

# Northumberland Joint Health and Wellbeing Strategy Review 2023-2028 Update



# FOREWORD

## Welcome to our updated Joint Health and Wellbeing Strategy



**Cllr Paul Ezhilchelvan**, Chair of the Health and Wellbeing Board

This document helps us to focus our attention on improving health and wellbeing across Northumberland. It is important that we continually monitor changes that are happening across the sector, and this is why I now present to you the updated Joint Health and Wellbeing Strategy.

Since the 2018 version of the Strategy was released, the COVID-19 pandemic has shone more light on the inequalities that exist within our communities. Further demonstrating a commitment to tackling this, an Inequalities Plan was developed by senior leaders from Northumberland County Council, the NHS, voluntary and private sector including businesses, who worked together to ensure the whole system works collectively to tackle inequalities and start to reduce the gap in healthy life expectancy.

We have also seen the publication of the NHS Long Term Plan and the development of

Integrated Care Systems and Integrated Care Partnerships, the Core20PLUS5 approach to reducing healthcare inequalities, the North East and North Cumbria Integrated Care Partnership Strategy, a new Northumberland County Council Corporate Plan, a new Northumbria Healthcare NHS Foundation Trust strategy, a new Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust strategy, and a Healthwatch Northumberland Strategic Plan 2023-26.

It is therefore important that we refresh the actions and indicators of progress in our Joint Health and Wellbeing Strategy to align wherever possible with these plans and strategies, each of which has tackling inequalities at heart.

The final five years of this 10-year strategy will work towards the generational change that we need to see happen.

As a health and wellbeing partnership we have a strong commitment to continue building on this successful relationship to deliver this ambitious strategy.



**Cllr Veronica Jones**, Cabinet Member for Improving Public Health and Wellbeing.

In the poorest parts of Northumberland, life expectancy is 12 years less than for people in wealthier areas, and people are spending longer living in poor health.

Evidence tells us that health inequalities are largely preventable, and we are working hard to address issues around poverty. By working collaboratively with key stakeholders and our communities, we will be able to help people live long, healthier and happier lives.

# INTRODUCTION

There is a common purpose and ambition to reduce inequalities in Northumberland and there are solid foundations in place from which to build on. There is a strong commitment among system partners to do more to empower communities, to take proactive action and to maximise the ways we work together to bring about meaningful change.

If we want all our communities and residents to thrive, the right building blocks need to be in place, for some communities however, those blocks are missing. The Covid 19 pandemic and cost of living crisis has highlighted the two-way relationship between inequalities and unprecedented events and financial shocks. Both the direct and indirect impacts affected those already most disadvantaged communities the hardest, shining a spotlight on the fragility of social safety nets, leaving those with the least resilience to bear the greatest burden.

To reduce inequalities, we need to reduce the gap in the experiences our communities have across health, education, employment, and social outcomes. This requires the action of multiple stakeholders on multiple levels, from local communities through to national government and beyond. When taking action to reduce inequalities we often think first of the broad range of services that support residents to live healthy and full lives. It is important that, when our residents need them, they have access to the right support and services at the right time and in the right place. However, inequalities will not be reduced by delivering good-quality services alone. Tackling inequalities also requires

equity in access to the building blocks that create a healthy society such as good quality housing, work, education, transport, and social networks and this needs to be at the forefront of our decision-making process. We call this having an 'inequalities lens'.

Our residents are our greatest assets. They are much more than customers or service users, they are active citizens with strengths, skills, passions, and ideas that make their communities stronger and resilient. As organisations in Northumberland, we need to continue to hear, understand and value the active role that communities have in optimising wellbeing and health. We need to remove the barriers that inhibit this to make Northumberland a healthier and more equal place to live, work and visit.

Our current Joint Health and Wellbeing Strategy was published in 2018 and the priority areas were developed and agreed following extensive consultation with partners and community groups. This is now the midpoint of this strategy, so the Health and Wellbeing Board decided to review the core themes of the strategy, what had been achieved and to set out priorities and actions for the remaining term. The review has remained true to the original consulted on

priorities and we have taken the opportunity to update actions in view of the significant changes since 2018. The refreshed themed chapters that follow outline new actions and indicators which will be used to demonstrate progress against these priorities. The cross-cutting themes set out within the original Joint Health and Wellbeing Strategy:

- Improving mental wellbeing / resilience
- Supporting people with long term conditions
- Exploiting digital technology

These continue to remain embedded within the refreshed core themes and underpin the actions taken forward within these. Whilst it has not been possible to reflect all the amazing work that is carried out by partners every day across Northumberland to reduce inequalities, what is shared in the following chapters provides a taste of some of the actions we are taking.

Our cross-sector Northumberland Inequalities Plan, Poverty and Hardship Plan, to name but a few have been developed specifically in response to the challenges our communities are facing. There are many organisational and cross sector plans which are aligned to help us deliver on our commitments for the remaining five years of the strategy.

