; people might be reluctant to answer questions on their sexuality, knowing that people who are LGBT often suffer discrimination and bullying. Government estimates have suggested that 5-7% of the population is lesbian, gay or bisexual. ○ LGB people are at more risk of mental health problems than the population as a whole, particularly young LGB people. ○ Bullying and discrimination, commonly experienced among the LGBT population, seriously affect mental health and well-being • Prisoners and ex-offenders <ul style="list-style-type: none"> ○ As at September 2014, Northumberland's prisoner population was 1,329. People at all stages within the Criminal Justice system, including people on remand and recently discharged from custody, are at high risk of suicide). ○ People who have been involved with the justice system (particularly youth justice) are more likely than others to have poor mental health. • Carers 	<p>outlines the council's intention to 'work with all partners within Northumberland to ensure that we have a strong, clear, coordinated approach to how we provide services to children, young people and families who have lower levels of need.'</p> <p>Contributes to Inequalities Areas of deprivation tend to have higher proportions of poorer mental health.</p> <p>Well-being scores varied across the county, following the pattern of general health, with a higher average recorded in the West and lower average recorded in the South East.</p> <p>People with mental health problems are less likely than others to be in employment, thereby increasing the likelihood of deprivation and loss of self-esteem, contributing to mental ill-health.</p> <p>Those with mental health conditions are more likely than others to be victims of crime, particularly hate crime, which can then exacerbate the condition.</p> <p>All of the vulnerable groups mentioned in the left-hand column are at greater risk of mental health problems than the rest of the population.</p>

Issue 4: mental and emotional health and well-being

- [In Northumberland in 2011, 8840 people were providing substantial unpaid care, a rate of 2.8% \(higher than England's rate\)](#). Almost 5,000 people aged 65 and over in Northumberland provided unpaid care to a partner, family member or other person, a rate of 14%, similar to England's. Carers are at risk of depression and stress-related mental health problems which are not always diagnosed.
- **Teenage parents**
 - In 2013, Northumberland's under 18 conception rate was 22.9 per 1000 girls (aged 15-17), compared to England's 24.3 per 1000. This was slightly lower than average among its statistical neighbours.
 - [Teenage mothers are three times more likely to develop post-natal and other mental health problems than older mothers.](#)
- **Gypsies and Travellers**
 - [Racism and discrimination are common against this group.](#)
 - [Victims of domestic abuse are less likely to receive culturally appropriate services](#)
 - [Less interaction with faith organizations, political participation, good relations and capacity building](#)
 - [Poorer access to and experience of the health system](#)

Hospital admissions

- [Northumberland's quarterly rate of mental health admissions \(52.9 per 100,000 population\) is lower than England's 69.8 per 100,000. During a quarter there can be over 27,000 contacts and daycare attendances, with 145 mental health service users being inpatients in a psychiatric hospital. During 2012/13 there were 800 attendances at A&E for a psychiatric disorder \(a rate of 247 per 100,000 population, similar to England's rate\).](#)
- Northumberland's rate of admissions to hospital for mental health conditions in children aged 0-17 years is lower than England's (37 admissions in 2012/13). However, rates of admissions for self-harm (709 in young people aged 10-24) and for substance misuse (99 in young people aged 15-24) were higher than England's.
- [Although the overall admission rate for alcohol-specific conditions \(378 per 100,000\) is similar to England's, the county has a high rate in young people aged under 18. There were 90 such](#)

Issue 4: mental and emotional health and well-being

- admissions in 2011/12-13/14, a rate of 50 per 100,000, compared to England's 40 per 100,000
- From 2009/10 to 2011/12, 7.4 per 100,000 people aged 15 and over were admitted to hospital for unipolar depressive disorders. This was lower than England's rate of admission. However the rate of emergency admissions for neuroses (30.2 per 100,000) was higher than England's.)
- Among children aged 0-14, the rate of unintentional and deliberate injuries (597 admissions in 2013/14) was similar to England's but the rate in young people aged 15-24 (535 admissions) was higher than England's.
- In 2009/10 to 2011/12 Northumberland had 11 schizophrenia emergency admissions per 100,000 population, lower than England's rate of 57 per 100,000.
- In 2013/14, there were 612 emergency admissions for intentional self-harm: in Northumberland, a rate of 208 per 100,000, similar to England's rate. There were 203 hospital admissions for self-harm in young people aged 10-24, a rate of 404 per 100,000, again similar to England's rate.
- For most of the more common neurological conditions, Northumberland had higher rates of emergency admissions than England as a whole in 2012/13. There were 400 emergency admissions for headaches and migraine and 350 emergency admissions for epilepsy in people aged 18+.

Settled accommodation

- There are over 800 people receiving the Care Programme Approach (CPA) in Northumberland. The proportion of adults (aged 18-69) on CPA who are in employment (6.0% in 2012/13) is lower than England's 8.8%: The proportion of adults on CPA who are in settled accommodation is 45%, also lower than England's. In 2012/13, 45% of adults (aged 18-69) in contact with secondary mental health services and 80% of adults (aged 18-64) with a learning disability were living in stable and appropriate accommodation, compared to England's 59% and 74% respectively.

Social services

- During 2013/14, 420 social care mental health clients received services. This is a rate of 225 per 100,000 population, lower than England's rate of 384 per 100,000. There were 550 new social care assessments for mental health clients aged 18-64.

Physical health checks

Issue 4: mental and emotional health and well-being	
<ul style="list-style-type: none"> Physical health checks for people with severe mental illness are also carried out. In 2013/14, Northumberland's proportions of people checked were higher than England's for a range of checks, including checking alcohol consumption in 80% of these patients, blood pressure 80% and cholesterol levels 73%. <p>Improving access to psychological therapies (IAPT)</p> <ul style="list-style-type: none"> 2045 people were referred to IAPT in quarter 3 of 2014/15, a rate of 801 per 100,000 people aged 18 and over (higher than England's rate). The rate of referral for depression was only 25 per 100,000 people aged 18 and over, lower than England's. Similarly the rate of referral for mixed anxiety and depression was only 41 per 100,000, lower than England's. In December 2014 16% of those estimated to have depression entered IAPT, a higher proportion than England's but still very low. <p>Community mental health</p> <ul style="list-style-type: none"> 1,500 working age adults in Northumberland were on the caseloads of community mental health teams at the end of March 2012. Community mental health teams report that 8-15% of the people they work with have alcohol, drug or other substance misuse problems in addition to their mental illness ("dual diagnosis") <p><i>See also other issue tables, particularly those on satisfaction with area and on lifestyle-related health problems</i></p>	
<p>What can we do?</p> <p><i>What has already been happening?</i></p> <ul style="list-style-type: none"> The CCG has been working with stakeholders to develop a model of care for mental health on which commissioning decisions will be based. Through partners on the Youth Justice Board, there has been an 87% reduction in the number of 10-17 year olds becoming involved with the youth justice system A Sure Start Children's Centre is a focal point in every community where families with children under five can access all the services and information they need. Centres are there to ensure that all children get the best possible start in life. There are currently 20 Children's Centres in Northumberland. Sure Start services are provided across the whole county, some through Children's Centres, others through libraries, health centres and other community centres. Delivery of Mental Health First Aid, Youth Mental Health First Aid and Suicide Awareness training to a range of staff including Adult Social care, school staff, Family Recovery Team, Macmillan, Human Resources, voluntary sector workers and those working with Looked After Children. 	

Issue 4: mental and emotional health and well-being

- An Arts and Health project (funded by the Arts Council in response to a consortium bid led by Woodhorn Charitable Trust) is improving the well-being scores for three quarters of participants.
- Public Health commissions the Specialist Health Improvement service to support the local community by providing information and training in relation to mental health promotion.
- The direct payments team, which delivers Personal Health Budgets to eligible clients, has supported clients with advice around recruitment and selection, contracts of employment, disclosure and barring service checks, payroll, employer's liability insurance and CQC requirements.

What is already planned?

- CCG commissioning strategy highlights 'making best use of community services' and 'making best use of community beds' as key areas for transformational change
- CCG strategy planned initiatives include:
 - Partnership working to reduce the incidence of falls in the elderly
 - Review of psychological well-being services
 - Implementation of a new children's and young people's mental health service
 - Creation of a seamless and integrated autism service with special focus on client support
 - Improved physical health action plans for people with learning disabilities; review of learning disabilities pathway; implementation of Winterbourne concordat
- The Northumberland Early Help Strategy 2014 outlines plans for services to think in a different way about how they work with families, including:
 - The Safeguarding Board ensures that there are clear and effective arrangements and agreements in place for sharing information removing obstacles to professionals being able to use all the information there is.
 - Support has been provided for a range of agencies including schools to undertake CAFs and hold 'Team around the Family' meetings over the last few years. This process is now being strengthened with the introduction of the Early Help Assessment and training and support provided around that.
 - Re-direction of resources into prevention services across the Local Authority's children's service.
 - Ensuring that all services across agencies understand their responsibility to contribute to the early help offer; over time this may mean reconfiguring services.
 - Establishing an integrated approach to referrals into children's services across the county.
 - Establishing a full early help offer working with partners to ensure families get the support they need at the point they need it.
 - Often a range of agencies will be involved with 'troubled families', each focusing on a particular individual within the family. The Northumberland Supporting Families Partnership challenges this by identifying family-based interventions. It aims to ensure that all families who are or could benefit from additional coordinated support are notified or referred into the initiative.
- Involvement in World Mental Health day.

Issue 4: mental and emotional health and well-being

What else can we do?

