

Northumberland Joint Health And Wellbeing Strategy 2018-2028



FOREWORD

I am delighted to be writing the foreword to our second Joint Health and Wellbeing Strategy.



Richard Dodd

Chairman of
the Health And
Well Being
Board

Our first, in 2014 was published at a time of great change which saw public health duties returning to local Government from the NHS. It offered us a chance to do things differently and marked a turning point for a new approach to collaboration across all partners through the Health and Wellbeing Board. Our first Health and Wellbeing Strategy therefore made a key commitment to 'work well together' focusing everyone's attention and efforts on improving health and wellbeing across Northumberland.

The past four years, has seen further change, with national policy moving us towards more integrated care arrangements and encouraging a greater focus on prevention through the NHS. Each has helped to build upon and cement the already successful partnerships we have developed in Northumberland, overcoming traditional barriers between organisations and using innovative approaches in order to improve the quality of care. As a health and wellbeing partnership we have all made a renewed commitment to continue building on this successful relationship to deliver this ambitious new strategy.

What is different?

Firstly, improvements in population health can be slow to realise and improvements may not be apparent for almost a generation. Therefore, we have set out our aspirations for the next ten years with one eye on the long term future, but with the other firmly set in the context of the short term gains we need to make and the commitments made by partners to put in place changes to policy, practice and funding.

Secondly, we recognise that in order to make the greatest gains, we should concentrate our efforts on a smaller number of key objectives. We have identified four key themes with a number of supporting priority areas that will guide our work.

These are:

Children and Young People;
Taking a Whole System Approach;
Empowering People and Communities; and
Tackling the Wider Determinants of Health.

Thirdly, Northumberland itself is different. Looking at our health profiles compared to our neighbours, we might look as if we're in a good place, but that hides pockets of deprivation experienced in some of our areas, particularly our former mining areas and some of our more isolated rural communities. On the other side of the coin, we also have some fantastic assets including some of the best natural assets in the country and a rich cultural history. This Health and Wellbeing Strategy recognises this and sets out a new programme of work with communities, in order to build on their many assets, develop their resilience and improve health and wellbeing through local activities and community strengths.

Finally, we're in a different place from five years ago. The implementation of national policy has helped to escalate and enhance the work we began more than a decade ago to bring professionals in health and care together to work collaboratively for the benefit of Northumberland residents. We have a strong commitment across the Health and Wellbeing Board to make this strategy work, ensuring it is delivered through partner organisations who are signed up to supporting its delivery, monitoring progress and being accountable to its success or failure.

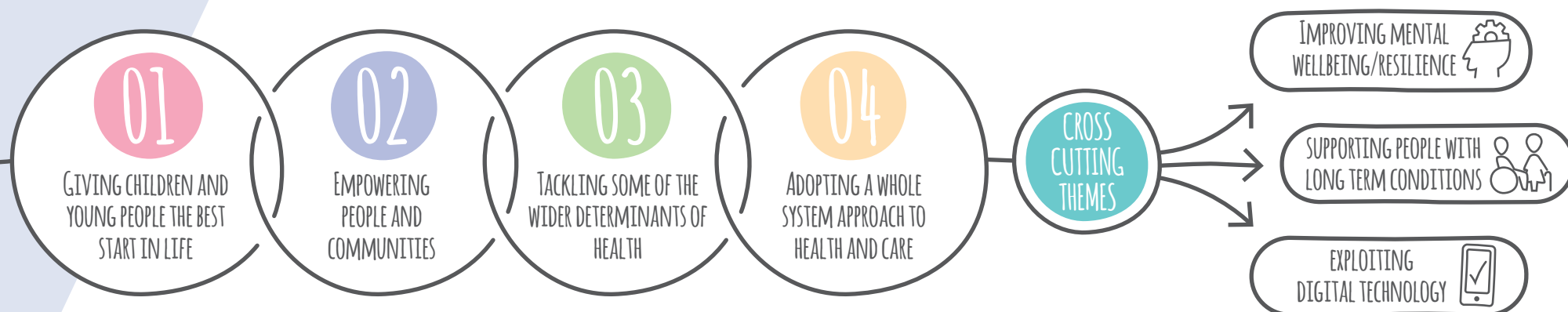
INTRODUCTION

The Northumberland Health & Wellbeing Board brings together Local Government (including public health, adult social care, children's services and elected representatives), the NHS (including commissioners and providers of healthcare services), the Local Medical and Pharmaceutical Committees, Healthwatch Northumberland and the Voluntary, Community and Social Enterprise (VCSE) sector, to ensure that the needs of Northumberland's population are met and tackle local inequalities in health. The Chairman of the Board is an elected member from Northumberland County Council.