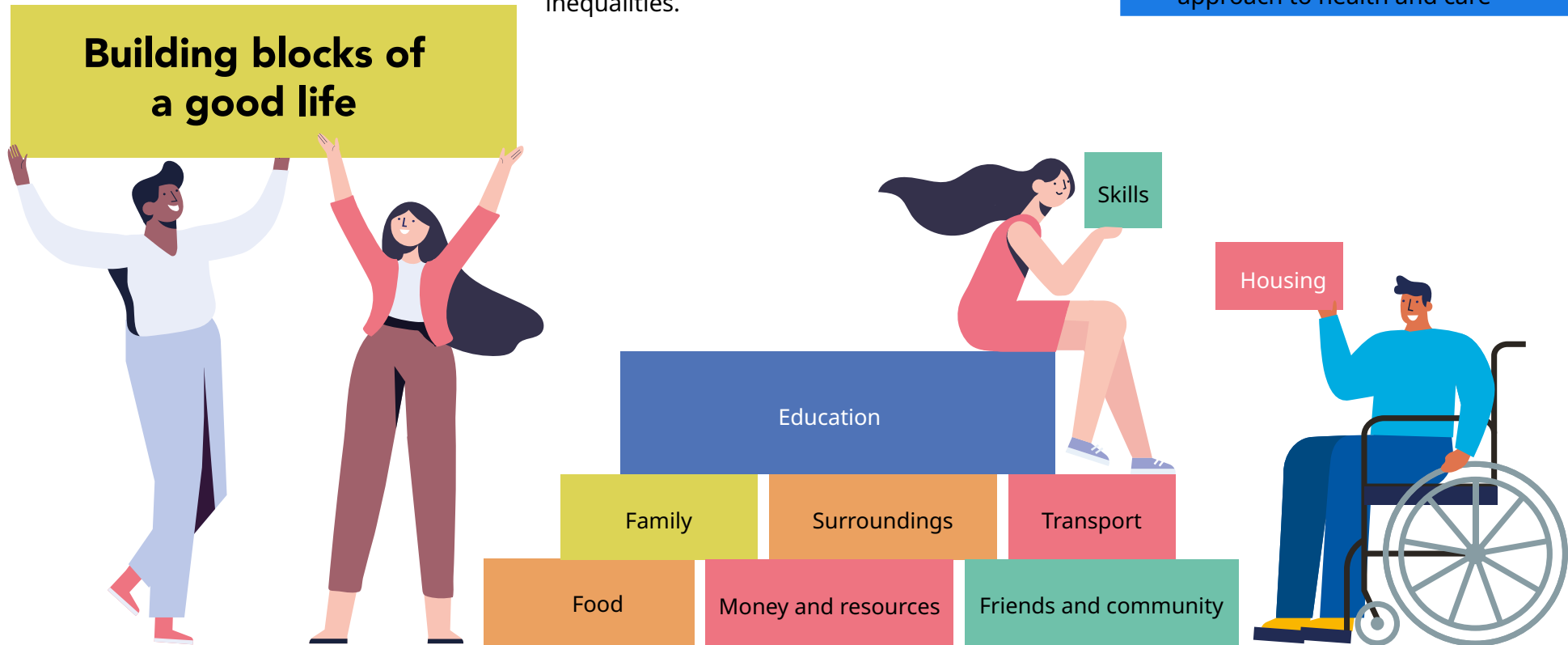
## Community Strength Based Approaches

There has been widespread agreement that as we move into the second period of the Joint Health Wellbeing Strategy it is important to embed the principles and language contained in the original Empowering People and Communities theme across all themes rather than it being a standalone approach.

The 'Wider Determinants of Health' theme has been renamed the 'Building blocks of a good life', as comparing building a healthy society with the construction of a sturdy building is more likely to resonate with people. Using this as a metaphor will also increase knowledge of the fundamental role that the circumstances within which we are born, live and work has the biggest impact on people's health and inequalities.

**Therefore, moving forward the 3 core themes of the Joint Health and wellbeing Strategy will be:**

- Starting and growing up well
- Building blocks of a good life
- Adopting a whole system approach to health and care



Underpinned by the Priorities and Principles of the employer people and communities' approach.

As the priorities within these themes are taken forward, there is system wide commitment to embed the priorities and principles of the empowering people and communities' approach, which also supports delivery of Northumberland Inequalities Plan.

These priorities and principles are:

**Priority Areas:**

1. Ensure stakeholders and the system work collaboratively to remove systemic barriers, promote, and mobilise a local, holistic whole-person approach.
2. Ensure equity of access to sustainable and locally determined opportunities that support resilience, belonging and connectivity.



3. Ensure the Northumberland system enables people to develop the knowledge skills and confidence to understand their own health and care choices and the consequences of these.

4. Ensure the voice of lived experience is central within policy development and practice.



**The principles are:**

- **Taking a strengths-based approach** – We will jointly build on the existing strengths within our diverse and vibrant communities, working collaboratively to increase capacity and resilience, helping people to recognise where or how they can optimise their ability and act on this.
- **Working collaboratively** – We will take a holistic approach to wellbeing that addresses the wider societal determinants of health and inequalities. Working in this way in ensures we have a culture of 'doing with' not 'doing to.'

As a system we are going to embed these principles by taking the following actions:

- **Be resilient** - build on the passion and community cohesion shown during COVID-19 and Storm Arwen
- **Be inclusive** - identify and develop intergenerational and diverse and inclusive opportunities to promote community cohesion.
- **Be community-based** - take forward a strengths-based community development strategy based in localities.
- **Be consistent** - develop a system-wide standard to help stakeholders have the knowledge, skills and support they need.
- **Be open** - share data safely and appropriately by developing a local data sharing agreement.
- **Make every door 'the right door'** - develop and raise awareness of referral and signposting pathways between groups and organisations to enable seamless transition for people and organisations; including, but not limited to, improving use of 'Frontline.'

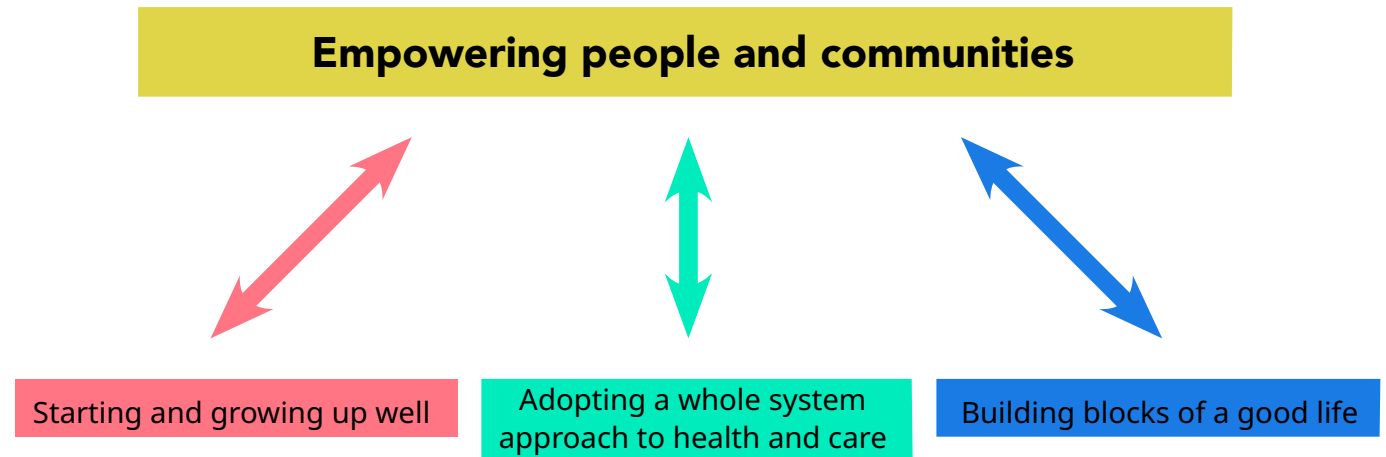
Whilst there is a shared commitment to reduce inequalities, there is also an appreciation that the biggest drivers to level off and start to close the gap in inequalities will take generational change with a national policy shift and significant infrastructure improvements through regeneration and employment. This requires unwavering long-term commitment to our mission to reduce inequalities by improving our understanding of inequalities at a neighbourhood level and changing the way we work as organisations, how we work together and how we work WITH communities. Our emerging Northumberland County Partnership will bring together public sector organisations, VCSE and faith partners and business to deliver our twenty-year commitment to change a generation. The remaining five years of this Joint Health and Wellbeing Strategy place us in a strong position to deliver on the first 5 years of that longer term mission.

### Demonstrating progress

The overall impact of the actions proposed within this strategy will be measured over the longer term, by the high-level indicators of:

- Self-Reported Wellbeing
- Reduction in the life and healthy life expectancy gap between the most and least deprived communities.

Each theme 'chapter' includes examples of some ways progress can be demonstrated throughout the remaining period of the Strategy.