- The transition for those leaving the forces, into the civilian NHS is patchy and variable in its effectiveness; the link between defence medical services and the local NHS needs to be much tighter and more systematic. Earlier intervention from other civilian services such as Job Centre Plus and Housing would also facilitate a smoother transition for ex-servicemen
- Improve the identification of people on with autistic spectrum disorders
- Improve awareness of autism among healthcare and social care professionals
- Ensure that carers are appropriately assessed for depression.
- Identify young carers more consistently in order to offer support to them.
- Address the issue of the stigma often associated with mental health conditions, including training front line staff (general health services and local authority staff) and deliver Mental Health First Aid training
- Increase the proportions of people in settled accommodation who are on CPA or in contact with secondary mental health services or who have learning disability.
- Investigate possibilities for better transport to events and social places, particularly in more remote rural areas, to reduce potential isolation.

Key partners: health sector, social services, housing, education, armed forces, employment sector, third sector

Issue 5:	
Scale and effects of problem	Other rationale for action
<ul style="list-style-type: none"> At the end of reception year in 2013/14, 57% of children had achieved a good level of development (worse than England's 60%) The provisional average for Northumberland in 2015 has increased to 65%. Provisional 2015 results at level 4+ indicate slight increases in performance in all headline areas. Overall Northumberland's schools continue to perform broadly in line with national averages 52.6% of Northumberland's pupils gained 5 or more GCSEs at levels A* to C (including maths and English) in 2014, compared to England's 53.4%. This was lower than any of its statistical neighbours. In 2015, Northumberland's proportion increased to 57%. However: <ul style="list-style-type: none"> at individual school level there is great variation, from 29% to 76%. the proportion of boys gaining those grades was 51%, compared to 63% of girls. the proportion of disadvantaged children gaining those grades was 34%, compared to other pupils 64%. Northumberland's percentages of half-days missed through unauthorised absence from schools were 0.8 for primary schools (the same as England's and similar to its statistical neighbours) and 1.0 for secondary schools (slightly lower than its statistical neighbours and lower than England's 1.3, although England's rate has been falling whilst Northumberland's is rising). In January 2014, Northumberland County Council 	<p>Stakeholder views Residents feel that education provision / schools is among the most important factors in making somewhere a good place to live</p> <p>Policy drivers National education of disadvantaged children (2015); NICE guidance on social and emotional well-being in primary school and in secondary education</p> <p>The Pupil Premium was introduced 2011 to provide additional support for looked after children and those from low income families. The extra funding is made available to schools to help them narrow the attainment gap that still exists between pupils from disadvantaged and more affluent backgrounds. Schools are free to spend the Pupil Premium as they see fit. They are, however, accountable for how they use the additional funding to support pupils from low-income families and the other target groups. OFSTED reviews this during their school inspections including school attainment.</p> <p>Local The 5 key priority areas of the Health and Well-being Strategy include:</p> <ul style="list-style-type: none"> Children and families who, without some extra help and support early on, would be at risk of having poorer health, not doing as well at school, and not achieving their full potential in their lives Making sure that all partners in Northumberland work together and are clear about what they themselves need to do to help to improve the health and well-being of local people <p>The Children and Young People's Strategic Statement 2015-18 has aims of</p> <ul style="list-style-type: none"> reducing the numbers of 16-18 year olds whose destinations are not known reducing the proportion of 16-18 year olds who are not in employment, education or training increasing the % of boys staying in full-time education

Issue 5:	
<p>had 8,240 children with Special Educational Needs (SEN) and of these there were 1,363 with Statements of Special Educational Needs.</p> <ul style="list-style-type: none"> • Cramped housing or cold housing makes it difficult to study effectively. • The percentage of children in Northumberland taking up the Statutory entitlement to early education for all eligible 2 year olds has increased from 64% to 70.2% (National Average July 15 – 63%) • In 2015 there were about 30 schools described by Ofsted as ‘coasting’. For 6 schools/academies, warning notices or letters were sent to the academies commissioner. • 5.7% of Northumberland’s 16-18 year olds are not in education, employment or training (2014), compared to England’s 4.7%, above the average of the county’s statistical neighbours • For 7.6% of 16-18 year olds it is not known whether or not they are in education, training or employment. This is lower than England’s 9.0% but slightly higher than average for the county’s statistical neighbours • Historically, the proportion of Gypsy and Traveller children obtaining 5 GCSE A*-C grades was less than half of the proportion of other children 	<ul style="list-style-type: none"> • reducing the proportion of children attending schools that are either ‘requiring improvement’ or ‘inadequate’ • reducing the number of secondary school children who are permanently excluded • increase the proportion of pupils who feel their school safety is ‘good’ or ‘very good’ <p>The Council’s Director of Education has identified priorities including:</p> <ul style="list-style-type: none"> • establishing a working knowledge of the wealth of good and outstanding practice in the North East so that school-to-school support can be brokered <p>Contributes to Inequalities</p> <p>Those with lower levels of educational qualification are at greater risk of deprivation and poverty, as well as poorer physical and mental health.</p> <p>Disadvantaged children perform less well in reading and writing than other pupils at Key Stage 1 and at Key Stage 2.</p> <p>Disadvantaged children are less likely than others to gain 5+ GCSE A* to C grades including English and maths.</p> <p>Children living in poor quality housing and overcrowded homes are absent from school more frequently due to illness.</p> <p>Homeless children are more likely to have behavioural problems that affect academic achievement and miss school more often.</p>
<p>What can we do?</p> <p><i>What has already been happening?</i></p> <ul style="list-style-type: none"> • Public Health works closely with the education sector, commissioning a Health and Wellbeing team to update teachers and support staff with regard to PSHE and generic health matters, including mental health, sexual health, drugs and alcohol and obesity • The Health and Wellbeing team works collaboratively with the HIMP team to provide sexual health training and support on safeguarding matters • Northumberland Adolescent Service works in a targeted way with schools using data on topics such as teenage pregnancy and youth 	

Issue 5:

- offending
- The school nursing team provides input to pupils around sex and relationship education and the extended PSHE agenda
- The Sexual Health Service provides weekly drop-in sessions in 14 of the 16 secondary schools across the county, which act as both clinical sessions and opportunities to make every contact count, so that safe sex and prevention are covered alongside advice on healthy lifestyle and resilience.
- Northumberland County Council Locality Inclusion Support Teams incorporate an education service for 'Traveller children' and their families. The Traveller Education Family Liaison officer supports schools and Traveller families to facilitate the access of 'Traveller children' to a broad and relevant curriculum. It is also their role to support schools and other agencies that work with 'Traveller children'.
- The Local Authority provides effective support for schools through school improvement partners and advisors, including:
 - helping to improve systems for checking pupils' progress and for the performance management of teachers
 - helping to improve the quality of teaching and identifying opportunities for further improvement
 - providing effective monitoring and support, which have contributed to raising achievement.

What is already planned?

- All children who have a statement of SEN will be transferred to an Education Health and Care Plan from 1st September 2014 - 1st April 2018
- [The council will work to ensure effective joint working between its housing and children's services functions to ensure poor quality housing is tackled and to deliver better outcomes for children living in poorer quality housing.](#)

What else can we do?

- Address the gap in Key Stage 1 outcomes between disadvantaged and other pupils
- Address gaps in attainment between boys and girls, between disadvantaged and less disadvantaged pupils
- Address differences in performance between schools
- Ensure continuation of health sector input into curriculum development

Key partners: health sector, social services, third sector, education

Issue 6: looked after children	
Scale and effects of problem	Other rationale for action
<ul style="list-style-type: none"> • In 2014, Northumberland had 54 per 10,000 children under 18 who were looked after, lower than England's rate of 60 per 10,000 but average among its statistical neighbours. • In 2013/14 there were 7,513 children in need (1,244 per 10,000, lower than England's rate). Among the 4294 new cases identified during 2014, 58% were in need due to abuse, neglect or 'family dysfunction' (a lower proportion than England's). (In 2013/14, 155 children left care in Northumberland (a rate of 28 per 100,000, similar to England's). • Northumberland had 58.4 per 10,000 children who were the subject of a Child Protection Plan (compared to England's 42.1 per 10,000 and higher than that of most of its statistical neighbours). • In 2014 there were 5574 referrals to Northumberland's Children's Social Services, a rate of 920 per 10,000, compared to England's 573 per 10,000 and higher than that of most of its statistical neighbours. Only 0.3% of these referrals were closed with no further action, whilst England (even with its much lower rate of referrals) closed 14% with no further action. • In 2014, 27% of Northumberland's looked after children achieved 5+ A* to C grades GCSEs including maths and English. Although this is higher than England's 12%, it is much lower than the 53% (Northumberland and England) of the general population achieving those grades. • 88% of looked-after children had an annual medical check in 2014 (the same proportion as England) • 95% of looked-after children had a dental check in 	<p>Stakeholder views</p> <p>85% of children and young people who are looked after say the support they receive from their foster carers is "outstanding".</p> <p>CCG undertook extensive public, patient and provider engagement on its key areas for transformational change (see local policy drivers below)</p> <p>Policy drivers</p> <p>National</p> <p>NICE guidance health and well-being of looked after children; education of disadvantaged children (2015); working together to safeguard children; there is also a wide range of policies across education, communities and local government, justice, work and pensions, home office and health related to looked after children</p> <p>Local</p> <p>CCG strategy priority domains include:</p> <p>Public health and prevention</p> <p>it also highlights the support of the most vulnerable as a key area for transformational change</p> <p>The 5 key priority areas of the Health and Well-being Strategy include:</p> <ul style="list-style-type: none"> • Children and families who, without some extra help and support early on, would be at risk of having poorer health, not doing as well at school, and not achieving their full potential in their lives • Tackling some of the main causes of health problems in the County, including obesity and diet, mental health and alcohol misuse • Making sure that all partners in Northumberland work together and are clear about what they themselves need to do to help to improve the health and well-being of local people <p>The Children and Young People's Strategic Statement 2015-18 has aims of:</p> <ul style="list-style-type: none"> • Maintaining a consistently high proportion of care leavers who are in suitable accommodation; • Increasing the proportion of looked after children in foster care who are placed

Issue 6: looked after children

2014, compared to 84% in England

- Numbers in Independent Fostering Agency placements have reduced from 120 down to 85 and the percentage of foster care children place with Northumberland County Council foster carers has increased from 60% to 65%

with the Council's foster carers

- Increasing the proportion of looked after children who say the support they receive from carers is 'good' or 'outstanding'
- increasing the proportion of looked after children who have their annual health assessment

Contributes to Inequalities

- Looked after children are a particularly vulnerable group, with increased likelihood of physical, sexual, emotional and mental health problems and, because of a lower level of educational qualifications, increased risk of deprivation and poverty.
- LAC are at greater risk of offending than their peers and a higher percentage spend some of their adult life in prison.
- LAC and care leavers tend to have lower levels of success than their peers in terms of education and employment

What can we do?

