Achieving Health and Wellbeing in Northumberland

April 2014

Foreword

It is with great pleasure that I present the first Health and Well Being Strategy for Northumberland.

Our health is a key determinant of our wellbeing. It can enable or inhibit our quality of life more than any other factor. And have a particular impact on our ability to access work.

I believe this strategy presents us with a momentous opportunity to tackle this challenge head on and make Northumberland a fairer, happier and healthier place to live.

It sets out an ambitious agenda aimed at preventing ill-health, reducing inequalities, and offering real choices where the needs of individuals are at the centre of all our services.

At the same time, it has at its heart, the need to put in place the right support at the right time to allow as many individuals as possible to live independently, and indeed thrive, within their own homes and communities.

This requires a collective responsibility with everyone – health and care professionals; patients and carers; and all those organisations delivering services used by the public, including those in the voluntary and community sector – recognising that they have a role to play and a contribution to make.

I, through the work of the Health and Well Being Board, am committed to galvanise this collective effort and create a culture that allows the aspirations of all the county's residents and communities to be fulfilled, no matter what their personal circumstances.

This strategy marks the starting point and I look forward to our ongoing dialogue and collaboration as to how best we can push forward in putting in place the support services needed by the people of Northumberland.

Scott Dickinson
Chair, Health and Wellbeing Board

Introduction

The Health and Social Care Act 2012 introduces a number of changes to how the National Health Service (NHS) is run and how the commissioning of health services is coordinated with the commissioning of social care and other local government services.

These changes are part of the Government's broader plan to modernise the NHS by:

- ensuring there is stronger democracy and legitimacy to its operation
- strengthening working relationships between health and social care
- encouraging the development of more integrated commissioning of services

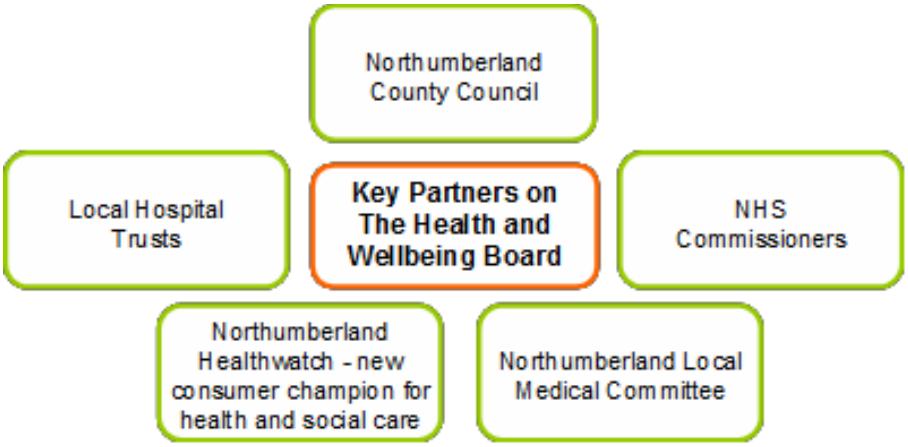
Central to this reform is the creation of Health and Well Being Boards.

What is a Health and Wellbeing Board?

A Health and Well Being Board brings together key partners from health and care organisations to work together to improve the health and wellbeing of local people.

Its aim is to build on existing partnership work to help improve people's lives by making it easier for health, adult social care and children's services to offer better, more joined-up services.

In Northumberland, this Board has been established as a committee of Northumberland County Council. Its membership includes all those with a role in commissioning local health and social care services.



What does the Health and Wellbeing Board do?

The Board has strategic influence over commissioning decisions across health, public health and social care. It has a duty to develop a shared understanding of the health and wellbeing needs of the community through the preparation of a Joint Strategic Needs Assessment (JSNA). It then must prepare a strategy outlining how these needs will be addressed, which will include recommendations for joint commissioning and integrating services across health and care.

This document represents the Health and Well Being Strategy for Northumberland.