# STARTING AND GROWING UP WELL

**Outcome: All children and young people in Northumberland are happy, healthy and have the opportunity to reach their potential.**

## Why is this important?

The evidence remains clear that childhood experiences have a long-term impact on health and resilience which extend across the life course. Improving the experiences of children throughout their whole childhood will both prepare them for adulthood and result in improved health and wellbeing in later life.

Giving every child the best start in life was the highest priority recommendation to reduce inequalities in the longer term in the landmark Marmot Review.<sup>1</sup> 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

Action to reduce inequalities must start even before birth.

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

Following birth, a healthy childhood can positively affect educational performance and attainment:

- Good health is linked to accelerated achievement, for example, physical exercise is known to have a significant and positive impact on academic performance.
- Personal, social, health and economic (PSHE) learning has a positive impact on academic attainment.
- Strong relationships and sex education equip children and young people to face the challenges of contemporary society.

There are many areas of child health, wellbeing and education in which Northumberland performs better than the England average but there are also areas where outcomes are poorer.

The COVID-19 pandemic has had a significant and prolonged impact on some children's lives, potentially unsettling their emotional, cognitive and social development. This has disproportionately affected the most disadvantaged increasing the need to tackle inequalities. Disruption of in-person teaching during 2020 and 2021, has meant that many pupils missed out on learning and social

opportunities and some got out of the routine of attending school. There is some evidence of an overall worsening of children and young people's mental health associated with the COVID-19 pandemic.

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

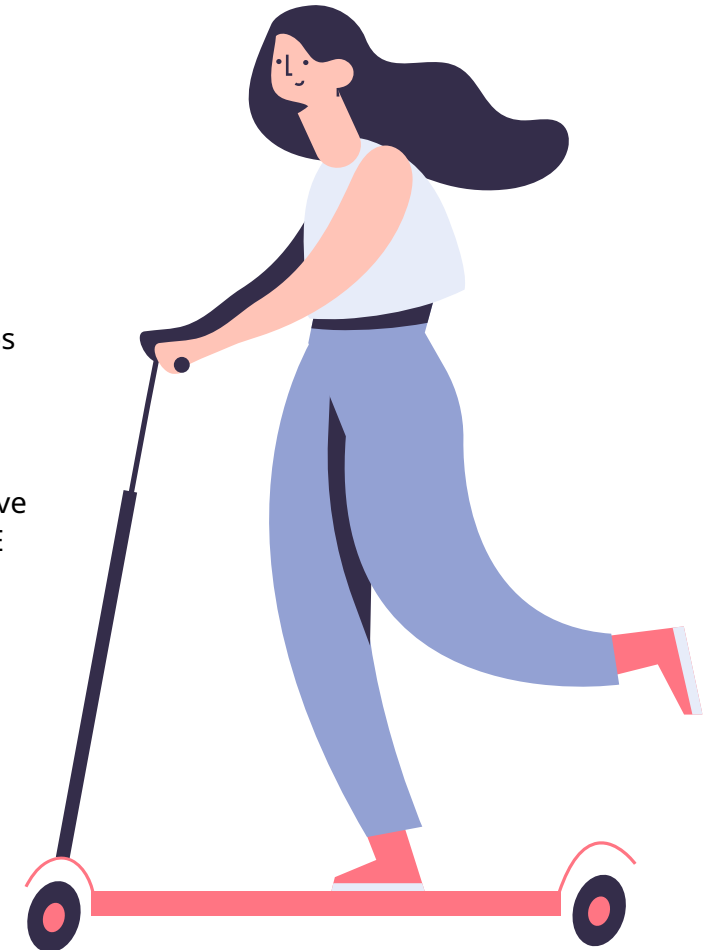


## What do we know now?

- During 2022/23, 10.6% (241) women were smoking at the time their babies were delivered. This is one of the lowest rates in the North East. It has decreased since 2010/11 but remains higher than the England average (8.8%) although the gap has reduced.
- The teenage pregnancy rate remains one of the lowest in the region and is about the same as the England average.
- Whilst two thirds of mothers start breastfeeding their babies, only just over a third of mothers are still breastfeeding between 6-8 weeks.
- For those aged between 10-24 years old, the hospital admission rate for self-harm is more than double the rate in England and, like other North East local authorities, rates of hospital admissions for unintentional and deliberate injuries in children and young people are higher than in England.
- More than 9 out of 10 (93.9%) schools are rated Good or Outstanding by Ofsted which is 4.9% above the national average.
- Most (97%) early years and childcare providers in Northumberland are rated as Good or Outstanding.
- Northumberland has one of the highest levels of school readiness in the North East; this is similar to the England average. However, this hides the inequalities which exist between groups of children. Whilst overall, a good level of development is achieved by 68.8% of our children at the end of Reception, only 50.5% with free school meal status achieve this level (PHOF 2022/23 data).
- Academic outcomes are continuing to bounce back to 2019 levels (the last year that comparative exams took place). In 2022/23 42.8% of Northumberland pupils achieved a strong pass in GCSE English and maths, higher than the North East average (41.7%) but lower than the national average (45%). (Director of Education Annual Report 2022/23).
- In 2022/23 only 74% of Reception age children (4-5 years) and 61% of Year 6 (10-11 years) children were a healthy weight. Levels of healthy weight are lower than the England average.
- In 2022/23 less than half (45.8%) of children met the recommended amount of physical activity (an average of at least 60 minutes moderate to vigorous intensity activity per day across the week)

## What are our priority areas:

- **Priority 1** - Provide the best quality education and skills offer that we can.
- **Priority 2** - Ensure all children and young people are safe and supported in all areas of their lives.
- **Priority 3** - Support children and young people's physical and emotional health and wellbeing.





## What are we going to do?

**Priority 1 - Provide the best quality education and skills offer that we can.**

### What are we going to do?

We will work with children, young people and their families and services to:

Challenge and support improvement in the performance of our schools and settings to provide children and young people with the opportunity to achieve the best educational outcomes.

Ensure everyone is supported to achieve their ambitions including providing clear pathways into apprenticeships, further education, higher education and employment.

With families at the centre, develop and embed partnership working, providing inclusive support from pregnancy to age 18 (or 25 for those with SEND).



### Some ways we can demonstrate progress

- Percentage of children and young people attending early years settings and schools rated as Good or Outstanding by Ofsted.
- Academic outcomes including Progress 8, Attainment 8 and the percentage of pupils achieving standard and strong passes in English and maths.
- The achievement gap between pupils eligible for free school meals and/or with special educational needs and their peers.
- School readiness (Good Level of Development) at the end of Reception.
- School attendance.
- Listening to what children, young people and their families tell us, including feedback from learners and championing the voice of children.