What has already been happening?

- When Children's Services receive referrals, they make prompt decisions on how to act. There is a highly effective programme of training that is utilised by staff who work directly with children and young people who may be at risk of harm.
- Specific services for LAC include the education support service for LAC, the Leaving Care team, the LAC health team and the Young People's Service.
- Workforce development around Looked After Children for parents and foster carers as well as teachers and health care workers.
- Much work has been progressed in Northumberland to prevent significant or continued risk of neglect and abuse, for example in the social work teams, Children's Centres and working in partnership with health visitors and the police
- The Specialist Health Improvement Service supports mental health and well-being among Looked After Children
- An Independent Fostering Agency Panel has been implemented to gatekeep placements and monitor effectiveness
- There is a range of multi-agency Safeguarding Subgroups working on safeguarding issues. They include sub-committees dealing with Case Reviews, Communication and Engagement, Think Family, Vulnerable Adolescents, Early Help and Early Intervention, as well as the Child Death Overview Panel.

What is already planned?

- A Health Related Behaviour Questionnaire has been commissioned, from which results related to Looked After Children are to be used as a basis for targeted interventions specifically to meet their needs.
- An increase in the number of foster carers and prospective adopters available to offer placements for children and to reduce the proportion of

Issue 6: looked after children

Looked After Children in Independent Fostering Agency placements. (The target is to have 82% of foster care children placed with council foster carers by March 2016.)

- The local authority will be participating in discussions about development of a regional adoption service and the impact will be evaluated.

What else can we do?

- Review marketing strategy for adopters and foster carers
- Fully implement Sufficiency Strategy – actions include:
 - Refocusing of the Multi-Agency Looked After Partnership (MALAP) to monitor sufficiency on a regular basis and to ensure progress.
 - Agreeing targets to increase foster care recruitment by 35 to ensure sufficiency of foster care placements.
 - Agreeing targets of 20% increase in adoptive placements for 2016-17, when authority will need to reduce reliance on inter-agency placements. (Government funding is available in 2015-16 to cover the costs.)
 - Streamlining of permanence planning and of screening and assessing connected persons.

(See also 'Disabled Children Team' under 'long term conditions')

Key partners: health sector, social services, other North East local authorities, third sector, schools

Issue 7: premature and preventable mortality and preventable hospital admissions	
Scale and effects of problem	Other rationale for action
<p>Life expectancy</p> <ul style="list-style-type: none"> Life expectancy at birth is 78.8 for males and 82.5 for females (2010-12). This is significantly lower than England's life expectancy (males 79.2 and females 83.0). Life expectancy for Gypsy and Traveller men and women is 10 years lower than the national general population average <p>Deaths and hospital admissions</p> <ul style="list-style-type: none"> <u>In 2011-13, Northumberland's mortality rate from all causes was 1019 per 100,000 people, higher than England's 978 per 100,000.</u> In 2011-13 in Northumberland, 194 per 100,000 population died from causes considered preventable, higher than England's 184 per 100,000. In 2011-13, Northumberland had 463 under 75 deaths from cardiovascular disease considered preventable, 836 under 75 deaths from cancer considered preventable, 178 under 75 deaths from liver disease considered preventable and 185 under 75 deaths from respiratory disease considered preventable. Although many of the associated death rates are not significantly different from England's, rates of female under 75 deaths from cancers and from respiratory disease were higher than England's. In 2011-13, 1910 people in Northumberland died from smoking-related conditions, a rate of 312 per 100,000 (higher than England's 289 per 100,000). In 2013, 159 people in Northumberland died from alcohol-related conditions, a rate of 48 per 100,000, similar to England's Northumberland had 10,200 emergency hospital admissions per 100,000 population for all causes, higher than England's 8,993 per 100,000. Northumberland's rate of unplanned hospital admissions for chronic ambulatory care sensitive conditions in adults (conditions that should be manageable in primary care without the need for hospital 	<p>Stakeholder views</p> <p>Among Northumberland residents, 42% feel that health services are among the most important factors in making somewhere a good place to live.</p> <p>Policy drivers</p> <p>National</p> <p><u>Long term health conditions</u> (2015); The Government's <u>Alcohol strategy</u>, 2012; <u>NHS England 5 Year Forward View</u> (2009)</p> <p>NICE guidances re '<u>identifying and supporting people most at risk of dying prematurely</u>', '<u>preventing harmful alcohol use in the community</u>' and '<u>excess winter deaths and morbidity and the health risks associated with cold homes</u>';</p> <p>Local</p> <p>CCG strategy priority domains include 'Public health and prevention' and 'Unplanned care'</p> <p>The 5 key priority areas of the <u>Health and Well-being Strategy</u> include:</p> <ul style="list-style-type: none"> Tackling some of the main causes of health problems in the County, including obesity and diet, mental health and alcohol misuse Making sure that all partners in Northumberland work together and are clear about what they themselves need to do to help to improve the health and well-being of local people Supporting people with long term conditions to be more independent and have full choice and control over their lives <p>Contributes to Inequalities</p> <ul style="list-style-type: none"> Early mortality rates are higher in more deprived populations. Life expectancy varies across the district, being 9.6 years lower

Issue 7: premature and preventable mortality and preventable hospital admissions	
<p>admission) was 835 per 100,000 registered patients (significantly higher than England's 791).</p> <ul style="list-style-type: none"> • Diseases of the respiratory system and diseases of the circulatory system were among the top 5 causes of non-elective hospital admission (over 9,000 admissions between them) • In 201/12 in Northumberland, 12.6% of people were readmitted to hospital as emergencies within 30 days of discharge from hospital, higher than England's 11.8%. • In 2011-13) 49 per 100,000 people were killed or seriously injured in road traffic accidents, significantly higher than England's 40 per 100,000). In Northumberland in 2013, 96 children were seriously injured on the roads. • 41% of private housing is classed as 'non-decent', primarily due to being difficult to keep warm because of solid wall construction. The national average is only 36%. Inadequate heating can lead to exacerbations of some conditions and to hypothermia (sometimes fatal) particularly in the elderly or very young. 	<p>for men and 7.2 years lower for women in the most deprived areas of Northumberland than in the least deprived.</p> <ul style="list-style-type: none"> • Admission rates for many conditions vary across the CCG localities. For example. The Central locality has higher rates of admissions for alcohol-related liver disease, COPD emergencies and heart-failure related emergencies. • Gypsy and Traveller mothers are 20 times more likely than the rest of the population to have experienced the death of a child.
<p>What can we do?</p> <p><i>What has already been happening?</i></p> <ul style="list-style-type: none"> • The CCG has implemented an outcome focussed system for managing continuing healthcare; • The high risk patient pathway has improved integrated working across health and social care and reduced the volume of non-elective admissions • The CCG has implemented a prime provider model of end of life care to align incentives and facilitate integrated working. • Involvement in Child Safety Week (National and local campaigns) • The Specialist Health Improvement Service accident prevention team is working with Northumbria Healthcare NHS Foundation Trust accident and emergency departments to improve data collection on causes of unintentional injuries to under 5s, in order to reduce preventable hospital admissions .Knowledge of the main causes of injuries in this age group is being used to develop and target campaigns both around the main causes and the areas of highest incidence. • Accident prevention training was delivered to professionals in Northumberland to enable professionals to understand better the causes and effects of accidents to children The accident prevention team provided 26 interactive presentations to 792 pupils, and also as a training session to professionals working with young children for cascading onto families. • As part of the accident prevention training, a pilot of cycle helmet awareness training was delivered to 599 pupils. The pupils received a free 	

Issue 7: premature and preventable mortality and preventable hospital admissions

- cycle helmet for training and on-going personal use and a Hi-viz vest to be easily seen by road users and pedestrians in daylight, dark and poor weather conditions
- Innovative methods have been developed and used to pass on information to parents and carers about 'handbag hazards' (linked to poisoning and choking in young children.
- Winter resilience work includes the 'flu immunisation programme
- Immunisation programme includes pregnant women
- All of the screening programmes (as mentioned in the general JSNA summary) help to prevent or reduce diseases that can sometimes result in hospital admissions.
- Improved communication between the housing service and health and social care staff enables a timely response when Gypsy and traveller encampments occur and has facilitated access to Traveller families for midwives and health visitors.
- The Healthy Child Programme ensures that Gypsy and Traveller children under five and their families receive a universal, evidence-based preventive programme that protects and promotes good health for all children in this group.

What is already planned?