The Vision

The health and wellbeing vision for Northumberland is:

To create a culture that allows the aspirations of residents and communities to be fulfilled.

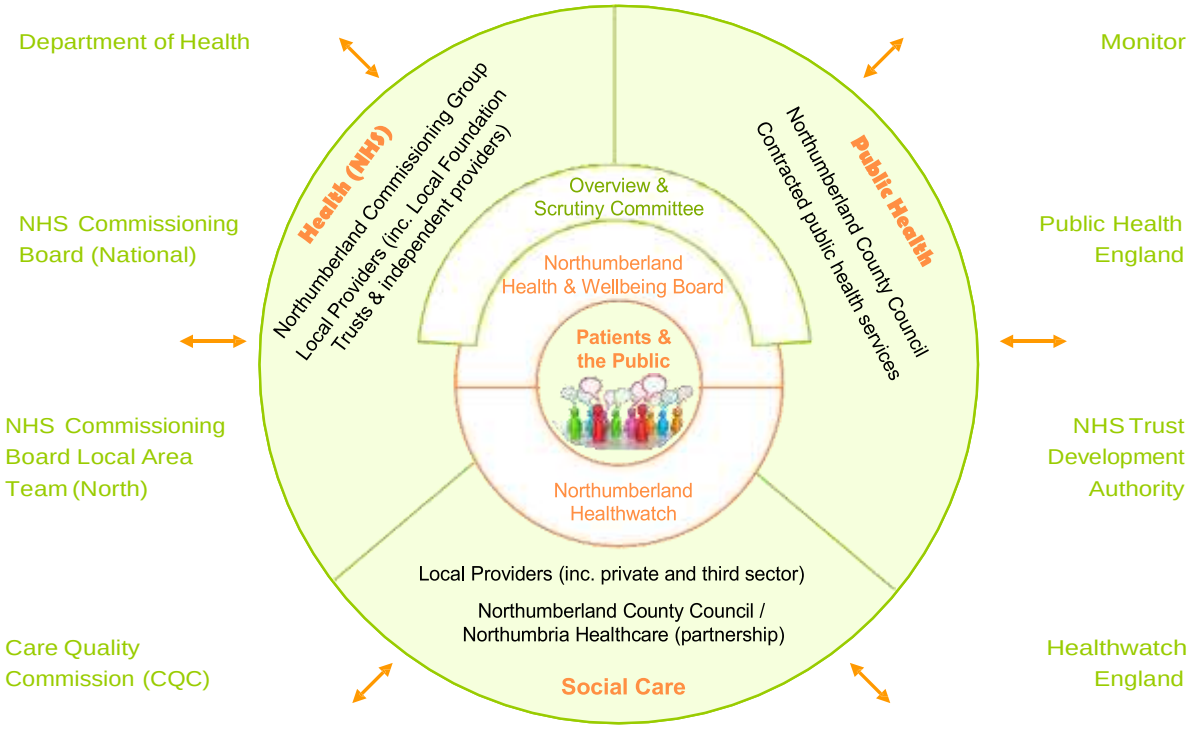
How will this vision be achieved?

By working together using these important principles:

- providing the information, care and support that people need
- making decisions based on quality information and feedback
- doing what we can to keep people well and healthy and to stop them from needing to go into hospital or depending on care services
- listening to local people and patients and making sure we are doing the right things in the right way, whilst being open and honest about what can and can't be done
- making sure that all people can get the services and support they need
- making a real difference to improving the health and wellbeing of local people

The key to this is **strengthening partnerships**.

Patients and the public need to be at the heart of the decision-making, with all the health and social care organisations committed to making this work, as illustrated in the diagram below.



The Priority Areas

The strategy focuses on those priority areas where major changes to health and social care is needed. So, whilst good progress is being made on tackling some key issues such as blood pressure monitoring and smoking cessation; this Strategy concentrates on those areas where new developments are required to meet current and emerging challenges.

