

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

The preparation of the JHWS is an equal and joint duty of the Local Authority and the CCG through the Health and Wellbeing Board. The duties are discharged by the Board as a whole.

The priorities in the JHWS are based on needs identified in the Joint Strategic Needs Assessment (JSNA). All CCG, LA and NHS England plans should take the JHWS into account.

The overall aim of the Northumberland JHWS is to maximise the wellbeing and health of Northumberland residents and reduce inequalities; success of the strategy overall will be measured by the high level indicators of improvements in life expectancy, healthy life expectancy and a reduction in the life and healthy life expectancy gaps between our most and least deprived communities.

There are four themes for this new 10 year strategy (as previously agreed by the Health and Wellbeing Board):

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

The high level outcomes; priority areas; an indication of the sorts of actions that will contribute to priority area; and a range of indicators to measure progress are included. A 10 year strategy provides a better opportunity for an ambitious programme which should see a significant improvement in health and wellbeing outcomes for the residents of Northumberland.

The CCG is leading on the engagement strategy supported by Healthwatch.

Author

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DRAFT NORTHUMBERLAND JOINT HEALTH AND WELLBEING STRATEGY 2018 - 2028

The overall aim of the Northumberland Joint Health and Wellbeing Strategy is to maximise wellbeing and health and reduce inequalities. High level measures of success will be monitored through changes in life expectancy, healthy life expectancy and the life expectancy/healthy life expectancy gap between our least and most deprived communities.

CHILDREN AND YOUNG PEOPLE

Theme	Giving children and young people the best start in life
Outcome	All children and young people are happy, aspirational and socially mobile
Why is this important	<p>Giving every child the best start in life was the highest priority recommendation in the Marmot Review. Advantage starts before birth and a positive childhood experience is vital to ensure children are ready to learn leading to better health and wellbeing throughout life and better life chances. So action to reduce inequalities must start before birth and continue through the life of the child.</p> <p>A good child health status positively affects educational performance and attainment. Very good or better health in childhood is linked to accelerating achievement for example, physical exercise has 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.</p> <p>Some key statistics for children and young people in Northumberland:</p> <ul style="list-style-type: none">• Not smoking during pregnancy has positive effects for the growth and development of the baby and health of the mother. During 2016/17, 12.9% (349) women were smoking at the time their babies were delivered. Although this is one of the lowest rates in the NE and it is falling, it is still much higher than the England average (PHOF).• The early years are critical to the development and future health and outcomes for children. 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 74.9% of children at the end of reception, in children with free school meal status, only 57.9% of children achieve this level (PHOF 16/17 data).

	<ul style="list-style-type: none"> • Educational attainment is a key predictor of health outcomes and social mobility. In Northumberland, the proportion of pupils achieving Grade 4 at GCSE in Maths and English in our secondary schools ranges from 29% to 79% (Director of Education Annual Report 16/17). • Teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage pregnancy rates continue to fall and Northumberland has one of the lowest rates in the NE; about the same as the England average.
Priority areas	<p>Provide the best quality education that we can</p> <p>Ensure all children and young people feel safe and supported in all areas of their life</p> <p>Support children and young people to make positive lifestyle and social choices</p>