**Priority 2 - Ensure all children and young people are safe and supported in all areas of their lives****What are we going to do?**

Through our shared endeavour to safeguard, protect, help and promote the welfare of children we will:

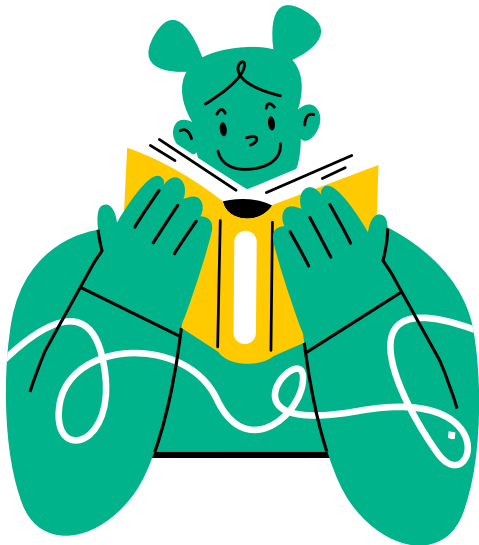
Keep our children safe through early support, assessment and delivery of our statutory functions, including being an effective Corporate Parent and supporting our Care Leavers.

Develop our workforce.

Develop services that build on existing strengths and ensure families' needs are put first.

Ensure that children and young people have a voice, that their opinions are seriously considered and will influence decisions that affect them.

Ensure that all services work together, linking with assets in our communities regarding tackling any form of disadvantage, helping families to be confident that they have what they need to build the future they wish for.

**Some ways we can demonstrate progress**

- External reviews and inspections (e.g. Ofsted Inspecting Local Authority Children's Services).
- Emotional wellbeing of cared for children.
- Hospital admissions caused by deliberate self-harm and unintentional and deliberate injuries in under 18s.
- Implementation of multiagency strategies (e.g. Northumberland Children and Young People's Plan, The Northumberland Children and Adults Safeguarding Partnership Strategic Plan).
- Listening to children, young people and their families to understand how well we meet their needs and have a positive impact on their outcomes and life chances.



**Priority 3 - Supporting physical and emotional health and wellbeing****What are we going to do?**

We will:

Lead and implement partnership strategies to deliver high-quality preventative measures

Work in partnership and link with community assets to provide effective prevention and early intervention opportunities to support the development of children and young people, including the Growing Healthy Northumberland 0-19 service and Family Hubs

Tackle inequality experienced by those most likely to have poor mental and physical health and/or emotional wellbeing through partnership working and delivering local strategies building on existing community strengths

Develop and implement partnership approaches that build on existing community strengths to promote healthy weight and physical activity

Improve the experiences of children and young people in relation to their health by developing the knowledge, skills and capability of workforces through partnership and integrated working

**Some ways we can demonstrate progress**

- Smoking status at time of delivery.
- Under 18 conceptions.
- Breastfeeding - initiation and at 6-8 weeks.
- Child development: percentage of children achieving the expected level in skills at 2 to 2 and a half years.
- Prevalence of healthy weight.
- Percentage of physically active children and young people.
- Listening to children, young people and their families, including case studies from those involved in community strengths-based opportunities and using services.



# ADOPTING A WHOLE SYSTEM APPROACH TO HEALTH AND CARE

**Outcome: To maximise value from and sustainability of health and social care and other public services to improve the health of people in Northumberland and reduce health inequalities.**



## Why is this important?

The COVID-19 pandemic, ongoing challenges in meeting demand for healthcare and social care and increasing health inequalities have reinforced the need for a 'whole system' approach to health and care. A whole system approach means:

- Understanding the relationships within and between different parts of the system, such as the impact availability of domiciliary care can have on hospital discharges or the multiple factors that influence healthy weight.
- Partnerships between those people who draw on care and support, paid and unpaid carers, and citizens to improve services (co-production).<sup>1</sup>
- Developing shared meaning and purpose between stakeholders before moving to action and local evaluation.<sup>2</sup>

<sup>1</sup> <https://www.scie.org.uk/co-production/what-how>

<sup>2</sup> <https://www.nice.org.uk/guidance/ph42/evidence/review-1-identifying-the-key-elements-and-interactions-of-a-whole-system-approach-to-obesity-prevention-69056029>

Fundamental to a whole system approach is the need to build and maintain trust and effective relationships between people, communities and organisations including those without a specific health or social care remit.<sup>3</sup>



<sup>3</sup> <https://link.springer.com/article/10.1186/s12889-018-6274-z#Tab1>

## What do we know now?

- In 2022, the proportion of adults living in Northumberland who smoke fell to its lowest level on record at 9.6%, below the proportion in England or the North East. However, this differs across the population and is higher in some groups. The proportion of people with routine and manual occupations who smoke was 23.8%, and 10.6% of mothers were known to be smokers at the time of delivery. Just over 20% of adults with a long-term mental health condition were smokers in 2021/22.
- In 2021/22, in Northumberland, the rate of hospital admissions for alcohol related conditions was 768 per 100,000 population. This is higher than both the England rate of 494 per 100,000 and the North East rate of 721 per 100,000.
- Between 2017/18 and 2021/22, the percentage of physically active adults has varied between 65.5% and 72.1%. The most recent value of 70.1% in 2021/22 is above the England average (67.3%) and is the highest in the North East region. However, the percentage of physically inactive adults in 2021/22 was 22.6%. This is similar to the England average (22.3%).
- Following an increasing trend between 2010 and 2020, the mortality rate from deaths related to drug misuse has decreased to 4.5 per 100,000 in 2020-22. This is now less than the England rate of 5.2 per 100,000 (after adjusting for differences in age structure) for the first time since 2011-13.
- Social care-related quality of life in 2022/23 was higher (19.7 out of 24) than the England average (19.0).
- The proportion of people who use services who state that they feel they have control over their daily life in 2022/23 was higher (82.1%) than in England (77.2%) or the North East (80.0%).
- Mortality rates for people aged under 75 years from all cardiovascular diseases was similar (72.4 per 100,000 population) to England (76 per 100,000) after adjusting for differences in age structure.
- At the end of September 2023, 56.8% of people having a severe mental illness (SMI) on their GP records had all six elements of the physical health checks, compared to 52.3% for England. However, it is estimated that only 77.6% of people with an SMI in Northumberland have this recorded, compared to 90.7% for England.

## What are our priority areas:

- **Priority 1** - Refocus and prioritise prevention and health promotion.
- **Priority 2** - Drive integrated, coordinated, personalised care, and user and resident involvement in the health and (social) care system.
- **Priority 3** - Ensure access to, experiences of, and outcomes from services that contribute to health and wellbeing are equitable.



## What are we going to do?

### *Priority 1: Refocus and prioritise prevention and health promotion.*

#### What are we going to do?

We will promote training and implementation of Making Every Contact Count (MECC) with frontline services and communities and develop an approach to understand how MECC training and delivery can contribute to addressing inequalities.

We will adopt whole system approaches to tobacco, alcohol, healthy weight, physical activity, mental health, drugs, sexual health, and oral health that value and build on existing organisations and connections (assets) in our communities to maximise reach, scale and diversity.