To this end, the Health and Well Being Board has spent a lot of time looking at all of the available research and evidence, and has listened to the views and opinions of local people to come up with five key priority areas. By tackling these, the Board believes that a fundamental difference will be made to the health and wellbeing of those who live in Northumberland.

The **five priority areas** chosen are:

HEALTH AND WELLBEING PRIORITY 1:

Targeting
children and families
who might be
at risk of not
achieving their
full potential

What particular things are we going to focus on?

Research from good practice suggests that providing personalised and comprehensive services as early as possible to those families in greatest need is likely to afford the greatest opportunity for improving life outcomes for young children and their families.

Within this, we will focus on:

- Early childhood attachment
- Parenting support
- Emotional health and wellbeing of children and parents
- Development of intensive support programmes

Why has this been identified as a priority?

The JSNA (see *Key Insights* overleaf) has identified that negative impacts of emotional and socio-economic poverty are evident in a range of health and wellbeing indicators as they affect children and have long term and lasting implications. This is particularly important in developing emotional resilience in children.

What will be done differently?

The key to delivering this priority is the early identification of children with emerging vulnerabilities or at risk characteristics; then ensuring that the right support is provided at the right time and within the context of the needs of the wider family.

This will involve:

- developing a shared understanding among staff in all agencies working with young children and their families of how to identify those who are vulnerable, and how to work with them without stigmatising them
- ensuring that a range of evidence-based interventions are available, which staff within those agencies in closest contact with children and families are skilled and empowered to deliver
- ensuring there is a range of evidence-based specialist interventions available, which agencies in closest contact with children and families understand how to access
- reviewing whether the current operating models of key services for young children and families are effective in identifying and focusing on the children and families in most need of support; and
- developing non-threatening ways to encourage parents who may need it to ask for support

What impact will be made?

Children and families will experience coordinated service delivery in a timely manner from appropriately skilled professionals.

The need for reactive, specialist statutory intervention will be less, fewer children will be deemed to be at risk of significant harm, inequalities in education and health outcomes will reduce and life chances and aspirations will improve.

Key Insights

Despite overall improvements in life expectancy at birth, gaps between different parts of Northumberland are still not narrowing. For example, there is slower progress and persistently lower life expectancy at birth in south east Northumberland.

Breastfeeding rates in Northumberland are low: during 2011/12, 64% of mothers initiated breastfeeding (10% below the national figure). After 6 to 8 weeks, this figure reduces to 35% (12% below the national figure). This equates to a relative drop off rate of 45% in Northumberland, 8% higher than the national picture.

Referral statistics demonstrate that there has been a 15 - 20% increase in demand on children's social care services in the last year with significantly more requests for social work intervention coming from hospitals and more recently, schools, relatives and friends. Northumberland has the highest referral rate to children's social care in the north east.

Almost two-thirds of children receiving a child protection plan in the area of Northumberland subject to the Big Lottery Bid were aged between 0 and 4, compared to 45% nationally. Further to this, the number of children requiring a child protection plan has increased by 80% in the last 18 months,

The gap in educational achievement between those from low income households and their peers is larger in Northumberland than average for 16 year olds and has been so for the last 5 years and more. Even at the Early Years Foundation Stage, such a gap can be seen for Personal, Social and Emotional Development.

Case Study 1.1: The Connected Baby

Research on infant development, demonstrates the importance of early experiences from minus 9 months to 3 years on future life chances.

The Big Lottery Fund's *A Better Start* programme is a £165m national initiative that aims to improve the life chances of babies and children by achieving a step change in preventative approaches in pregnancy and the first three years of life, based on the best available science on 'what works'.

The focus is on getting local people working with systems leaders, particularly those that control expenditure on children, to create a fundamental change in the way we support babies and young children; with more prevention and early intervention, better use of science and the scaled implementation of evidence-based policies, programmes and practices. If successful we will secure between £30-50m over an 8-10 year period to run a variety of initiatives to improve outcomes for children in three key areas of development: social and emotional development; communication and language development; and nutrition.