- CCG strategy highlights 'making best use of community services' and 'making best use of community beds' as key areas for transformational change
- CCG strategy planned initiatives include:
 - Partnership working to reduce the incidence of falls in the elderly
 - Minimise the effects of healthcare acquired infections in the community
 - Reviews related to specific conditions: patients at high risk of admission; musculoskeletal services; urology/ultrasound services, upper gastro-intestinal pathway; dermatology pathway; audiology provision
 - Improve assessment and management of deep vein thrombosis
 - Develop single point of access services; alternatives to A&E; care in community settings, public communications/signposting
 - Expand and develop ambulatory and elderly care assessments
- [The council will develop a Private Housing Strategy that will bring together existing initiatives to tackle housing related health conditions/injuries and ensure these are reduced for the future.](#)

What else can we do?

- Increase the proportion of patients offered support and treatment to stop smoking
- Increase the uptake of health checks
- Ensure recognition of those at risk of fuel poverty, with referral or signposting to appropriate advice (e.g. welfare advice)

Issue 7: premature and preventable mortality and preventable hospital admissions
Key partners: health sector, social services, housing, third sector, highways, town planners

Issue 8: long term conditions, including dementia																																																	
Scale and effects of problem			Other rationale for action																																														
<p>Prevalence of physical conditions</p> <ul style="list-style-type: none"> • GPs keep registers of patients with certain conditions. The following table summarises some of the key points for Northumberland patients in 2013/14. <table border="1"> <tr> <th rowspan="2">Condition</th><th colspan="2">Northumberland</th><th rowspan="2">England rate</th></tr> <tr> <th>Number on register</th><th>Prevalence</th></tr> <tr> <td>Hypertension</td><td>55,414</td><td>17.26%</td><td>13.73%</td></tr> <tr> <td>Asthma</td><td>21,988</td><td>6.85%</td><td>5.93%</td></tr> <tr> <td>Diabetes (aged 17+)</td><td>18,864</td><td>7.13%</td><td>6.21%</td></tr> <tr> <td>Chronic kidney disease</td><td>15,735</td><td>6.03%</td><td>4.00%</td></tr> <tr> <td>Coronary Heart Disease</td><td>15,522</td><td>4.83%</td><td>3.29%</td></tr> <tr> <td>COPD</td><td>8,056</td><td>2.51%</td><td>1.78%</td></tr> <tr> <td>Atrial fibrillation</td><td>6,454</td><td>2.01%</td><td>1.57%</td></tr> <tr> <td>Heart failure</td><td>3,130</td><td>0.97%</td><td>0.71%</td></tr> <tr> <td>Rheumatoid arthritis (aged 16+)</td><td>2,987</td><td>1.11%</td><td>0.73%</td></tr> <tr> <td>Osteoporosis (aged 50+)</td><td>749</td><td>0.53%</td><td>0.40%</td></tr> </table> <p>Nationally, some 6% of children, 16% of working age adults and 45% of people over state pension age have a disability.</p> <p>Dementia prevalence</p> <ul style="list-style-type: none"> • In 2013-14, Northumberland's GP practices had 2428 people on their dementia registers (0.76% compared to England's 0.62%). Prevalence (according to the registers) varies by practice, from 0.19% to 1.22% (It is known that there are significant numbers with dementia who have not yet been diagnosed.) <p>Sensory conditions</p> <ul style="list-style-type: none"> • In Northumberland in 2014, 650 people were registered as blind (57% of them aged 75 or over) and 790 as partially sighted (65% of them aged 75 or over). • Some cases of sight loss are regarded as preventable, namely age-related macular degeneration aged 65+ (78 new registrations in 2012/13), glaucoma aged 40+ (23 new registrations) and diabetic eye disease aged 12+ (5 new registrations). Northumberland's 			Condition	Northumberland		England rate	Number on register	Prevalence	Hypertension	55,414	17.26%	13.73%	Asthma	21,988	6.85%	5.93%	Diabetes (aged 17+)	18,864	7.13%	6.21%	Chronic kidney disease	15,735	6.03%	4.00%	Coronary Heart Disease	15,522	4.83%	3.29%	COPD	8,056	2.51%	1.78%	Atrial fibrillation	6,454	2.01%	1.57%	Heart failure	3,130	0.97%	0.71%	Rheumatoid arthritis (aged 16+)	2,987	1.11%	0.73%	Osteoporosis (aged 50+)	749	0.53%	0.40%	<p>Stakeholder views</p> <p>CCG undertook extensive public, patient and provider engagement on its key areas for transformational change (see local policy drivers below)</p> <p>Among Northumberland residents, 42% feel that health services are among the most important factors in making somewhere a good place to live.</p> <p>Dementia forums were consulted about experiences in hospital regarding medications management; issues included:</p> <ul style="list-style-type: none"> • Patients and carers need support to understand why any new medication is introduced or changes made to existing medication • Need for quality written information (not reliance on verbal communication of information) • Need for carer to be present at any medication-related discussion • Need to share information with carers and/or care providers. Allow carer to identify best way to receive medication information • Need to update GP on any changes • In consultations, staff should assess personal circumstances of patient and carer. <p>Through its engagement with older people and</p>
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Issue 8: long term conditions, including dementia	
<p>rates for these are not significantly different from England's for any of these conditions.</p> <ul style="list-style-type: none"> • The most recent comparative figures available for people registered deaf or hard of hearing relate only to 2009/10 but are included here to give an indication of the scale of the issue. There were 250 people aged 18-64, 120 aged 65-74 and 300 aged 75+.In all three age groups, Northumberland's rate of registration is lower than England's. <p>Neurological conditions</p> <ul style="list-style-type: none"> • There were 2341 patients aged 18 years or over in the CCG receiving drug treatment for epilepsy in 2013/14. This is a rate of 0.90 %, compared to England's 0.78%. • Northumberland's mortality rate from epilepsy from 2009-13 was 1.83 per 100,000 people aged 18-74, a higher rate than England's. However, the mortality rate from epilepsy for people diagnosed with the condition (899 per 100,000) is lower than England's. • There are an estimated 797 people living in Northumberland who have a diagnosis of MS, a prevalence of 252 per 100,000, which is much higher than the U.K.'s 167 per 100,000. <p>Disabled children</p> <p>Among children and young people, 4% of Northumberland children aged 0 to 15 felt that their day-to-day activities were limited in some way (a lot or a little), which was slightly lower than the percentage figure for the North East (4.2%) but higher than the figure for England (3.7%). It should be noted that these figures are based on information provided by the parent/guardian and not by the children themselves.</p> <p>Disabling effects</p> <p>The level to which the condition is disabling affects both the patient's well-being and their need for support or services. In 2015 in Northumberland:</p> <ul style="list-style-type: none"> • 12,916 people aged 65+ are unable to manage at least one mobility activity (including getting to the toilet) on their own (by 2030 this will be 19,683) • 23,723 people aged 65+ are unable to manage at least one self-care activity (including dressing and undressing) on their own (by 2030 this will be 35,189) • 28,894 people aged 65+ are unable to manage at least one domestic task (including opening screw tops) (by 2030 this will be 43,047) <p>Carers</p>	<p>those living with dementia, the Ageing Well programme has found that key issues for those people include:</p> <ul style="list-style-type: none"> • the availability of reliable transport and access to wider community provision, particularly for those living in rural areas. • events need to be 'age-friendly' so that people feel confident to be involved. <p>The Northern England Strategic Clinical Networks and North East Dementia Alliance found that</p> <ul style="list-style-type: none"> • Carers often rely on each other via word of mouth and can feel isolated when those in their care are diagnosed and discharged from the memory assessment service. They need clear explanation at each stage of dementia • There is a need for more 'good quality' or detailed information on what to expect and where to access support to improve quality of life. <p>A range of user and carer forums for people with a long-term conditions has found that:</p> <ul style="list-style-type: none"> • People want services that fit into their lives and do not want to change their lives to fit the service delivery schedules and capacity of care agencies to provide timely support • People want to feel that they are listened to and want to be in control of the care planning and care arrangement processes. <p>Among people with long term conditions visiting</p>

Issue 8: long term conditions, including dementia

- [In Northumberland in 2011, 544 children aged under 15 \(1%, a lower proportion than England's\) and 1,517 young people aged 16-24 \(5%, similar to England's proportion\) were providing unpaid care. Considerable care \(20 or more hours of unpaid care per week\) was provided by 107 children aged under 15 and 378 young people aged 16-24\).](#)
- [There were 585 Northumberland households with dependent children where at least one person has a long term health problem or disability in 2011. This represents 4.22% of households, a lower proportion than England's.](#)
- [In Northumberland in 2011, 8840 people were providing substantial unpaid care, a rate of 2.8% \(higher than England's rate\)](#) Almost 5,000 people aged 65 and over in Northumberland provided unpaid care to a partner, family member or other person, a rate of 14%, similar to England's.
- [Increased demand is likely to be placed on existing budgets with an expected increase in Disabled Facilities Grants as more people choose to stay in their own homes.](#)
- 72% of those who have MS in Northumberland said they received un-paid care, support or assistance from a friend or family member.

Lifestyle factors

These play a huge part in preventing exacerbation of many conditions (*see also issue table on lifestyle-related health problems*)

- It is estimated that 16.5% of Northumberland's patients with long term conditions are smokers (significantly lower than England's proportion). Across the CCG, among patients whose smoking status is recorded, the proportion of never-smokers varies from 37% to 68%. However, if only patients with COPD are considered, the proportion of never-smokers is much smaller, varying from almost 0 to only 29%.
- In 2011-13, 1910 people in Northumberland died from smoking-related conditions. This is a rate of 312 per 100,000, worse than England's 289 per 100,000). In 2013, 159 people in Northumberland died from alcohol-related conditions. This is a rate of 47.8 per 100,000, similar to England's.
- Although smoking has a highly detrimental effect on most long-term conditions, not all smokers with long-term conditions have been offered support and treatment to stop smoking (the rate varies by practice from 73% to 100%)
- Monitoring of blood pressure, body mass index and cholesterol can improve health

GPs in 2013/14, 68% felt they had had enough support from local services in last 6 months (a higher rate than England's 64% but still indicates that 32% were not satisfied).