#### Some ways we can demonstrate progress

- Number of people trained in MECC.
- Case studies demonstrating different conversations taking place and their impact.
- Smoking prevalence in adults.
- Rate of hospital admissions for alcohol-related conditions (rate per 100,000).
- Percentage of physically active adults.
- Percentage of physically inactive adults.
- Tooth extractions due to decay for children admitted to hospital, aged 10 years or under per 100,000 resident population.
- Deaths related to drug misuse (age-standardised mortality rate).
- Suicide rate.
- Estimated dementia diagnosis rate (aged 65 and older).
- Conceptions in women aged under 18 per 1,000 females aged 15-17.

*(Note: Indicators of healthy weight are included in the Starting and growing up well theme.)*

## What are we going to do?

Building on existing organisations, connections, and MECC and other awareness raising approaches in our communities, we will intensify approaches to the early identification and management of risk factors for cardiovascular disease: hypertension, raised cholesterol, and atrial fibrillation.

Building on existing connections and other assets in our communities to maximise reach, scale and inclusivity of opportunities, we will continue to increase annual physical health checks for people with severe mental illness (SMI) or learning disability (LD).

As large employers and 'anchor institutions', we will maximise our corporate social value responsibilities – training and employing local people and procuring from local supply chains and encouraging local businesses.

## Some ways we can demonstrate progress

- Under 75 mortality rate from all cardiovascular diseases.
- Patients (aged 45+ years) who have a record of blood pressure in the last 5 years.
- Patients with atrial fibrillation whose latest record of a CHADS2DS2-VASc score is greater than or equal to 2 who are currently treated with anti-coagulation therapy.
- Proportion of people with SMI who have received the complete list of physical health checks in the preceding 12 months (monitoring proportions using number on SMI registers and expected registers as denominators).
- Proportion of people on LD registers aged 14 years or over who have received a LD Annual Health Check in the preceding year.
- Progress against commitments described annually.

**Priority 2: Drive integrated, coordinated, personalised care, and user and resident involvement in the health and (social) care system.**

### What are we going to do?

We will establish integrated neighbourhood teams across Northumberland.

We will develop a system-wide intelligence strategy.

We will use population health management approaches that use existing data (including the JSNAA) more effectively and seek to link patient / resident / service user data where possible and appropriate.

We will ensure that patients, service users, carers, and residents are involved and engaged equitably in decisions about the commissioning, planning, and delivery of healthcare and social care, and in decisions about their own care.

### Some ways we can demonstrate progress

- Number of integrated neighbourhood teams.
  - Members and activities of teams described annually.
  - Unplanned hospitalisation for chronic ambulatory care sensitive conditions.
  - Proportion of people feeling supported to manage their condition.
  - People who use services who have control over their daily life.
  - Case studies demonstrating experiences of interacting with integrated neighbourhood teams and, for staff, experiences of different ways of working.
- 
- Development described annually.
- 
- Development of data use and linkage, and benefits to patients, described annually.
- 
- Public engagement reports with recommendations and actions.
  - Tender documentation references learning from engagement.
  - Service specifications reflect learning from engagement and methods of ongoing engagement, and performance indicators include measures of involvement (for example, shared decision making).
  - Evaluation/end of project reporting includes service user experience and commissioner / provider reflection on experience / learning.
  - Case studies e.g. demonstrating experiences of and any added value from engagement activities.



**Priority 3: Ensure access to, experiences of, and outcomes from services that contribute to health and wellbeing are equitable.**

**What are we going to do?**

Monitor inequalities in access to and outcomes from elective activity in secondary care.

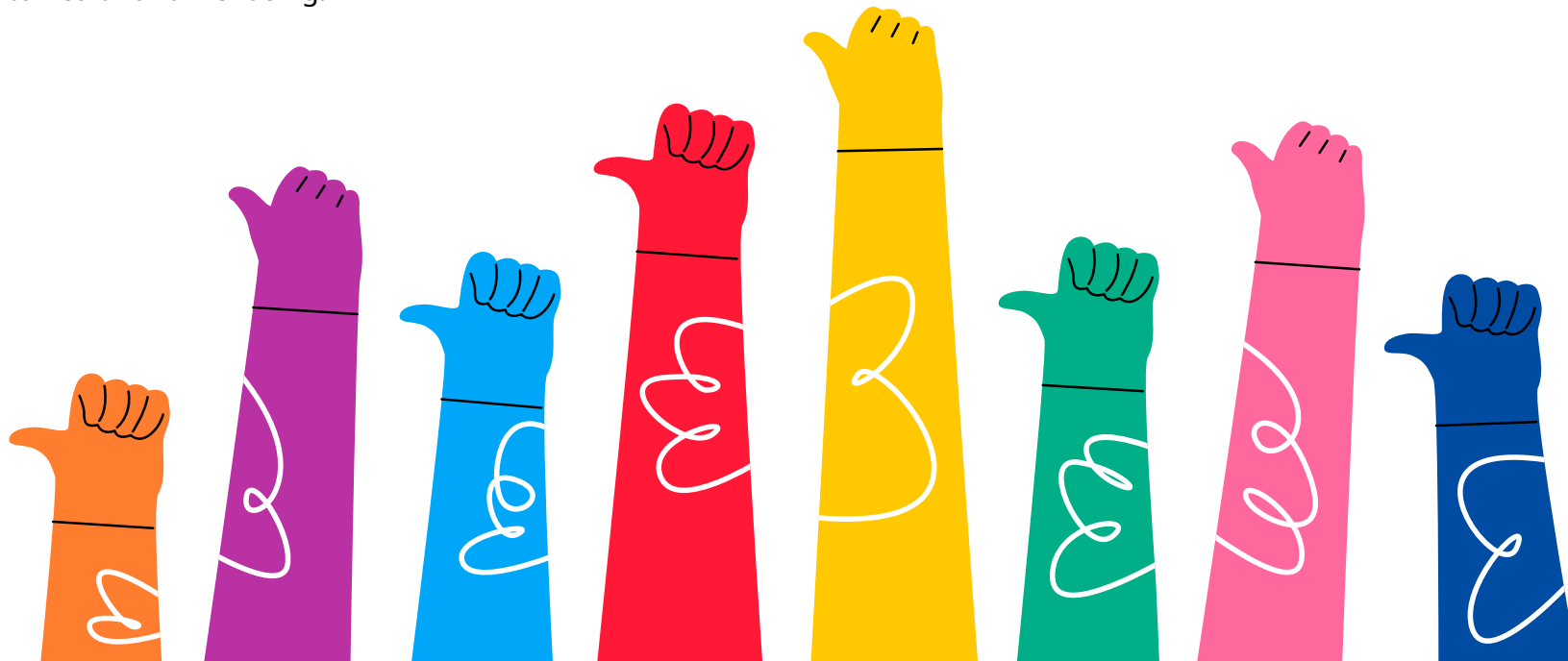
Identify elective activity where there are socioeconomic and other inequities and work collaboratively to address them.

Monitor and reduce inequalities in uptake of screening and vaccinations.

Undertake a programme of health equity audits (HEAs) of services that contribute to health and wellbeing.