Through the Health and Wellbeing Board, NHS Northumberland Clinical Commissioning Group (CCG) and Northumberland County Council (NCC) have a duty to develop a Joint Health and

Wellbeing Strategy (JHWS). The strategy is a long-term plan which is used to inform local commissioning decisions. Based on an assessment of the needs of service users and communities, its intention is to tackle factors that impact on their health and wellbeing.

Our previous JHWS concluded in 2017 and work since then to develop our new strategy has provided us with an opportunity to consider the current needs of the population; to take into account the changes in health and care provision; and also put in place a means of determining and responding to local wishes. As a result, we have identified four key themes to guide us in the next ten years, with an additional three cross-cutting themes that will underpin our activities:



Each key theme has an overarching outcome reflecting our aspirations in the next ten years, alongside initial priority areas for action. The overall aim of the Northumberland JHWS is to maximise wellbeing and health, and reduce inequalities. How successful we are in doing so will be monitored in a number of ways.

To measure longer term success, we will monitor changes in life expectancy and healthy life expectancy over time and between our least and most deprived communities. In the shorter term, we have also identified indicators for each theme and priority area which will be subject to formal performance monitoring and benchmarking where appropriate, holding partners across the health, care and wider system to account.

CONSULTATION AND ENGAGEMENT

An important element of the JHWS is the contribution made by the people who live and work here in Northumberland. A two-month period of engagement led by the CCG was launched in July 2018 to seek views on the draft JHWS at that time. An online survey was uploaded onto NCC's website, a link was also provided on the CCG's website and it was promoted through both organisations' social media. A paper version was promoted in one practice in each of the four CCG localities.

CCG staff also engaged with patients at a number of GP practices across the county and a series of focus groups for Northumberland residents took place in each of the four CCG localities.

Healthwatch Northumberland sought the views of parents and families through our Children Centres in Ashington and Bedlington and at the Bellingham Show. Parents of children and young people with a special educational need or disability were consulted at one of their network meetings; adults with a long-term condition or disability were consulted through the Action on Hearing Loss Group, Living Well Beyond Cancer Network and Glendale Mental Health Forum. The views of older people were specifically sought through the Ageing Well Network which was in the middle of a programme of 'Winter Warmer' community events, and Healthwatch Northumberland engaged with people at an event in Prudhoe.

As a result of these activities, over 400 people contributed more than 1,000 comments. We found that the majority of respondents agreed with the themes and priorities identified in the draft JHWS.



- 'Giving children and young people the best start in life' was supported by over 75% of respondents;
- 'Addressing the wider determining factors of health that affect the whole community' was supported by nearly 75% of respondents;
- 'Empowering people and communities by supporting them to build their own skills' ranked third, supported by about 70% of respondents; and finally
- 'Bringing different people, professionals, services and buildings to work together in a whole system approach to health and care' was supported by over two-thirds of respondents.

A detailed summary of responses was considered by the Health and Wellbeing Board and as a result, changes were made to two of the themes.

1ST

The children and young people theme was amended to reflect the important role of families.

'The whole family should be supported because if the child doesn't receive equal support from their families it will all fall apart'

2ND

Under the wider determinants theme, the original priority to promote digital access was replaced by one on transport, reflecting the importance of ensuring we have a range of travel solutions which enable people in our most rural areas to remain connected with employment, education and community.

'There are concerns when some people are in houses with poor transport links impacting on their ability to get jobs and affecting their mental health. Transport is a massive concern in Northumberland.'

'None of this is any use unless children can get to activities regardless of income, but school transport isn't based around after school and weekend activities'

'Community transport provision in rural areas to enable access to services, activities and employment, avoidance of loneliness and maintenance of independence'

THEME
01

GIVING CHILDREN AND YOUNG PEOPLE THE BEST START IN LIFE

OUTCOME

WHY IS IT IMPORTANT?

ALL CHILDREN AND YOUNG PEOPLE ARE HAPPY, ASPIRATIONAL AND SOCIALLY MOBILE.

This is the highest priority area identified in the Marmot Review in terms of reducing inequalities in the longer term. The evidence is clear that childhood experiences have a long-term impact on health and resilience which extend across the life course. Whilst there are many areas of child health in which Northumberland performs better than the England average, there are also a number of indicators for which child health outcomes are poorer. Improving the early life experiences of children will, both directly and indirectly, result in improved health and wellbeing in later life;

Giving every child the best start in life was the highest priority recommendation in the landmark Marmot Review. However, advantage in life starts before birth, for example smoking and drinking in pregnancy can inhibit a baby's growth and development. Teenage pregnancy is also associated with poorer outcomes for both young parents and their children so action to reduce inequalities must start even before birth.

Following birth, a healthy childhood can positively affect educational performance and attainment, with good health being linked to accelerated achievement, for example, physical exercise is known to have a significant and positive impact on academic performance.