- Out of 79 people who have MS surveyed by the MS Society 10 people (13%) said they had never had adaptations made to their home by the local authority, but needed them. A further 4 people (5%) said they had home adaptations, but needed more.
- Out of 84 people surveyed in Northumberland by the MS Society, 22 people (26%) said that they had received sufficient support for mood and emotional issues, compared to 19% in England. 13 people (15%) said that they had not received sufficient support, but needed to.

Personal Health Budget recipients have found it much easier to make arrangements for paying for the care they want. In a survey, the majority felt that the scheme had increased their dignity and respect, improved their quality of life and ensured that their views and opinions were included when support plans were written

Policy drivers

National

[Long term health conditions](#) (2015); [Living well with dementia 2009](#); [NICE guidance on savings and productivity and local practice resource](#); there are also 32 NICE Public Health Guidance Guidelines which include most of the main risks

Issue 8: long term conditions, including dementia

outcomes for patients with long term conditions. For those with diabetes, retinal screening, foot examination and dietary review are also particularly valuable and the rates for these assessments (around 82%) are generally slightly lower than England's.

- Patients with heart failure need to be aware of changes in their weight as a sudden weight gain can mean that more fluid is building up in their body and their condition is getting worse., so it is important to monitor this.

Social services

- In 2013/14, 600 adults with physical disabilities were supported throughout the year in Northumberland; this is a rate of 322 per 100,000, lower than England's 462 per 100,000. 860 adults with learning disabilities were supported (a rate of 461 per 100,000, higher than England's 414 per 100,000). 440 adults with mental health problems were supported throughout the year (a rate of 236 per 100,000, lower than England's 391)
- 1855 adults were receiving home care on 31st March 2014 (726 per 100,000, higher than England's 658 per 100,000). 1145 adults received day care services in 2013/14 (448 per 100,000, higher than England's 301 per 100,000). 1430 adults received equipment and adaptations in 2013/14 (560 per 100,000, lower than England's 844) and 1770 adults received some community-based support during the year (1868 per 100,000, lower than England's 2482 per 100,000)

Residential and nursing care

- In 2013/14, Northumberland had 30 permanent admissions to residential and nursing care homes in people aged 18-64 (a rate of 16.1 per 100,000, similar to England's. In those aged 65+, there were 345 such admissions, a rate of 500 per 100,000, better than England's 651.
- As on 31st March 2014, there were 1210 Northumberland adults in permanent residential care supported by adult social services (474 per 100,000, worse than England's 370). At the same time there were 270 Northumberland adults in permanent nursing care supported by adult social services (106 per 100,000, better than England's 133)

to future health such as smoking, sub-optimal physical activity, mental wellbeing, prevention of cardiovascular disease, immunisations and weight management (see also lifestyle-related health problems.

The right to have a personal health budget (PHBs) for adults eligible for NHS Continuing Healthcare (CHC) and children in receipt of continuing care came into force in October 2014.

The Better Care Fund (2013) enables a transformation in integrated health and social care. The Government hopes that by creating a pooled budget of existing NHS and Social Care funds, it will be possible to achieve general improvements in support to people with long-term needs and to protect social care services from the impact of local authority austerity savings by developing integrated services which reduce overall costs, including acute hospital costs.

Local

CCG strategy priority domains include:

Long term conditions

Public health and prevention

it also highlights the support of the most vulnerable as a key area for transformational change

The 5 key priority areas of the [Health and Well-being Strategy](#) include:

- Supporting people with long term conditions to

Issue 8: long term conditions, including dementia	
<p>Place of death</p> <ul style="list-style-type: none"> • <u>In quarter 4 of 2013/14, only 44.3% of Northumberland's deaths occurred in the person's usual residence. Although this is similar to England's proportion, it means that the wishes of a large number of people are not being met.</u> • Of Northumberland's patients with heart failure, 50% died at their usual place of residence, significantly lower than England's 59%. <p>Ex-services personnel</p> <ul style="list-style-type: none"> • <u>Advances in military medicine mean that more of the ex-service community may be returning to civilian life with complex and long term needs, which require significant levels of expertise and financial resource to meet.</u> Accurate figures for the number of ex-service personnel are not readily available. <p>Examples of expenditure</p> <ul style="list-style-type: none"> • In 2013-14, <u>the CCG spent:</u> <ul style="list-style-type: none"> ○ £14.1 million on neurological conditions ○ £9.3 million on problems of vision ○ £3.0 million on problems of hearing ○ £35.9 million on problems of circulation ○ £26.6 million on problems of the respiratory system ○ £55.5 million on dental problems ○ £34.9 million on problems of the musculoskeletal system • In 2014/15, 61 Personal Health Budgets were established for eligible clients with physical disability, with associated spend of £513k. (Recipients must be eligible for either Continuing Health Care or joint integrated health and social care funding.) <p><i>See also issue table on premature/preventable mortality and preventable hospital admissions</i></p>	<p>be more independent and have full choice and control over their lives</p> <ul style="list-style-type: none"> • Making sure that all partners in Northumberland work together and are clear about what they themselves need to do to help to improve the health and well-being of local people • Making sure that all public services support disabled people and those with long term health conditions to stay active for as long as possible. <p>Contributes to Inequalities</p> <p>People with long term conditions might experience problems finding or keeping employment, leading to deprivation and to loss of self-esteem, factors which also contribute to depression.</p> <p>Carers are at risk of depression, with greater risk for those who are full-time and who have given up paid employment.</p>
<p>What can we do?</p> <p><i>What has already been happening?</i></p> <ul style="list-style-type: none"> • The CCG has implemented an outcome focused system for managing continuing healthcare; the high risk patient pathway has improved integrated working across health and social care and reduced the volume of non-elective admissions. 	

Issue 8: long term conditions, including dementia

- In 2012/13, 66% of social care service users were extremely satisfied or very satisfied with their care and support, a higher proportion than England's.
- Adaptation of homes for people with special needs. [There are currently two homes at Shilbottle and one at Embleton which are being constructed with adaptations specific to the identified future tenants.](#)
- A range of courses took place in 2014-15 linked with older people's health, including health roadshows and dementia awareness training for pharmacy workers
- 'Blooming Well' project, gardening projects delivered for people living with dementia and their carers
- Dementia friendly housing workshop sessions for housing providers, private landlords and housing staff
- Dementia friendly drop-ins (e.g. cafés)
- Involvement of pharmacist and a representative from Patient Experience Team in dementia forums to gather information on hospital experiences regarding medicines management
- Dementia training has been offered to bus companies.
- The direct payments team, which delivers Personal Health Budgets to eligible clients, has supported patients with advice around recruitment and selection, contracts of employment, disclosure and barring service checks, payroll, employer's liability insurance and CQC requirements.
- The Better Care Fund is being used to support developments which will have an impact on the wider health and care system, including preventing hospital admissions and supporting timely and safe discharge. The scheme relates to the following types of admission avoidance and post discharge support: preventive services; short-term support services; long-term home care services; hospital to home services; support to nursing homes; ambulatory care.
- [The Disabled Children Team promotes the care of children within their own families and communities and minimises the impact of disability by limiting social barriers that exclude disabled people from services.](#) Activities or services that might be provided include: after school clubs; specialist holiday activity schemes; day care or sponsored childminding; respite support; aids for daily living and support with adaptations; specialist social workers for deaf children and for children with dual sensory needs.
- Community MS Nurse Service provides physical, social and psychological support, information and care co-ordination. It delivers specialist information sessions for staff in residential and care homes and provides home visits and appointments in out-patient settings.

What is already planned?

- CCG strategy highlights 'making best use of community services' and 'making best use of community beds' as key areas for transformational change
- CCG strategy planned initiatives include
 - Develop long-term conditions management strategy
 - Further work on integrated palliative and end of life care pathway
 - Implementation of joint carers' strategy
- [Health and Well-being Strategy Supporting Independent Living](#) refers to changes that will require resources to be shifted from hospitals to the

Issue 8: long term conditions, including dementia

community and from treatment episodes to long-term coordinated support:

- Commissioning arrangements for health and social care support for people with long-term conditions need to be fully integrated, to ensure that people receive more coherent, and therefore more effective and accessible, support.
- There will also be a greater emphasis on understanding carers' needs, and making sure that they are able to play a full part in designing support arrangements.
- Funding mechanisms will be redesigned to remove unnecessary obstacles to transferring resources from crisis response into forms of support which maintain people's independence.
- We will work to change the risk averse culture among professionals and in the wider community so that people are not over-protected in a way that undermines their independence.
- Information and involvement forums in North Northumberland: ageing well in the North; Ageing Well with Dementia
- Widening of existing forums to promote Ageing Well and Dementia Friendly Communities
- A dementia communications strategy is being developed by a multi-agency group
- In Northumberland plans to extend the scope of Personal Health Budgets further to enable greater access to PHBs for patients with complex learning disabilities and those with complex mental health problems are to be implemented during 2015/16.

What else can we do?

- Improve rates of assessments for those with diabetes (retinal screening, foot examination and dietary review)
- Ensure high proportions of eligible people take up opportunities for NHS sight tests
- Improve the rate of adults receiving equipment and adaptations and the rate receiving some community-based support
- [The transition for those leaving the forces, into the civilian NHS is patchy and variable in its effectiveness; the link between defence medical services and the local NHS needs to be much tighter and more systematic. Earlier intervention from other civilian services such as Job Centre Plus and Housing would also facilitate a smoother transition for ex-servicemen.](#)
- Ensure that findings on medications management for dementia patients are acted upon.
- Investigate possibilities for better transport to events and social places, particularly in more remote rural areas, to avoid the potential isolation that can accompany deprivation.
- Continue to encourage venues and events to be 'dementia-friendly'
- Aim to meet the objectives in the draft communications and engagement plan for dementia in Northumberland, ensuring that carers and those with dementia receive clear, high quality information about services and at every stage of their interaction with services.
- Enhance the diabetes prevention programme
- Identify young carers more consistently in order to offer support to them.