**Some ways we can demonstrate progress**

- Annually reporting on inequalities in access for agreed elective activity.
- Inequalities in uptake of COVID, seasonal influenza, childhood, pregnancy, and shingles vaccinations.
- Inequalities in uptake of cancer screening, and screening for abdominal aortic aneurysm.
- Reports of HEAs and indicators as identified in HEAs.



# THE BUILDING BLOCKS OF A GOOD LIFE

**Outcome: People's health and wellbeing are improved, and inequalities are reduced by strengthening the Building Blocks of a Good Life.**

## Why is this important?

The conditions in which we are born, grow, live, work and age have a much bigger impact on health than either healthcare or individuals' behaviours. The NHS was never meant to be the only institution working to improve health, it was always intended to be part of a broader system of support addressing jobs, housing, education, and public transport.

The Joint Health and Wellbeing Strategy continues to focus on the following Building Blocks of a Good Life:

- **Education and growing up well** - This is contained in the *Starting and growing up well* Theme.
- **Housing** - Living in a home, which is unaffordable, cold, or damp can result in respiratory health conditions and worsens many long-term health conditions. It can affect children's ability to study at home, constantly worrying about having enough money to pay the rent can also lead to chronic stress, anxiety, and depression.

- **Employability** - Having a good quality job is protective for good health. Long term unemployment, low paid, inflexible, insecure work with irregular hours, or where the working environment is challenging, with low levels of control, autonomy or support can cause chronic stress; this can lead to high blood pressure and a weaker immune system.
- **Transport services and infrastructure** - Good public and community transport networks are vital in keeping people physically and mentally healthy, in work and socially connected. Transport networks affect our health directly through noise, air pollution and road safety, and indirectly by influencing how active we are during the day. They are vital in allowing us to attend health and care services, find and keep jobs and see our friends and family.

The COVID-19 pandemic and cost of living crisis focussed attention on existing inequalities and how the conditions within which people live and work, their income and social connections affected their ability to protect themselves from



the virus and their experience of lock-down. Examples include:

- 31% of UK adults experienced mental or physical health problems linked to the lack of space or the condition of their home, housing conditions or outdoor space during lockdown
- A noticeable trend showing increasing economic inactivity (people not in employment and not looking for work) and the proportion of people who are economically inactive due to ill health.
- Continued disruption of travel patterns. While car usage has made a rapid recovery, public transport recovery has been a lot slower.

This theme is a call to action to those agencies and departments working mainly outside the health and care system to take action to ensure all communities have stronger foundations to be able to thrive and seize the opportunities in Northumberland.

### What do we know now?

- In 2021 the average proportion of households living in fuel poverty was 13.8%. Households experiencing higher levels of fuel poverty include people living in rural areas, villages, hamlets, and isolated dwellings (16.1%), people with disabilities (17.3%), people living in private rented properties (24.7%) and lone parents with dependent children (25.1%). This data does not include the current period of the cost of living and energy crisis.
- Winter Mortality up to 2021 shows a worsening trend which is in line with North East and England trends.
- The number of adults who are in contact with mental health services and live in stable and appropriate accommodation has improved and is similar to England but worse than the North East.
- The gap in the employment rate for those with a long-term health condition is narrowing between Northumberland and the North East and England and this is a long-term trend.
- A 75% increase in Education Health and Care Plans for pupils over a 4-year period 2020~2023 and comparable growth in Special Educational Needs Support.
- The proportion of workless households in Northumberland has increased and the gap between local and national trends has grown.

- There are around 10,000 people in Northumberland who are able to contribute to the workforce shortage but are currently unable to find sustainable work.
- The employment rate for those aged 16+ has fallen slightly in Northumberland and nationally but is rising regionally.
- There is a 5300 resident net outflow of 16–25-year-olds who leave the county for greater opportunity elsewhere.
- For every 10 residents of working age in Northumberland there are 4.6 residents of pensionable age. In Newcastle this ratio is 10:2.
- Trips made on foot or by bike in Northumberland are roughly in line with regional and national averages. Generally, lower levels of walking and cycling are seen amongst population groups on lower incomes, older age and for people with disabilities.

*Note: The quality and timeliness of data has been affected by the COVID pandemic.*



### What are our priority areas:

**Priority 1** - Healthy Housing and Planning. *(The existing JHWBS housing priority areas 1 (fuel poverty) and 2 (independent living) have been combined, broadened, and renamed Priority 1 Healthy Housing and Planning).*

**Priority 2** - Inclusive Economy – increasing the number of residents moving closer or returning to work, increasing good quality work opportunities, and providing services for those with employment needs due to poor health.

**Priority 3** – Increasing Equity in Access to transport - we will work with our partners to improve equity of access to healthier, sustainable transport.

## What are we going to do?

### Priority 1: Healthy Housing and Planning

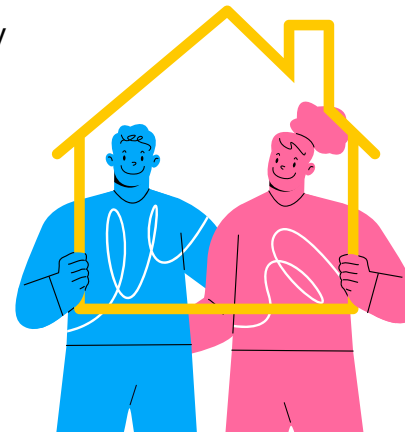
#### What are we going to do?

We will support healthier environments through the planning process by:

- Engaging developers earlier in understanding health impact of developments.
- Effective involvement of public health and the Health and Wellbeing Board in the planning process.
- Working across the emerging North East Mayoral Combined Authority to develop a common understanding and approach to reduce inequalities through health developments.
- Development of 'Healthy' design codes to supplement health policy in the local plan.
- Ongoing benchmarking with other local authorities and discussion with policy makers on best practice.

#### Some ways we can demonstrate progress

- Affordable Housing Indicator.
- Amount of overcrowded houses
- Fuel Poverty.
- % of properties at Energy Performance Certificate Band C and above.
- Increased use of the Place Standard Tool to collect and respond to residents' voices.



## What are we going to do?

We will work in partnership to improve the quality and availability of housing through new and existing schemes by:

- Developing a new housing strategy underpinned by health, and a refreshed strategic housing function.
- Working with the wider system through the Health and Wellbeing Board Healthy Housing forum. This will inform an inequalities summit in October 2024.
- Blyth Deep Dive Health and Housing scheme, bringing empty housing stock back into use, a Selective Licensing Pilot with private landlords in Cowpen Quay and continuing use of the Place Standard Tool to collect residents' voices.
- Supporting the implementation of Phase 1 of the Hirst Master Plan.
- Developing a better spread of affordable housing across the county by working in partnership to optimise delivery of Rural Affordable Housing, acting as an exemplar social landlord, using relationships to support other priorities including employability and involving residents in the process using the Place Standard Tool.
- Addressing fuel poverty through advice to residents and maximising available grants, focusing on those experiencing the greatest inequalities.
- Piloting the use of Frontline by the Growing Healthy Northumberland 0-19 service to connect housing providers with frontline workers allowing prompt referrals and monitoring. This may be extended county-wide.