We also know that personal, social, health and economic (PSHE) learning has a positive impact on academic attainment and strong relationships and sex education equips children and young people to face the challenges of contemporary society.

Overall, positive childhood experiences are vital to ensuring children are ready to learn, leading to better health and wellbeing throughout life, higher educational attainment, improved health outcomes and better life chances.



THEME
01

GIVING CHILDREN AND YOUNG PEOPLE THE BEST START IN LIFE

SOME KEY STATISTICS FOR CHILDREN AND YOUNG PEOPLE IN NORTHUMBERLAND



During 2017/18, 13.4% (353) women were smoking at the time their babies were delivered. Although this is one of the lowest rates in the North East, it is still much higher than the England average.



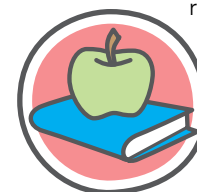
Teenage pregnancy rates continue to fall and Northumberland has one of the lowest rates in the NE; about the same as the England average.



Only just over a third of mothers are still breastfeeding between 6-8 weeks although about two-thirds start breast feeding their babies



The admission rate for self-harm for those between 10-24 is almost double the rate in the rest of England and emergency admissions for 0-4 year olds for accidental poisoning is one of the highest in the region.



Northumberland has the highest level of school readiness in the North East; also above the England average. This is a great achievement but it hides the inequalities which exist between groups of children. For instance, whilst overall, a good level of readiness is achieved for 75% of children at the end of reception, in children with free school meal status, only 55.1% of children achieve this level (PHOF 17/18 data).



43.3% of Northumberland pupils achieved a strong pass in GCSE English and maths, an increase of 4.0% on 2017 and 0.4% above the national average. Once again the improvement is welcome but needs to be sustained over time, with the variation across schools reduced. (Director of Education Annual Report 17/18).



Just under 90% of our 4-5 year olds and just under 80% of our 10/11 year olds are a healthy weight – slightly worse and about the same as the England average respectively.

PRIORITY AREAS

01

PROVIDE THE BEST QUALITY EDUCATION THAT WE CAN.

02

ENSURE ALL CHILDREN AND YOUNG PEOPLE FEEL SAFE AND SUPPORTED IN ALL AREAS OF THEIR LIFE.