Issue 8: long term conditions, including dementia
Key partners: health sector (including pharmacies), social services, housing (providers, private landlords and housing staff), employment sector, armed forces, Residents' Associations, Library Services, third sector

Issue 9: lifestyle-related health problems	
Scale and effects of problem	Other rationale for action
<p>Obesity</p> <ul style="list-style-type: none"> In 2013/14, 17.7% of year 6 children (aged 13-14) were classed as obese, significantly better than England's 19.1% In 2012, 25.7% of adults were classed as obese (not significantly different from England's proportion). There is variation by GP practice, with obesity prevalence ranging from 6% to 20% <p>Physical activity and diet:</p> <ul style="list-style-type: none"> In 2013, 52% of Northumberland's adults achieved at least 150 minutes of physical activity per week, similar to England's proportion In 2014, 62% of Northumberland's population met the recommended '5-a-day' fruit and vegetables, higher than England's 56 %. <p>Sexual health</p> <ul style="list-style-type: none"> In 2013, Northumberland's under 18 conception rate was 23 per 1000 girls (aged 15-17), similar to England's 24. Although the rate has fallen over the past few years, it has not fallen as quickly as England's rate. In young women under 18, 49% of conceptions led to an abortion, a similar rate to England's. Northumberland's rate of repeat abortions in women under 25 was 27% in 2014, similar to England's. Across Northumberland the rate of new sexually transmitted infections (excluding chlamydia) was 484 per 100,000, better than England's 829 per 100,000. Northumberland's chlamydia diagnosis rate in 2014 was 1981 per 100,000 aged 15-24, compared to England's 2012 per 100,000 <p>Substance misuse</p> <ul style="list-style-type: none"> An estimated 23.4% of Northumberland residents aged 16+ are increasing drinkers and higher risk drinkers (England 22.3%) In 2013/14, 16% mothers were smoking at time of delivery, higher than England's rate of 12%. In 2013, 19.7% of Northumberland's residents aged over 18 smoked. (similar to 	<p>Stakeholder views</p> <p>90% of Northumberland's 45,000 smokers regret having started smoking</p> <p>Policy drivers</p> <p>National</p> <p>NICE guidance on: 'behaviour change – the principles for effective interventions' and 'behaviour change individual approaches'</p> <p><i>Obesity and eating:</i> Obesity and Healthy Eating 2010-2015; NICE guidance on 'obesity working with local communities' and 'lifestyle weight management'</p> <p><i>Physical activity:</i> Everybody active every day (2014); NICE guidance on 'walking and cycling' (one of many pieces of guidance for different aspects of physical activity) and 'physical activity and the environment'</p> <p><i>Sexual health:</i> A Framework for Sexual Health Improvement in England (2013); NICE guidance 'prevention of sexually transmitted infections and under 18 conceptions'</p> <p><i>Substance misuse:</i> The Government's Alcohol strategy, 2012; Healthy Lives, Healthy People: a Tobacco Control Plan for England, 2011; Drugs Strategy Annual Review 2014-2015; NICE guidance on 'preventing harmful alcohol use in the community', 'smoking</p>

Issue 9: lifestyle-related health problems

England's rate)

- [In 2009-12 an estimated 3.9% of children aged 11-15, 10.7% of 15-year olds and 17.7% of 16-17 year olds were regular smokers, similar to England's rates.](#)
- [The estimated rate of users of opiate and/or crack cocaine aged 15-64 was 6.5 per 1,000 population in 2011/12, significantly better than England's 8.4 per 1,000.](#)

Dental care in children

- [In 2012, almost 28% of five-year-old children in Northumberland were affected by dental decay, a similar rate to England but with pockets of greater prevalence in communities with higher levels of deprivation. Prevalence of caries \(decay\) varies by ward and is very much linked to deprivation, with the least deprived areas having far lower proportions with decayed, missing or filled teeth.](#)

Headline costs to Northumberland of smoking

- Overall costs: £72 million
- Lost productivity
 - from smoking-related early deaths: 902 years (£16.4 million)
 - due to smoking-related sickness: 46,000 days per year (£4.2 million)
 - from smoking breaks: £31 million
- NHS costs: direct - £12 million per annum; passive smoking £1 million per annum
- Costs to society through smokers needing care for smoking-related illness: £3.5 million per annum
- Smoking attributable fires: £4 million per annum

[tobacco harm reduction approaches](#)' and ['person-centred care'](#) (re drug use)

Local

CCG strategy priority domains include:
Public health and prevention

The 5 key priority areas of the [Health and Well-being Strategy](#) include:

- Tackling some of the main causes of health problems in the County, including obesity and diet, mental health and alcohol misuse
- Making sure that all partners in Northumberland work together and are clear about what they themselves need to do to help to improve the health and well-being of local people

Contributes to Inequalities

- Early mortality rates are higher in more deprived populations.
- [Life expectancy varies across the district, being 9.6 years lower for men and 7.2 years lower for women in the most deprived areas of Northumberland than in the least deprived.](#)
- Smoking rates are higher among routine and manual workers.
- There is a strong link between obesity and deprivation.
Women who misuse substances, especially during pregnancy, face multiple and complex challenges, including deprivation and exclusion, while their infants face serious health consequences.
- Smokers undergoing surgery have more post-

Issue 9: lifestyle-related health problems	
	<p>operative complications, longer wound healing time, longer bone fusion time after fracture and greater length of hospital stay.</p> <ul style="list-style-type: none"> • Prevalence of caries (decay) varies by ward and is very much linked to deprivation, with the least deprived areas having far lower proportions with decayed, missing or filled teeth.
<p>What can we do? <i>What has already been happening?</i></p> <ul style="list-style-type: none"> • Drug and alcohol misuse <ul style="list-style-type: none"> ○ 90% of schools are now accredited with achieving the Healthy Schools standard which includes preventative education around substance misuse issues. ○ Good education through schools is taking place through the Drug Education consultant delivering sessions upon request from schools with a main focus on the effects of alcohol. ○ Schools are linking their drug education to other areas of the curriculum, particularly Sex and Relationships Education (SRE) ○ Specific sessions delivered on both subject areas to the RAF staff who have cultural practices relating to alcohol consumption ○ Training delivered to Macmillan Bereavement support services who note that clients often use alcohol and /or substance misuse as a coping strategy ○ Involvement in campaigns, including Dry January and Alcohol Awareness week. • Smoking <ul style="list-style-type: none"> ○ NHS North of Tyne developed robust mechanisms, to ensure that local people across Northumberland have the opportunity to influence decisions and health developments. Scoping work was undertaken to tailor stop smoking messages for routine and manual groups to attract people in to NHS Stop Smoking Services and better support them in their quit attempts. ○ Engagement of schools in Fresh smoke-free quality standard. ○ Public Health Nurse delivered a Young Persons Stop Smoking Service and Information Drop-In at Northumberland College, Ashington. ○ Pilot programme in several schools and colleges, aiming to recognise and record existing activity on tobacco control in schools/colleges and to support all schools/colleges across Northumberland to develop activities and interventions to reduce the number of children and young people who become regular users of tobacco ○ Session on electronic cigarettes given to 'Bad Apples Youth Group' ○ Development of new school resource, Domino's Story, raising awareness of second hand smoke exposure ○ Smoke Free Families session delivered to Ashington Childminders' Forum ○ The Stop Smoking Service has continued to support the Babyclear project by working closely with midwives to reduce smoking at time of delivery. The project involves skills training, ensuring that all pregnant women are monitored for carbon monoxide at first booking appointment and referred to Stop Smoking services if appropriate, further interventions for smokers who do not engage with Stop Smoking, 	

Issue 9: lifestyle-related health problems

- project monitoring and evaluation
 - Involvement in campaigns, including Stoptober and National No Smoking Day.
- Weight
 - Get Active Northumberland programmes are helping children to reduce BMI. A children's handbook has been produced alongside education sessions
 - The Healthy Weight team has established close working relationships with a range of partners such as Children's Centres, locality inclusion support teams, health and wellbeing in schools team and various youth initiatives across the county, in order to raise the profile of children's healthy weight. Public Health Nurses and dietitians clinically assess individual children experiencing weight problems and work with the appropriate health improvement teams to put action plans in place to support them and their families.
 - Training for professionals working with young people is taking place around childhood obesity.
 - During the antenatal period, there is support to reduce obesity from Health Care professionals, Children's Centres, volunteers and support programmes.
 - An enhanced breast-feeding peer support programme helps to raise the profile of the nutritional benefits of breast-feeding, its impact on reducing obesity and dental caries.
 - Involvement in campaigns, including Children's Healthy Weight
- Sexual health
 - Involvement in campaigns, including Sexual Health Week and World Aids Day
- Dental health of young children
 - An oral health needs assessment is being conducted, to explore underlying problems, and help to develop an oral health strategy, to improve the oral health of the population.
 - For young children - promoting the need for and effectiveness of good dental self-care and routine dental check-ups
- General health promotion
 - Health Champions Programme – Public Health commissions the Health Champions Programme, a capacity building programme that works with the local community. The specialist health improvement team offers training and support to enable Health Champions to promote key public health and wellbeing messages within their communities. The Health Champions can offer advice and support on healthy eating, physical activity, stop smoking, reducing alcohol intake and positive mental health, as well as signposting into other support services and promoting health promotion campaigns.
 - Health Trainers offer tailored advice, motivation and guidance to people on a one to one basis or in a group work setting to support people who want help to adopt a healthier lifestyle (healthy eating, weight management, exercise and being more physically active, drinking sensibly and stopping smoking). Their work is focused within the most disadvantaged communities, particularly in the south-east corner of the county with its high levels of deprivation. Health trainers worked in a range of settings, for example:
 - Kirkley Hall (Northumberland College), working with residential students to promote healthy lifestyles and cooking on a budget and with limited resources
 - local residential homes, to deliver a wide range of lifestyle topics from promoting healthy eating, physical activity, fluid intake, etc

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- Sleekburn HTU, Bedlington Day Centre and Hepscott Park, working with adults with learning difficulties
- Procter and Gamble, carrying out 'health MOTs' at male- and female-only health events
- local trusts and voluntary organisations, delivering staff health and well-being groups.
- Workplace health award programme supports businesses to improve the health of their employees. Public Health commissions the Better Health at Work Award, provided on behalf of the north-east local authorities by the TUC. This includes work within the council, which has a network of Health Advocates across the organization.
- Campaigns are delivered (both national and local): Safe And Healthy festive season/New Year New You (including Health Harms); Cancer Awareness including *Blood in Pee* and *Cough*

What is already planned?