**Priority 2: Inclusive Economy****What are we going to do?**

We will work in partnership to ensure Northumberland is a land of opportunities for everyone irrespective of where they live, their background or circumstances.

We will work in partnership as commissioners and providers of services to increase the number of residents with long term health conditions that want to enter, progress, and maintain work by:

- Improving our joint service response to meet the employment and health needs of residents with long term health conditions and disabilities.
- Delivering the North of Tyne/North East Mayoral Combined Authority/NE&NC ICB Work and Health Strategy.

**Some ways we can demonstrate progress**

- Gap in employment rate between those with long term physical or mental health conditions and the overall employment rate.
- Economic Inactivity Rate.
- Case studies demonstrating the experiences and outcomes of people accessing services outcomes and staff experiences of different ways of working.
- Case studies demonstrating experiences of people accessing employment.

## What are we going to do?

We will increase access to Good Quality Work (secure, flexible, safe, healthy working environment, decent levels of pay and opportunities to progress) through:

- Ensuring our residents can take advantage of the opportunities presented by Place Based Regeneration and emerging workforce needs:
  - Linking curriculum and facilities to support the ambition of learners and future workforce requirements for Northumberland.
  - Through skills development, training and apprenticeship opportunities which are fit for the jobs of the future for working age adults irrespective of their background.
  - Capital investment in facilities that enable creation of a skilled and productive workforce in high value sectors of importance.
- Improving Employer Engagement through initiatives such as the Good Work Pledge, Better Health at Work Scheme, SEND Employer Forum and Advance Northumberland Employer Engagement and Business Support to develop inclusive working practices and overcome the structural barriers to work including access to flexible working practices, childcare and transport. We will encourage an increased focus on smaller and medium-sized businesses.
- Supporting residents not in work to access intensive ready to work programmes, ensuring that employers are able to accept those ready for work into sustainable skilled occupations.
- Enabling young people with additional needs to work towards, access and progress from transition to work programmes. This will support more young people with additional needs access sustainable careers.
- Drawing on lived experience of residents to support and shape employer practices.



## What are we going to do?

We will maximise the economic levers of Northumberland's Anchor Institutions to deliver wider economic, social, and environmental benefits and reduce inequalities by:

- Developing a Northumberland Shared Framework of Social Value and Corporate Social Responsibility via the emerging County Partnership.

We will increase impactful volunteering and training opportunities for people who are economically inactive by working with the Combined Authority and local VCSE partners. This will increase opportunities for people to come together and act in their local area.

## Some ways we can demonstrate progress

Residents' Survey question of How often have you given unpaid help in the following ways (taking part in or supporting any group, club or organisation or as an individual to someone who is not a relative)?

Case studies of VCSE organisations and volunteers





**Priority 3: Increasing Equity in Access to transport****What are we going to do?**

We will work with local and regional transport bodies to enhance health and wellbeing and reduce inequalities through transport policies, strategies, programmes and plans.

We will build on the recommendations of our Transport Health Needs Assessment to address barriers to transport connectivity and improve the experience for residents, particularly those in rural areas, those with additional needs, those without access to private or public transport, and those with lower incomes.

We will support schemes that encourage active and sustainable travel in our communities, including improving walking and cycling routes, behaviour change schemes, and school-based initiatives.

We will advocate for and encourage the growth of public transport provision across Northumberland, including community transport initiatives, and working with communities to develop local solutions.

**Some ways we can demonstrate progress**

- % of adults walking or cycling for travel at least 3 times per week.
- Average number of passenger journeys on local bus services per head.



# BASELINE INDICATORS

| Indicator   | Northumberland | Time Period | North East                     | England | Data Source                                      | Link   |
|---|----------------|-------------|--------------------------------|---------|--|--|
| Smoking status at time of delivery  | 10.6%          | 2022/23     | North East and Yorkshire 11.9% | 8.8%    | NHS Digital                                      | <a href="#">Statistics on Women's Smoking Status at Time of Delivery: England - NHS Digital</a>        |
| Under 18s conception rate per 1000  | 13.8           | 2021        | 19.8                           | 13.1    | fingertips.phe.org.uk                            | <a href="#">Public health profiles - OHID (phe.org.uk)</a>   |
| Breastfeeding status at 6-8 weeks   | 42.0%          | 2021/22     | 35.7%                          | 49.2%   | fingertips.phe.org.uk                            | <a href="#">Public health profiles - OHID (phe.org.uk)</a>   |
| Hospital admissions as a result of self harm (10-24 years)  | 1014.2         | 2021/22     | 574.5                          | 426.7   | fingertips.phe.org.uk                            | <a href="#">Public health profiles - OHID (phe.org.uk)</a>   |
| Schools rated good or outstanding by Ofsted   | 93.9%          | 2022/23     | N/A*                           | N/A*    | Education, Send and Skills Annual Report 2022/23 | <a href="#">NCC-Annual-Report_Edu-SEND-and-Skills_2022-23-v6-1.pdf (northumberlandeducation.co.uk)</a> |
| Early years and childcare providers rated good or outstanding by Ofsted   | 97%            | 2022/23     | N/A*                           | N/A*    | Education, Send and Skills Annual Report 2022/23 | <a href="#">NCC-Annual-Report_Edu-SEND-and-Skills_2022-23-v6-1.pdf (northumberlandeducation.co.uk)</a> |
| School readiness: percentage of children achieving a good level of development at the end of Reception                              | 68.8%          | 2022/23     | 66.3%                          | 67.2%   | fingertips.phe.org.uk                            | <a href="#">Public health profiles - OHID (phe.org.uk)</a>   |
| School readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception | 50.5%          | 2022/23     | 51.3%                          | 51.6%   | fingertips.phe.org.uk                            | <a href="#">Public health profiles - OHID (phe.org.uk)</a>   |
| Percentage of pupils who receive a strong pass in GCSE English and Maths  | 42.8%          | 2022/23     | N/A*                           | N/A*    | Education, Send and Skills Annual Report 2022/23 | <a href="#">NCC-Annual-Report_Edu-SEND-and-Skills_2022-23-v6-1.pdf (northumberlandeducation.co.uk)</a> |
| Reception prevalence of healthy weight  | 74.1%          | 2022/23     | 74.0%                          | 77.5%   | fingertips.phe.org.uk                            | <a href="#">Public health profiles - OHID (phe.org.uk)</a>   |
| Year 6 prevalence of healthy weight   | 60.6%          | 2022/23     | 58.9%                          | 61.9%   | fingertips.phe.org.uk                            | <a href="#">Public health profiles - OHID (phe.org.uk)</a>   |
| Percentage of physically active children and young people   | 45.8%          | 2022/23     | 48.4%                          | 47.0%   | fingertips.phe.org.uk                            | <a href="#">Public health profiles - OHID (phe.org.uk)</a>   |

\* NB: Please note, some data sets detailed are locally relevant to Northumberland as such no wider comparisons are available at North East or England levels.