<p>What sort of things are we going to do</p>	<p>Examples of the things we think we should be doing are:</p> <ul style="list-style-type: none"> ● Undertake a wholesale review of educational provision to ensure that all children enjoy good quality education ● Continue to invest in capital programmes to create an environment which promotes learning ● Work with schools via school improvement to target those children on FSM who need additional support to realise their potential ● Ensure that pupil premium is being utilised to meet the educational needs of children and young people who most need it. <ul style="list-style-type: none"> ● Continually improve and develop our front door services (such as the Multi-Agency Safeguarding Hub (MASH)) to ensure children receive the right support at the right time. ● Work with the public and all partners who have contact with children to ensure they recognise and respond to situations where children might be at risk ● Ensure that children with Special Educational Needs and Disabilities have an appropriate level of support. <ul style="list-style-type: none"> ● Work with schools to promote and improve the emotional wellbeing and resilience of children and young people. ● Support CYP who are disadvantaged through adversity created through physical deficit or societal circumstance to enable them to make positive social and lifestyle choices ● Ensure parents have the tools to promote attachment and understanding of positive behavioural health insights.
<p>How are we going to measure progress</p>	<p><u>Priority - Provide the best quality education that we can</u></p> <p>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)</p> <p><u>Priority - Ensure all children and young people feel safe and supported in all areas of their life</u></p> <p>Emotional wellbeing of children looked after Hospital admissions caused by unintentional and deliberate injuries in under 18s Proportion of children with SEND with an up to date Education, Health and Care Plan</p> <p><u>Support children and young people to make positive lifestyle and social choices</u></p> <p>Under 18 conceptions Breastfeeding - initiation and at 6-8 weeks Smoking status at time of delivery Excess weight in Reception and Year 6 pupils</p>

TAKING A WHOLE SYSTEM APPROACH

Theme	Whole system approach to health and care.
Outcome	To maximise value from, and sustainability of, health and social care and other public services for improving the health of the people of Northumberland, reducing health inequalities.
Why is this important	<p>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. Over the last few years though there has been an unprecedented increase in the demand on health and social care. Here are a few key facts:</p> <ul style="list-style-type: none"> • There were almost 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. • 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 (25.5% in England) and 37.1% of adults with serious mental illness (40.5% in England) still smoke. And 12.9% of pregnant women were reported to be still smoking at time of delivery during 2016/17. • 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. • More than two-thirds (69.8%) of adults living in Northumberland are overweight or obese (2013-15) compared to 64.8% in England; in 2015/16, a third of children in year 6 (10-11 years of age) were overweight or obese. • A quarter (24.3%) of adults in Northumberland are inactive, compared to 22.3% in England. <p>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.</p>
Priority areas	Refocus and prioritise prevention and health promotion

	<p>Improve quality and value for money in the health and (social) care system (integration).</p> <p>Ensure access to services that contribute to health and wellbeing are fair and equitable.</p>
What sort of things are we going to do	<p>Examples of the things we think we should be doing are:</p> <ul style="list-style-type: none"> • Making every contact count (MECC) is an approach to behaviour change that utilises 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.¹ We want to embed MECC across the whole system so that as many people as possible are trained to have these conversations. • 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. • 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. • 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.
How are we going to measure progress	<p><u>Priority - Refocus and prioritise prevention and health promotion</u></p> <p>Smoking prevalence in adults. Rate of hospital admissions for alcohol-related conditions. Percentage of physically active or inactive adults. Improved mental wellbeing.</p> <p><u>Improve quality and value for money in the health and (social) care system (integration).</u></p> <p>User and carer experience and quality of life. Total delayed transfers of care. Rate of emergency admissions for acute conditions that should not usually need hospital admission / ambulatory care sensitive hospital</p>

¹ Public Health England, NHS England and Health Education England. Making Every Contact Count (MECC): Consensus statement. April 2016. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/515949/Making_Every_Contact_Count_Consensus_Statement.pdf

	<p>admissions. Rate of people receiving social care packages. Rate of admissions to residential and nursing care homes.</p> <p><u>Ensure access to services that contribute to health and wellbeing are fair and equitable</u></p> <p>Inequalities in access to key services.</p>
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NORTHUMBERLAND JHWS - EMPOWERING PEOPLE AND COMMUNITIES THEME