- CCG strategy planned initiatives include encouraging and supporting employees to make healthy lifestyle choices that promote health and well-being
- [Health and Well-being Strategy](#) had priorities including:
 - Ensure that young people who misuse drugs or alcohol have prompt access to support and treatment.
 - Further embed the Targeted Youth Support model with the work of the FACT teams so there is a stronger link between them, identifying vulnerable young people who may not be involved with social workers, but are at risk due to their substance misuse behaviour.
- Development of Healthy Weight website, using information from the children's handbook
- Follow-up of pilot Mini Get Active Northumberland (healthy lifestyle choices for younger children
- The Healthy Weight team is to work with physical activity partners such as the Newcastle Falcons on the Roots and Shoots programme (gardening).
- Development of Northumberland Tobacco Control Strategy and development of opportunities to engage with opticians, dental staff to develop referral pathways to Stop Smoking Services
- Mental Health Trust is planning programme of work around smoking cessation.
- Specialist Health Improvement Services are involved in a partnership pilot project due to launch in September called 'Stop before the Op'; patients being referred for orthopaedic surgery who are smokers will be referred to the Stop Smoking Service to have support to give up smoking before their operation. This project is being led by the orthopaedic and respiratory consultants at Northumbria Healthcare NHS Trust. The Stop Smoking Service, commissioned by public health, is supporting the delivery of this initiative by accepting referrals.
- Training provided on relationships and sexual health for teachers, tutors, social care, learning disability nurses, foster carers and parents. Awareness raising of child sexual exploitation, consent and relationship violence and building on SRE curriculum around learning disabilities/difficulties.

What else can we do?

- Active engagement of all of the key mainstream delivery partners who have a role in reducing teenage pregnancy: health, education, social

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services, youth support services, and the voluntary sector.

- [Brief alcohol interventions are evidence based, and are an effective intervention to reduce 'increasing' and 'high-risk' drinking levels, providing an intervention between primary prevention efforts and more intensive treatment for persons with serious alcohol use disorders.](#)
- Consider differences between GP practices in terms of: offering and uptake of stop smoking advice; proportions on obesity registers. Good practice messages should be disseminated.
- [There is strong evidence that mass media campaigns around smoking for both young and adult populations cost between £0.30 and £2.00 per person. There is evidence that drug therapy \(bupropion, nicotine replacement therapy and varenicline\) has a moderate effect on smoking cessation, particularly in people who are motivated to quit.](#)
- Ensure BabyClear scheme remains a high priority within maternity services
- All staff who have contact with women who misuse substances should be trained in sensitive communication about pregnancy and substance misuse
- Greater emphasis on young people's smoking prevention work
- Strengthen clinical pathways to support all patients (especially those with long term conditions) to stop smoking. Roll out the 'Stop before the Op' programme to groups other than orthopaedic patients if the evidence becomes clear.

Key partners: Public Health, primary and secondary care, CCG, Fresh, Balance, pharmacies, social services, education sector, Children's Centres, employers and TUC, third sector

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Scale and effects of problem	Other rationale for action
<p>Place of death</p> <ul style="list-style-type: none"> • In quarter 4 of 2013/14, only 44.3% of Northumberland's deaths occurred in the person's usual residence. Although this is similar to England's proportion, it means that the wishes of a large number of people are not being met. • Of Northumberland's patients with heart failure, 50% died at their usual place of residence, significantly lower than England's 59%. <p>Pathways for specific conditions</p> <ul style="list-style-type: none"> • When patients are waiting for treatment for depression, their condition can be exacerbated so that a higher level of intervention is needed (costly to patient in terms of quality of life and costly to services). • The following are taken from NHS England Commissioning for Value (Nov 2014) <ul style="list-style-type: none"> • Mental health and well-being <ul style="list-style-type: none"> ○ Northumberland's common mental health disorder pathway – worse than England's in terms of the proportion of people on IAPT moving to recovery. ○ Northumberland's pathway for psychosis – worse than England's in terms of: <ul style="list-style-type: none"> ▪ service users on CPA ▪ people subject to the Mental health Act ▪ the proportion of people on CPA in employment. • Long-term conditions <ul style="list-style-type: none"> ○ Northumberland's diabetes pathway – worse than average in terms of: <ul style="list-style-type: none"> ▪ retinal screening ▪ non-elective spend ▪ risk of MI, stroke and heart failure in people with diabetes. ○ Northumberland's heart disease pathway – worse for spend on non-elective admissions. ○ Northumberland's stroke pathway – worse than England's in terms of: <ul style="list-style-type: none"> ▪ % of atrial fibrillation patients with stroke risk assessment ▪ TIA cases treated within 24 hours 	<p>Stakeholder views</p> <p>Consultations with partners, staff and young people around Northumberland's services for vulnerable adolescents found that clarity is needed in respect of where support can be accessed.</p> <p>National public surveys have shown that the majority of people wish to die at home rather than in hospital.</p> <p>Residents feel that health services are among the most important factors in making somewhere a good place to live</p> <p>Policy drivers</p> <p>National</p> <p>Actions for End of Life Care 2014-16; NICE guidance on 'end of life care for adults'.</p> <p>NICE guidance usually includes requirements for rapid appropriate access to services and to treatment as close to home as possible.</p> <p>The Better Care Fund (2013) enables a transformation in integrated health and social care. It does not involve new funding, but introduces a requirement that at least £3.8bn of existing NHS and</p>

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<ul style="list-style-type: none"> ▪ Non-elective spend ▪ Emergency admissions within 28 days ▪ Under 75 mortality from stroke ○ Northumberland's COPD pathway – worse than England's for non-elective spend ○ Northumberland's asthma pathway – worse than England's for non-elective spend ○ Northumberland's renal pathway – worse than England's for non-elective spend ○ Northumberland's musculoskeletal pathway – worse than England's in terms of: <ul style="list-style-type: none"> ▪ Non-elective spend ▪ Health gain ▪ Hip replacement emergency readmissions. <p>• Cancer</p> <ul style="list-style-type: none"> ○ Northumberland's breast cancer pathway – worse than England's in terms of: <ul style="list-style-type: none"> ▪ Alcohol-attributable admissions ▪ Urgent GP referrals (all cancer) ○ Northumberland's lower gastrointestinal cancer pathway – worse than England's in terms of: <ul style="list-style-type: none"> ▪ Alcohol-attributable admissions ▪ Urgent GP referrals (all cancer) ○ Northumberland's lung cancer pathway – worse than England's in terms of: <ul style="list-style-type: none"> ▪ Urgent GP referrals (all cancer) ▪ Non-elective spend ▪ Lung cancer detected at an early stage ▪ Under 75 mortality from lung cancer <p>• Trauma and injury</p> <ul style="list-style-type: none"> ○ Northumberland's trauma and injury pathway – worse than England's in terms of: <ul style="list-style-type: none"> ▪ Unintentional and deliberate injury admissions (0-24 years) ▪ Hip fracture in people aged 65-79 and in people aged 80+ ▪ Non-elective spend ▪ % fractured femur patients returning home within 28 days ▪ Mortality from accidents <p>Working together to improve health Joint working is likely to:</p>	<p>local authority funding must be included in a pooled budget in each local area. The Government hopes that by creating this pooled budget it will be possible to achieve general improvements in support to people with long-term needs and to protect social care services from the impact of local authority austerity savings by developing integrated services which reduce overall costs, including acute hospital costs.</p> <p>Local The 5 key priority areas of the Health and Well-being Strategy include: Making sure that all partners in Northumberland work together and are clear about what they themselves need to do to help to improve the health and well-being of local people</p> <p>Contributes to Inequalities Patients waiting for treatment might be unable to work, potentially leading to economic deprivation as well as stress.</p>

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<ul style="list-style-type: none"> • Improve the patient's experience, giving continuity and reducing the chance of conflicting information being given • Reduce duplication of work • Reduce misunderstandings over responsibility • Reduce costs • Reduce delays in transfer between services 	
<p>What can we do?</p> <p><i>What has already been happening?</i></p> <ul style="list-style-type: none"> • Specific pathways <ul style="list-style-type: none"> ○ The high risk patient pathway has improved integrated working across health and social care and reduced the volume of non-elective admissions. ○ NHS111 has been successfully implemented in Northumberland. ○ The CCG has worked with stakeholders to develop a model of care for mental health on which commissioning decisions will be based. This will be published in 2015. ○ The CCG has implemented a prime provider model of end of life care to align incentives and facilitate integrated working. ○ The Northumberland Adolescent Service provides a targeted and coordinated service to vulnerable adolescents, bringing together Youth Offending Services, Substance Misuse Service, Teenage Pregnancy, Leaving Care, Positive Futures and a commissioned CAMHS Service (NYPS) and providing a single coordinated access point for the teenagers. ○ Health trainers receive referrals from a wide range of sources, including GPs, pharmacists, hospitals, social care, housing associations, Children's Centres, colleges and third sector organizations. • Training and education <ul style="list-style-type: none"> ○ Health education to professionals: educational resource provision is provided through our resource service and advice available from health improvement specialists. A minimum of ten campaigns is supported on an annual basis, with resources distributed to local groups and organisations and their use evaluated. ○ Delivery of Mental Health First Aid, Youth Mental Health First Aid and Suicide Awareness training to a range of staff, including Adult Social care, school staff, Family Recovery Team, Macmillan, Human Resources, voluntary sector workers and those working with Looked After Children. This teaches staff to signpost adults and young people to appropriate services. ○ Training sessions on alcohol awareness and drug awareness. • Cross-agency support and collaboration <ul style="list-style-type: none"> ○ The Stop Smoking Service has worked to support colleagues in secondary care (including acute mental health establishments), prisons and 	

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MoD facilities.