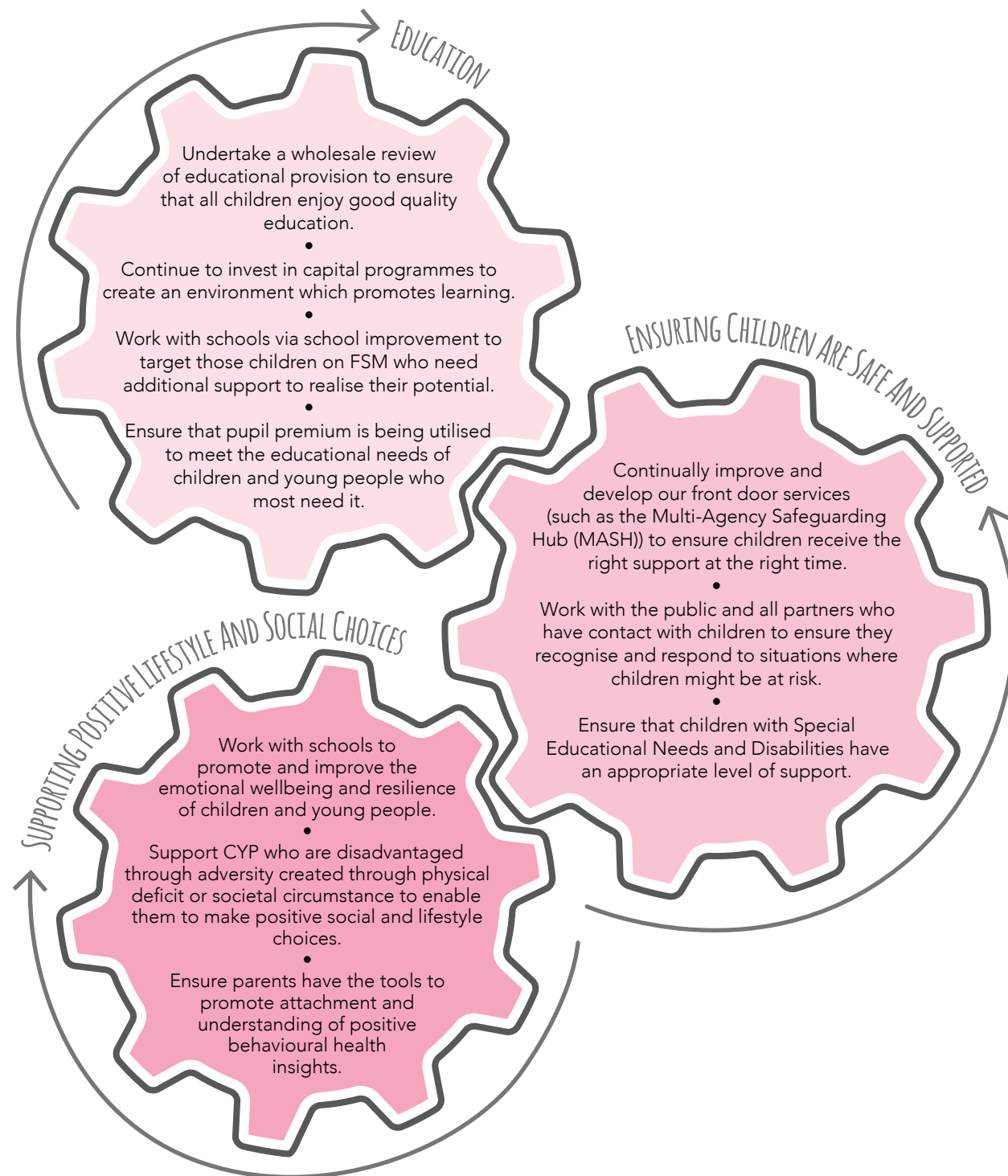
03

SUPPORT CHILDREN, YOUNG PEOPLE AND FAMILIES TO MAKE POSITIVE LIFESTYLE AND SOCIAL CHOICES.

THEME
01

GIVING CHILDREN AND YOUNG PEOPLE THE BEST START IN LIFE

WHAT SORT OF
THINGS ARE WE
GOING TO DO?



THEME
01

GIVING CHILDREN AND YOUNG PEOPLE THE BEST START IN LIFE

HOW ARE WE
GOING TO
MEASURE
PROGRESS?

PROVIDE THE BEST QUALITY EDUCATION THAT WE CAN

- Achievement gap between pupils eligible for free school meals and/or with special educational needs and their peers
- School readiness
- Persistent absent rates
- Exclusions (fixed term and permanent)

ENSURE ALL CHILDREN AND YOUNG PEOPLE FEEL SAFE AND SUPPORTED IN ALL AREAS OF THEIR LIFE

- Emotional wellbeing of children looked after
- Hospital admissions caused by unintentional and deliberate injuries in under 18s
- The extent to which the intervention is meeting the CYP's needs and having a positive impact on their outcomes and their life chances

SUPPORT CHILDREN AND YOUNG PEOPLE TO MAKE POSITIVE LIFESTYLE AND SOCIAL CHOICES

- Under 18 conceptions
- Breastfeeding - initiation and at 6-8 weeks
- Smoking status at time of delivery
- Excess weight in Reception and Year 6 pupils



THEME
02

TAKING A WHOLE SYSTEM APPROACH

OUTCOME

WHY IS IT IMPORTANT?

TO MAXIMISE VALUE FROM, AND SUSTAINABILITY OF, HEALTH AND SOCIAL CARE AND OTHER PUBLIC SERVICES TO IMPROVE THE HEALTH OF THE PEOPLE OF NORTHUMBERLAND, AND REDUCE HEALTH INEQUALITIES.

Northumberland has continually demonstrated the ability to overcome traditional barriers between organisations and use innovative approaches in order to improve the quality of care. We want to get to a position where people in Northumberland are living independently for as long as possible with the best health possible, not because that may make our health and care system sustainable, but because it's the right thing to do. We need to move away from a system that is just focused on diagnosing and treating illness, towards one that is based on promoting wellbeing and preventing ill health. However, over the last few years, there has been an unprecedented increase in the demand on health and social care.



THEME
02

TAKING A WHOLE SYSTEM APPROACH

HERE ARE A FEW KEY FACTS



There were over 109,000 hospital admissions for NHS Northumberland CCG patients in 2015/16.



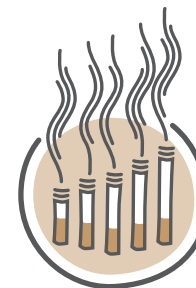
Northumberland County Council currently provides services to 3170 people aged 18-64 years of age and 8175 people 65 years of age or older.



People living in the least deprived areas of Northumberland can expect to spend 16.6 years longer living in good health than people living in the most deprived areas.



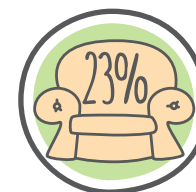
Both the rate of hospital admissions for alcohol-related conditions and the total volume of alcohol sold (off-trade) per adult are significantly higher in Northumberland than in England.



Smoking continues to be the biggest cause of preventable ill health, but although smoking prevalence in Northumberland is the lowest in the North East, 30% of adults in routine and manual occupations (23.9% in England) and 37.1% of adults with serious mental illness (40.5% in England) still smoke.