| Indicator   | Northumberland | Time Period         | North East                     | England | Data Source                                  | Link   |
|---|----------------|---------------------|--------------------------------|---------|--|--|
| Smoking prevalence in Adults  | 9.6%           | 2022                | 13.1%                          | 12.7%   | fingertips.phe.org.uk                        | <a href="#">Public health profiles - OHID (phe.org.uk)</a>   |
| Smoking prevalence in adults in routine and manual occupations  | 23.8%          | 2022                | 21.6%                          | 22.5%   | fingertips.phe.org.uk                        | <a href="#">Public health profiles - OHID (phe.org.uk)</a>   |
| Admission episodes for alcohol-related conditions (narrow)  | 768            | 2021/22             | 721                            | 494     | fingertips.phe.org.uk                        | <a href="#">Public health profiles - OHID (phe.org.uk)</a>   |
| Percentage of physically active adults  | 70.1%          | 2021/22             | 65.4%                          | 67.3%   | fingertips.phe.org.uk                        | <a href="#">Public health profiles - OHID (phe.org.uk)</a>   |
| Mortality rate for deaths related to drug misues  | 4.5            | 2020/22             | 9.7                            | 5.2     | Office for National Statistics (ONS)         | <a href="#">Deaths related to drug poisoning by local authority, England and Wales - Office for National Statistics (ons.gov.uk)</a> |
| Social care-related quality of life   | 19.7           | 2022/23             | 19.4                           | 19      | Adult Social Care Outcomes Framework (ASCOF) | <a href="#">Measures from the Adult Social Care Outcomes Framework, England, 2022-23 - NHS Digital</a>                               |
| Proportion of people who use services who state they feel they have control over their daily life   | 82.1%          | 2022/23             | 80.0%                          | 77.2%   | Adult Social Care Outcomes Framework (ASCOF) | <a href="#">Measures from the Adult Social Care Outcomes Framework, England, 2022-23 - NHS Digital</a>                               |
| Under 75 mortality rate from all circulatory diseases   | 72.4           | 2020-2022           | 86.4                           | 76      | fingertips.phe.org.uk                        | <a href="#">Public health profiles - OHID (phe.org.uk)</a>   |
| Percentage of people recorded on GP records as having a severe mental illness (SMI) who have had all six elements of physical health checks | 56.8%          | 2023/24             | North East and Yorkshire 57.9% | 52.3%   | NHS England                                  | <a href="#">Statistics » Mental Health: Physical Health Checks for people with Severe Mental Illness (england.nhs.uk)</a>            |
| Percentage of households in fuel poverty  | 13.8%          | 2021                | 14.0%                          | 13.1%   | fingertips.phe.org.uk                        | <a href="#">Public health profiles - OHID (phe.org.uk)</a>   |
| Winter mortality index  | 11.6%          | Aug 2021 - Jul 2022 | 7.2%                           | 8.1%    | fingertips.phe.org.uk                        | <a href="#">Public health profiles - OHID (phe.org.uk)</a>   |
| Adults in contact with secondary mental health services who live in stable and appropriate accommodation                                    | 57.0%          | 2020/21             | 69.0%                          | 58.0%   | fingertips.phe.org.uk                        | <a href="#">Public health profiles - OHID (phe.org.uk)</a>   |
| Gap in the employment rate between those with a physical or mental long term health condition and the overall employment rate               | 11.4           | 2022/23             | 13.7                           | 10.4    | fingertips.phe.org.uk                        | <a href="#">Public health profiles - OHID (phe.org.uk)</a>   |

| Indicator   | Northumberland | Time Period         | North East | England | Data Source   | Link  |
|---|----------------|---------------------|------------|---------|---|---|
| Number of children in Northumberland with an EHCP                                     | 3247           | 2022/23             | N/A*       | N/A*    | Education, Send and Skills Annual Report 2022/23        | <a href="https://www.northumberlandeducation.co.uk/NCC-Annual-Report-Edu-SEND-and-Skills-2022-23-v6-1.pdf">NCC-Annual-Report Edu-SEND-and-Skills 2022-23-v6-1.pdf (northumberlandeducation.co.uk)</a>   |
| Percentage of workless households   | 21.5%          | 2022                | 19.7%      | 13.4%   | Office for National Statistics (ONS)                    | <a href="https://www.ons.gov.uk/households-by-combined-economic-activity-status-of-household-members-by-local-authority-table-a1-la">Households by combined economic activity status of household members by local authority: Table A1 LA - Office for National Statistics (ons.gov.uk)</a> |
| Number of people who are currently economically inactive but want to work             | 9800           | Oct 2022 - Sep 2023 | N/A*       | N/A*    | Office for National Statistics (ONS)                    | <a href="https://www.nomisweb.co.uk/annual-population-survey-nomis-official-census-and-labour-market-statistics">annual population survey - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)</a>   |
| Employment rate   | 70.1%          | 2022/23             | 71.6%      | 75.2%   | Office for National Statistics (ONS)                    | <a href="https://www.ons.gov.uk/northumberland-employment-unemployment-and-economic-inactivity-ONS">Northumberland's employment, unemployment and economic inactivity - ONS</a>   |
| Net outflow of 16-25 year olds who leave the county for greater opportunity elsewhere | 5300           | 2020                | N/A*       | N/A*    | Office for National Statistics (ONS)                    | <a href="https://www.nomisweb.co.uk/nomis-official-census-and-labour-market-statistics">Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)</a>   |
| Ratio of working age population to pensionable age population                         | 10:4.6         | 2022                | 10:3.3     | 10:2.9  | Office for National Statistics (ONS)                    | <a href="https://www.ons.gov.uk/estimates-of-the-population-for-england-and-wales">Estimates of the population for England and Wales - Office for National Statistics (ons.gov.uk)</a>  |
| Percentage of adults walking for travel at least three days per week                  | 10.5%          | 2019/20             | 13.2%      | 15.1%   | Sport England Active Lives Survey                       | <a href="https://www.sportengland.gov.uk/active-lives-data-tables">Active Lives data tables   Sport England</a>   |
| Percentage of adults cycling for travel at least three days per week                  | 2.3%           | 2019/20             | 1.8%       | 2.3%    | Sport England Active Lives Survey                       | <a href="https://www.sportengland.gov.uk/active-lives-data-tables">Active Lives data tables   Sport England</a>   |
| Total Net Affordable Dwellings Delivered  | 128            | 2022/23             | N/A*       | N/A*    | Net Additional Homes Provided in Northumberland 2022-23 | <a href="https://www.northumberland.gov.uk/Net-Additional-Homes-Provided-22-23.pdf">Net-Additional-Homes-Provided-22-23.pdf (northumberland.gov.uk)</a>   |
| Passenger journeys on local bus services per head                                     | 19.8           | 2023                | 48.5       | 59.8    | Department for Transport                                | <a href="https://www.gov.uk/bus-statistics-data-tables">Bus statistics data tables - GOV.UK (www.gov.uk)</a>  |

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