Theme	Empowering People and Communities
Outcome	People and communities in Northumberland are listened to, involved and supported to maximise their wellbeing and health.
Why is this important	<p>We cannot achieve the improvements in wellbeing and health that we aspire to for Northumberland residents by focusing on preventing ill health alone. Whilst this approach remains critically important, we also need to take an alternative view and increase opportunities to achieve positive change by supporting people and communities to build on their own skills and knowledge and their communities' assets - a move from preventing illness to promoting wellness; and from a 'doing to' culture to a 'doing with' culture. Community-centered approaches are key to building resilient and flourishing individuals and communities. Resilience reduces the impact that the stresses of life have on our wellbeing, keeping us happy, healthy and independent for longer.</p> <p>From the clinical perspective, 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 services such 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.</p>
Priority areas	<p>Ensure that partners, providers, practitioners and the systems they work in promote and encompass a 'more than medicine' approach.</p> <p>Provide people and communities with access to networks and activities which will support good health and resilience.</p> <p>Support people to gain the knowledge, skills and confidence they need to be active partners in managing and understanding their own health and healthcare</p>

<p>What sort of things are we going to do</p>	<ul style="list-style-type: none"> ● Develop a Strategy and Action Plan for people powered wellbeing and health in Northumberland including standardised measures that support ongoing evaluation. ● 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; ● 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 schools, the voluntary sector and LA departments to identify and develop intergenerational approaches to developing life skills in young people
<p>How are we going to measure progress</p>	<p>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:</p> <ul style="list-style-type: none"> ● Use 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 ● Gather information from local service providers and agencies as well as members of the local community ● Develop community led approaches to evaluation ● Measure impact over time by repeating information gathering with community at regular time points to measure changes and inform future development <p>Existing collected measures to which the program will contribute :</p> <ul style="list-style-type: none"> ● Self-reported wellbeing ● Carer reported quality of life ● People who use services who have control over their daily life <p>Process measures</p> <ul style="list-style-type: none"> ● Number of new Social Prescribing programs implemented ● Numbers of people supported by care navigators ● Numbers of PAMs completed

NORTHUMBERLAND JHWS - TACKLING THE WIDER DETERMINANTS

Theme	Tackling some of the wider determinants
Outcome	People's health and wellbeing is improved through addressing wider determining factors of health that affect the whole community.
Why is this important	<p>From a national perspective, Northumberland is largely a rural area. It encompasses a large expanse of open countryside with a scattering of towns and villages, that includes former mining areas and current commuter settlements. This diversity exemplifies health inequalities across the county with the life expectancy differing markedly depending on where you live. The lower population density in more remote areas also masks small pockets of significant deprivation and poor health outcomes.</p> <p>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:</p> <ul style="list-style-type: none"> • <i>Changing population patterns</i> - 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. • <i>Infrastructure</i> - 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. • <i>Digital access and exclusion</i> - 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. • <i>Access to health and related services</i> - Access in terms of distance to health, public health and care services is poorer in 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. • <i>Community support, isolation and social exclusion</i> - 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. • <i>Housing and fuel poverty</i> - Affordability, poor quality housing and significant fuel poverty threaten the wellbeing and sustainability of communities. House prices are generally higher in Northumberland and there are areas where access

	<p>to both social and supported housing is more limited. There is a also much higher proportion 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.</p> <ul style="list-style-type: none"> • <i>Employability</i> - 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 remain 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
<p>Priority areas</p>	<p>Tackle fuel poverty by increasing the number of households with access to affordable warmth</p> <p>Support people to live independently for as long as possible through housing innovation</p> <p>Support individuals with care and/or health needs into employment</p> <p>Improve access to employment, education and key services through digital technology</p>
<p>What sort of things are we going to do</p>	<ul style="list-style-type: none"> • 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

How are we going to measure progress	<ul style="list-style-type: none">● Fuel poverty● Excess winter deaths● Number of homes with an energy efficiency rating of Band C● Number of homes connected to national grid● People with mental illness or disability in settled accommodation● Proportion of adults with learning disabilities who live in their own home or with their family● Proportion of adults in contact with secondary mental health services living independently, with or without support● Employment for those with a long term health condition● Proportion of working age adults in contact with social services in paid employment● Employment of people with mental illness● Geographical extent of 4G mobile phone connectivity● Number of premises with access to superfast broadband● Number of individuals eligible to access the forthcoming statutory digital learning entitlement
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