More than two-thirds (63.8%) of adults living in Northumberland are overweight or obese (2016/17) compared to 61.3% in England; in 2017/18, over a third of children in year 6 (10-11 years of age) were overweight or obese.



Almost a quarter (23%) of adults in Northumberland are inactive, compared to 22.2% in England.

Taking a 'whole system approach' means looking at the public sector as a whole to lever as much value out of the Northumberland pound as we possibly can; and exploiting the public sector to maximise the health and wellbeing of the workforce and the people they come in contact with. The whole system is not just a collection of organisations that need to work together, but a mixture of different people, professions, services and buildings which have the health and wellbeing of individuals as a common concern and interest. They aren't necessarily health and social care providers either. For instance, Northumberland Fire and Rescue use their Home Safety Visits as an opportunity to identify older people at risk of falling.

THEME
02

TAKING A WHOLE SYSTEM APPROACH

PRIORITY AREAS

- 01 REFOCUS AND PRIORITISE PREVENTION AND HEALTH PROMOTION.
- 02 IMPROVE QUALITY AND VALUE FOR MONEY IN THE HEALTH AND (SOCIAL) CARE SYSTEM (INTEGRATION).
- 03 ENSURE ACCESS TO SERVICES THAT CONTRIBUTE TO HEALTH AND WELLBEING ARE FAIR AND EQUITABLE.

WHAT SORT OF THINGS ARE WE GOING TO DO?

Making every contact count (MECC) is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing. We want to embed MECC across the whole system so that as many people as possible are trained to have these conversations.

Social Value is about how we spend public funds to produce a wider benefit to the community, be it the social, environmental or economic wellbeing of the people we serve. We think we should develop a social value framework and embed social value considerations into all policies, decisions and public procurement.

Take a systematic approach to integration: look at where we can pool and align budgets across health and social care; and jointly commission health and care services so they are more person-centred and coordinated.

Continue work to ensure care professionals can access electronic patient records from wherever they work in the system.

Make better use of existing and emerging technology and digitalisation where appropriate, including linking of patient data, use of geographical information systems (GISs), and web-based communication in health and social care.

THEME
02

TAKING A WHOLE SYSTEM APPROACH

HOW ARE WE
GOING TO
MEASURE
PROGRESS?

REFOCUS AND PRIORITISE PREVENTION AND HEALTH PROMOTION

- Smoking prevalence in adults.
- Rate of hospital admissions for alcohol-related conditions.
- Percentage of physically active or inactive adults.
- Improved mental wellbeing.

IMPROVE QUALITY AND VALUE FOR MONEY IN THE HEALTH AND (SOCIAL) CARE SYSTEM (INTEGRATION).

- User and carer experience and quality of life.
- Total delayed transfers of care.
- Rate of people receiving social care packages.
- Rate of admissions to residential and nursing care homes.

ENSURE ACCESS TO SERVICES THAT CONTRIBUTE TO HEALTH AND WELLBEING ARE FAIR AND EQUITABLE

- Inequalities in access to key services (e.g. such as common surgical procedures by deprivation).



THEME
03

EMPOWERING PEOPLE AND COMMUNITIES

OUTCOME

WHY IS IT IMPORTANT?

PEOPLE AND COMMUNITIES IN NORTHUMBERLAND ARE LISTENED TO, INVOLVED AND SUPPORTED TO MAXIMISE THEIR WELLBEING AND HEALTH.

We cannot achieve the improvements in wellbeing and health that we aspire to for Northumberland residents by focusing on the prevention of ill health alone. Whilst it is important, we also need to help people and communities to develop their own skills, knowledge and assets. This is a move away from preventing illness to promoting wellness; and from a culture of 'doing to' people to a culture of 'doing with'.

Community-centred approaches help to mobilise local assets, promote equity, and increase people's control over their health and lives. Such approaches can also help to support older people and those with long term conditions, reduce social isolation, enable positive behaviour change and increase personal and community resilience.

There is increasing evidence and recognition that a 'More than Medicine' approach is required, which seeks to mainstream non-clinical interventions such as befriending, volunteering and physical activity. This requires a culture change across health and social care to one in which alternative support such as social prescribing are seen as real alternatives in supporting people to manage their own conditions better. It will require healthcare professionals to have a different sort of conversation which may offer these alternative services to address the social issues which can so often undermine the path to improved health and wellbeing.



THEME
03

EMPOWERING PEOPLE AND COMMUNITIES

PRIORITY AREAS

- 01 ENSURE THAT PARTNERS, PROVIDERS, PRACTITIONERS AND THE SYSTEMS THEY WORK IN PROMOTE AND ENCOMPASS A 'MORE THAN MEDICINE' APPROACH.
- 02 PROVIDE PEOPLE AND COMMUNITIES WITH ACCESS TO NETWORKS AND ACTIVITIES WHICH WILL SUPPORT GOOD HEALTH AND RESILIENCE.
- 03 SUPPORT PEOPLE TO GAIN THE KNOWLEDGE, SKILLS AND CONFIDENCE THEY NEED TO BE ACTIVE PARTNERS IN MANAGING AND UNDERSTANDING THEIR OWN HEALTH AND HEALTHCARE.