- Northumberland Specialist Health Improvement Service (NSHIS) The service demonstrates an integrated approach to addressing health challenges in Northumberland, working in partnership with a wide range of organisations, including Local Government, Voluntary & Community Sector and Public & Private sector. The approach adopted by the service has always been to prioritise work based on local health needs though identified health inequalities and make the best use of limited resources to achieve the best possible outcomes.
- Dementia awareness training for pharmacy workers was delivered in twilight sessions to meet the needs of participants who could not be released during working hours.
- [The 'Being Well' Café involves public health staff working with staff from partner agencies, communities and champions.](#) Following the success of an initial 'Being Well' Café, community asset mapping will consider what individual, community and organizational resources are available. (Mapping has already found that in Berwick such assets include supportive families, friendship networks and environmental resources for promoting physical, social and mental health.)
- Public Health, Sure Start, Children's Centres, Health Visiting Teams, Family Nurse Partnership and Early Education Providers collaborate to improve the health of young children, particularly in deprived areas.
- Public Health is facilitating a collaborative commissioning approach to provide health promotion and protection through working with LA Education services, Children's Service and the CCG.
- The Looked After Children's service is provided by Children's Services, working closely with Public Health on safeguarding issues.
- *Ageing Well in Northumberland* works collaboratively with older people to identify priorities in terms of activities and interests and make best use of existing community resources. Its partners include the council, the hospital trust, local community and voluntary organizations, housing associations and leisure services.
- Third sector organizations operate across the county, coordinating a range of services and activities for older people.
- Parish councils, community centres, village halls and churches provide venues for activities for older people.
- In the [Stonewall Education Equality Index](#), Northumberland scored particularly well for the involvement of an impressive range of partners (including public Health, Northumbria Police and Trinity Youth) in improving outcomes for lesbian, gay and bisexual children and young people. The resources recommended and used in schools to develop the Relationships and Sex Education curriculum are inclusive and comprehensive, and schools are supported well to develop an inclusive curriculum.
- Public Health commissions a range of activities and services and works in partnership with agencies to develop and implement these. A key provider of our services locally is Northumbria Healthcare NHS Trust which hosts the specialist health improvement team, the Stop Smoking Service, sexual health service and dietetic healthy weight services.
- NCC coordinates a broad range of activities to tackle the burden of tobacco on our communities. Public Health leads Smoke Free Northumberland, a multi-disciplinary alliance comprising representatives from public protection, trading standards and environmental health, wellbeing and health in schools, children's centres and Northumbria Healthcare NHS Trust. The alliance coordinates a cross-agency action plan. Public Health also commissions the NHS Stop Smoking Service which supports a 'whole system' of stop smoking support delivered by the service, pharmacies and GP practices.
- Health Champions are recruited from community volunteers and those working in the private and public sector, including: Royal Voluntary

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Service, Women's Health Advice Centre, Northumberland Fire and Rescue Service, Parish Council, Elderberries (Alnwick Garden Trust), Isos Housing and Bernicia.

- The Better Care Fund is being used to support developments which will have an impact on the wider health and care system, including preventing hospital admissions and supporting timely and safe discharge. The scheme relates to the following types of admission avoidance, and post discharge support: preventive services; short-term support services; long-term home care services; hospital to home services; support to nursing homes; ambulatory care.
- There is a range of multi-agency Safeguarding Subgroups working on safeguarding issues. They include sub-committees dealing with Case Reviews, Communication and Engagement, Think Family, Vulnerable Adolescents, Early Help and Early Intervention, as well as the Child Death Overview Panel.
- [The Disabled Children Team and paediatric therapists work together on the provision of aids for daily living and support \(including adaptations\).](#)
- [The Disabled Children Team works with the Employment and Skills Team to plan for disabled children's education, training and placement after the age of 16 and assistance towards living independently, if appropriate.](#)
- [Northumberland County Council Locality Inclusion Support Teams incorporate an education service for Traveller children and their families. The Traveller Education Family Liaison officer supports schools and Traveller families to facilitate the access of Traveller children to a broad and relevant curriculum. It is also their role to support schools and other agencies that work with Traveller children.](#)
 - To ensure that the welfare of both the Travellers and the local community are protected, a Gypsy Roma Traveller Liaison Officer (GRTLO) works closely with: landowners; local businesses and communities; the police; environmental health; the Gypsy Roma Traveller communities
 - Fire and rescue services, Citizen's Advice and other voluntary sector organizations provide help and advice to Gypsies and Travellers
- Public engagement and improving access to services
 - New teaching aids have been developed using the cloth models 'Jack' and 'Josephine' to supporting patients with additional needs to access services such as Sexual Health, Chlamydia Screening and the Health Trainer Service.
 - Children & Young People's Participation 'You're Welcome' (YW) is a national quality award which aims to make health service settings young people friendly, using much input from the young people. Accreditation is subject to a verification visit conducted jointly by professional and young verifiers. Both accreditation of new settings and successful reaccreditations took place in 2014-15.

What is already planned?

CCG strategy planned initiatives include:

- Partnership working to reduce the incidence of falls in the elderly
- Structured review and management of patients at high risk of admission
- Improve and develop public communications/signposting and communications across providers
- Scope urgent care access across whole care system

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- Continue improvement and integration of NHS 111
- Improve county-wide consultant-led triage for urgent GP referrals
- Reviews related to specific conditions: patients at high risk of admission; musculoskeletal services; urology/ultrasound services, upper gastro-intestinal pathway; dermatology pathway; audiology provision
- Community hospitals: new model of care implementation
- Review and redesign of rehabilitation services; explore community assets approach with focus on pulmonary rehabilitation
- Develop long-term conditions management strategy
- Implement dementia pathway
- Review psychological well-being services
- Implement new children's and young people's mental health service
- Creation of a seamless and integrated autism service with special focus on client support
- Review of learning disabilities pathway; implementation of Winterbourne concordat
- Further work on integrated palliative and end of life care pathway
- Implementation of joint carers' strategy

[Health and Well-being Strategy Supporting Independent Living](#) refers to changes that will require resources to be shifted from hospitals to the community and from treatment episodes to long-term coordinated support:

- Commissioning arrangements for health and social care support for people with long-term conditions need to be fully integrated, to ensure that people receive more coherent, and therefore more effective and accessible, support.
- There will also be a greater emphasis on understanding carers' needs, and making sure that they are able to play a full part in designing support arrangements.
- Funding mechanisms will be redesigned to remove unnecessary obstacles to transferring resources from crisis response into forms of support which maintain people's independence.
- We will work to change the risk adverse culture among professionals and in the wider community so that people are not over-protected in a way that undermines their independence.

Development of opportunities to engage with opticians and dental staff to develop referral pathways to Stop Smoking Services

Specialist Health Improvement Services are involved in a partnership pilot project due to launch in September called 'Stop before the Op'; Patients being referred for orthopaedic surgery who are smokers will be referred to our Stop Smoking Service to have support on giving up smoking before their operation.

[Further scoping of community assets and roll-out of world café events, following the success of the 'Being Well' Café.](#)

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A dementia communications strategy is being developed by a multi-agency group. Stakeholders include people with dementia, families and carers, local community and voluntary organizations, hospital trusts and GPs, local politicians, patient participation groups, overview and scrutiny, local media.

A partnership between Public Health, Trinity Youth and Education, led by the Council's Health and Wellbeing Team, has started a collaboration to develop a Transgender Toolkit for all schools. This resource will:

- Help teachers and governors to address the needs of transgender young people confidentially and inclusively, with the benefit of professional guidance and support.
- Clarify referral routes and sources of support available for children and young people to empower the supporters of transgender young people in Northumberland schools.
- Help to ensure that a consistent approach to transgender related needs can be available to young people wherever they live in Northumberland

Strengthening of partnership working between the Council's School Improvement Services and local schools, increasing knowledge of good practice to encourage school-to-school support.

What else can we do?

- Continue to expand understanding and use of approaches such as 'Making Every Contact Count'
- Following the feedback (concerning pharmacy workers' dementia training) about the usefulness of being able to attend training in local venues in the evenings, consider further flexible training provision
- Wider engagement to take advantage of the role of Northumbria Care Trust, who are a Vanguard site using a block contract so that they can become a healthy organization engaging with the preventive care of patients staff and visitors
- Focus on pathways of care and delivery, and take any lessons learned into work on other pathways
- Ensure that services are accessible, including geographically and at times the patients/clients will attend and that they are delivered in ways that are sensitive/appropriate to the patient's culture, level of understanding, sexuality, age, etc.

Key partners: health sector; housing; social services, third sector