WHAT SORT OF THINGS ARE WE GOING TO DO?

Develop a Strategy and Action Plan for people-powered wellbeing and health in Northumberland, including standardised measures that support ongoing evaluation.

Work with schools, the voluntary sector and LA departments to identify and develop intergenerational approaches to developing life skills in young people.

Develop a model for asset based community development approaches across Northumberland including the implementation of a number of demonstrator sites for components of people powered wellbeing and health in Northumberland. An early focus will be the establishment of local area co coordinators.

Work with health and social care providers to implement a system-wide standard for workforce development that ensures staff have the necessary knowledge, skills and support to deliver the strategy.

Work with frontline staff to raise awareness of how and where to refer/signpost people to community based initiatives.

THEME
03

EMPOWERING PEOPLE AND COMMUNITIES

HOW ARE WE GOING TO MEASURE PROGRESS?

Measuring progress for this theme of the strategy will require a different approach using more qualitative measures and a bespoke evaluation mechanism. This will include, for instance:

- A variety of methods to collect and collate information including validated questionnaires (for example the short Warwick Edinburgh mental wellbeing scale), interviews, focus groups, consultation events and case study analysis
- Information gathered from local service providers and agencies as well as members of the local community
- Development of community led approaches to evaluation
- Measuring impact over time by repeating information gathering with communities at regular time points to measure changes and inform future development

EXISTING COLLECTED MEASURES TO WHICH THE PROGRAM WILL CONTRIBUTE :

- Self-reported wellbeing
- Carer reported quality of life
- People who use services who have control over their daily life

PROCESS MEASURES

- Number of new Social Prescribing programs implemented
- Numbers of people supported by care navigators
- Numbers of PAMs completed



THEME
04

TACKLING THE WIDER DETERMINANTS OF HEALTH

OUTCOME

WHY IS IT IMPORTANT?

PEOPLE'S HEALTH AND WELLBEING IS IMPROVED THROUGH ADDRESSING WIDER DETERMINING FACTORS OF HEALTH THAT AFFECT THE WHOLE COMMUNITY.

The conditions in which we're born, grow, live, work and age have a much bigger impact on health than either healthcare or lifestyle choices. Northumberland as a largely rural area encompasses large expanses of open countryside with a scattering of towns and villages including former mining areas and current commuter settlements. This diversity exemplifies health inequalities across the county with life expectancy differing depending on where you live. The lower population density in more remote areas can mask small pockets of significant deprivation and poor health outcomes. For example, rural areas can experience disproportionately wide inequalities with respect to employment, access to services and also fuel poverty.

On this basis, many of the factors that contribute to the health and well being of the County's communities relate to wider determinants of health as well as access to health and care services:

Changing population patterns - Continued outward migration of young people and inward migration of older people, are leading to a population that is increasingly older than neighbouring cities, with accompanying health and care needs.

Infrastructure - Sparsity and the increasing scarcity of public transport links have a significant impact both on daily living costs of rural households and on access to services.

Digital access and exclusion - A combination of the older demographic and the unavailability of high speed broadband and mobile phone networks are leading to an increasing digital gap between Northumberland and more urbanised parts of the country. This is made more serious by the growing number of important services, such as job search opportunities, banking and increasingly, health-related services, that are available online.

Access to health and related services - Access in terms of distance to health, public health and care services is poorer in some areas of Northumberland than in more urbanised settings. Longer distances to GPs, dentists, hospitals and other health facilities mean that rural residents can experience 'distance decay' where service use decreases with increasing distance.

Community support, isolation and social exclusion - Social networks in more rural areas are more likely to break down with a consequent increase in social isolation and loneliness, especially among older people.



THEME
04

TACKLING THE WIDER DETERMINANTS OF HEALTH

PRIORITY AREAS



Housing and fuel poverty - Affordability, poor quality housing and significant fuel poverty threaten the wellbeing and sustainability of communities. House prices are relatively high in some parts of Northumberland and there are areas where access to both social and supported housing is more limited. There is also a significant number of 'non-decent' homes and of houses which are energy inefficient and many areas are not on the gas grid which leads to higher fuel costs.

Employability - The County's business base is dominated by small businesses with larger companies less prevalent than in more urbanised areas. As a result, a higher proportion of the available jobs are low-paid, unskilled and seasonal. Access to education is also challenging, particularly to apprenticeship placements; and further and higher education opportunities. There also remains a significant element of the workforce who are excluded from work whether it be as a result of inequality, disadvantage, or a long term condition or disability.

Transport - Northumberland's urban population benefit from an excellent public transport network that incorporates both bus and train services into our major towns and the major employment centres in Newcastle and surrounding areas. However low population density in rural Northumberland makes practical and affordable public transport difficult to provide. At the same time, accessible and affordable transport is a lifeline for many rural residents. Rural areas are very car dependent, as public transport is perceived as inadequate.

- 01 TACKLE FUEL POVERTY BY INCREASING THE NUMBER OF HOUSEHOLDS WITH ACCESS TO AFFORDABLE WARMTH.
- 02 SUPPORT PEOPLE TO LIVE INDEPENDENTLY FOR AS LONG AS POSSIBLE BY MAXIMISING THE USE OF BUILDING REGULATIONS.
- 03 INCREASE THE NUMBER OF PEOPLE WITH LONG TERM HEALTH CONDITIONS MOVING INTO AND SUSTAINING WORK.
- 04 ENSURE LOCAL TRANSPORT POLICY DELIVERS ON PROVIDING RESILIENT, FLEXIBLE AND SUSTAINABLE TRANSPORT OPTIONS ACROSS THE COUNTY, PARTICULARLY IN RURAL AREAS.

THEME
04

TACKLING THE WIDER DETERMINANTS OF HEALTH

WHAT SORT OF
THINGS ARE WE
GOING TO DO?



- ☀ Use the developing Strategy for Adults Accommodation with Support in Northumberland to consider the needs of both older persons and those of working age with care and/or support needs to promote choice, independence and maximise the opportunities offered by advances in assistive technology to support people in their own home.
- ☀ Use the North of Tyne Combined Authority and devolution deal to maximise existing funding streams and develop new alternative sources of funding to enhance provision
- ☀ Transform services to reflect a focus of prevention and innovation in service development.
- ☀ Continue to exploit existing initiatives such as the NE Mental Health Trailblazer (on behalf of NECA, integrating employment support services with psychological therapies; and the Northumberland Bridge (Big Lottery Building Better Opportunities) VCS partnership to support residents with multiple-barriers to work (including health conditions) towards employment
- ☀ Employer-focussed intervention to improve recruitment, retention and progression of people with disabilities or long term health conditions
- ☀ Advancement service for employees and employers in low wage sectors to support progression from low-paid jobs
- ☀ New approaches for retention and progression of people aged 50+ in the workforce.
- ☀ Actively engage with businesses to promote the concept of 'good work' to improve job retention and reduce sickness absence.
- ☀ Support residents with caring responsibilities to sustain employment or return to the labour market.
- ☀ Support for users of mental health services to move toward the labour market
- ☀ Promote Warmfront on NCC website and ensure outreach staff are aware of the scheme and promote with clients
- ☀ Tackling fuel standards through design standards/building control
- ☀ Prioritise independent living through future proofing property, building annexes etc. and encouraging supported/assisted living in line with broader policies in the local plan
- ☀ Create and/or sustain partnerships of planning with other sectors, including Public Health and the NHS.
- ☀ Use the Local Plan and other planning policies to promote physical activity (including active travel), social interaction, and access to high-quality open and green spaces; to ensure good-quality, affordable, accessible and well-insulated homes; and to improve access to healthy food and where necessary minimise availability of unhealthy food.

PUT SIMPLY, WE NEED TO CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES.

THEME
04

TACKLING THE WIDER DETERMINANTS OF HEALTH

HOW ARE WE
GOING TO
MEASURE
PROGRESS?

TACKLE FUEL POVERTY BY INCREASING THE NUMBER OF HOUSEHOLDS WITH ACCESS TO AFFORDABLE WARMTH

- Fuel poverty
- Excess winter deaths

SUPPORT PEOPLE TO LIVE INDEPENDENTLY FOR AS LONG AS POSSIBLE BY MAXIMISING THE USE OF BUILDING REGULATIONS

- People with mental illness or disability in settled accommodation
- Proportion of adults in contact with secondary mental health services living independently, with or without support

INCREASE THE NUMBER OF PEOPLE WITH LONG TERM HEALTH CONDITIONS MOVING INTO AND SUSTAINING WORK

- Gap in employment rate between those with a long term condition and general employment rate
- Proportion of working age adults in contact with social services in paid employment
- Overall employment rate
- Percentage of workless households

ENSURE LOCAL TRANSPORT POLICY DELIVERS ON PROVIDING RESILIENT, FLEXIBLE AND SUSTAINABLE TRANSPORT OPTIONS ACROSS THE COUNTY, PARTICULARLY IN RURAL AREAS

- Indicators will be developed with partners to measure progress



BASELINE INDICATORS AND ACTION PLANS

For our JHWS to be successful in shaping the commissioning of services to improve wellbeing and health and reduce inequalities, a robust performance monitoring process of ongoing reporting, review and accountability is required.

The timescale for the strategy is set at 10 years; long enough to measure meaningful changes in population health/health-related outcomes.

A

The priorities will be reviewed mid-term to provide assurance that they still reflect need;

B

Each priority area will have an associated Council Officer and health (care) lead who will provide assurance to the HWB that there are mechanisms in place to deliver that element of the strategy and to report on progress through a local delivery plan. This may be achieved through existing strategies and action plans and should not duplicate what is already in place, but may require the development and delivery of new ones where these are absent;

C

Each priority is reflected in a single high-level outcome, primarily supported by national indicators which will be able to demonstrate progress;

D

An annual report on progress against each priority area within the themes will be submitted to the HWB by the lead for each priority area.

BASELINE INDICATORS

INDICATOR	NORTHUMBERLAND VALUE	TIME PERIOD	TREND	SOURCE
School readiness (at the end of reception)	75%	2017/18	Increasing	fingertips.phe.org.uk
Persistent absent rates (Primary School)	7.4%	2017/18	Increasing	fingertips.phe.org.uk
Persistent absent rates (Secondary School)	13.0%	2017/18	Increasing	fingertips.phe.org.uk
Exclusions (fixed term and permanent primary school rate per 100)	0.98	2016/17	Increasing	fingertips.phe.org.uk
Exclusions (fixed term and permanent secondary school rate per 100)	6.2	2016/17	Increasing	fingertips.phe.org.uk
Hospital admissions caused by unintentional and deliberate injuries in children (Crude rate - per 10,000 aged 0-14 years)	111.2	2017/18	Increasing	fingertips.phe.org.uk
Hospital admissions caused by unintentional and deliberate injuries in children (Crude rate - per 10,000 aged 0-4 years)	142.1	2017/18	Decreasing	fingertips.phe.org.uk
Hospital admissions caused by unintentional and deliberate injuries in young people (Crude rate - per 10,000 aged 15-24 years)	219.3	2017/18	Increasing	fingertips.phe.org.uk
Under 18 conceptions (rate per 1000)	20.3	2017	Decreasing	fingertips.phe.org.uk
Breastfeeding (at initiation)	65.6%	2016/17	Increasing	fingertips.phe.org.uk
Breastfeeding (at 6-8 weeks)	36.6%	2018/19	Decreasing	fingertips.phe.org.uk
Smoking status at time of delivery	13.6%	2018/19	Increasing	fingertips.phe.org.uk
Reception: Prevalence of obesity (including severe obesity)	8.6%	2018/19	Decreasing	fingertips.phe.org.uk
Year 6: Prevalence of overweight (including obesity)	32.3%	2018/19	Decreasing	fingertips.phe.org.uk
Smoking prevalence in adults	12%	2018	Decreasing	fingertips.phe.org.uk
Rate of hospital admissions for alcohol-related conditions (rate per 100,000)	877	2017/18	Increasing	fingertips.phe.org.uk

BASELINE INDICATORS

INDICATOR	NORTHUMBERLAND VALUE	TIME PERIOD	TREND	SOURCE
Percentage of physically active adults	65.7%	2017/18	Decreasing	fingertips.phe.org.uk
Percentage of physically inactive adults	23.8%	2017/18	Increasing	fingertips.phe.org.uk
1A - Social care-related quality of life	19.2%	2018/19	Decreasing	ASCOF
1D - Carer-reported quality of life	8.4%	2018/19	Decreasing	ASCOF
Delayed transfer of care from hospital per 100,000 population	3.3	2018/19	Increasing	ASCOF
Permanent admissions to residential and nursing care homes per 100,000 aged 65+	788	2017/18	Increasing	fingertips.phe.org.uk
Self-reported wellbeing (people with a low satisfaction score)	3.8%	2017/18	Decreasing	fingertips.phe.org.uk
People who use services who have control over their daily life	81.8%	2017/18	Increasing	fingertips.phe.org.uk
Fuel poverty	11.1%	2017	Decreasing	fingertips.phe.org.uk
Excess winter deaths	28.8%	Aug 2017 - Jul 2018	Increasing	fingertips.phe.org.uk
Adults with a learning disability who live in stable and appropriate accommodation	83.5%	2017/18	Increasing	fingertips.phe.org.uk
Adults in contact with secondary mental health services who live in stable and appropriate accommodation (Persons)	52%	2017/18	Increasing	fingertips.phe.org.uk
Gap in the employment rate between those with a long-term health condition and the overall employment rate	12.2%	2018/19	Decreasing	fingertips.phe.org.uk
Overall employment rate	71.5%	Jul 2018 - Jun 2019	Decreasing	nomisweb.co.uk
Percentage of workless households	19.4%	Jul 2018 - Jun 2019	Decreasing	nomisweb.co.uk