In addition educational Psychologists supported the launch of the Connected Baby DVD and have identified the opportunity to develop a training course. This approach would demonstrate the differing effects of adverse/stressful life experiences and positive/beneficial life experiences for infants in the pre-school cohort. The intention is to use the film footage as a starting point to develop modules for high school students (the parents of the future) about infant development and relationship-based approaches.

Case Study 1.2: Protecting vulnerable adolescents

There are a small, but significant number of young people within our community who present high risk of harm to themselves related to offending, substance misuse, mental health, lack of family support, chaotic living arrangements and absconding from home or care settings.

They are at imminent risk of harm without interventions from one or a number of agencies and do not always naturally fall within the Child Protection Procedures.

A multi-agency forum has been established to help reduce these risks and improve the outcomes for this complex group of vulnerable adolescents. This is achieved through robust multi-agency assessment, planning and scrutiny.

Building on this approach, which is now regarded as a national exemplar, the forum is developing approaches for missing children and children at risk of sexual exploitation.

This is being facilitated through a joint protocol for Missing Children. It represents a unique partnership between the Council's Children Services, Police and Barnardo's. It provides the mechanisms to identify children who go missing from home, care or education, and to act swiftly to safeguard them against risk of sexual exploitation and other forms of child abuse.

The approach has led to several arrests of perpetrators, and the wider issuing of child abduction warnings to adults who have sexually groomed, and/or who continue to pose a risk to children.

Case Study 1.3 Supporting families

As identified by the Government, Troubled Families are households who:

- are involved in crime and anti-social behaviour;
- have children who are not in school;
- have an adult on out of work benefits; and
- cause high costs to the public purse.

Their characteristics cause significant difficulties within communities and have poor outcomes for children. Often a range of agencies will be involved with them, each focusing on a particular individual within the family. This fragmented and costly approach can hamper progress for the family.

The Northumberland Supporting Families Partnership challenges this by identifying family-based interventions. It aims to ensure that all families that could benefit from additional co-ordinated support are referred into the initiative.

It is being delivered through the Family Recovery Project in Ashington in liaison with the Targeted Adolescent Service. The first steps are to:

- develop a multi-agency delivery model
- identify the families eligible for support
- introduce a family-based progress tracking system that can be used across appropriate organisations

The approach will be to address issues earlier that could otherwise lead to long term specialist involvement with families that, whilst keeping children and young people safe, does not necessarily support them to realise their potential within their own communities. This will support: adults back into work; children into school; and reduced levels of crime and anti-social behaviour.

Northumberland anticipates working with a total of 650 families over the next three years.

HEALTH AND WELLBEING PRIORITY 2:

Focusing on tackling
some of the main causes
of health problems
in the county

What particular things will we focus on?

We will focus our efforts on programmes aimed at:

- reducing alcohol related harm
- tackling levels of obesity through diet and exercise
- promoting mental wellbeing

Why has this been identified as a priority?

The JSNA (refer to *Key Insights* overleaf) has identified that levels of hospital based care are high compared to similar areas and have continued to rise over recent years. This is not sustainable and all partners are agreed on the need to progressively shift efforts, attention and resources towards prevention activities. In particular:

- Problems related to alcohol have been increasing in Northumberland across the whole system and not just related to health. Whilst some areas of activity have seen a decline in alcohol related problems (e.g., drink-driving) the overall picture is one of increasing health and non-health related harm. A whole system response is required in order to tackle these issues. A combination of population based interventions and targeted interventions will be most effective in reducing overall harm in the system.
- Levels of obesity – which is linked to heart disease, type 2 diabetes, hypertension and non-smoking related cancers - have been increasing in Northumberland, and are predicted to rise further. Engaging in regular physical activity and eating a healthy diet are extremely important in helping maintain a healthy body weight. Physical activity can help all of us to lead healthier and happier lives. A focus on early intervention is essential to: prevent overweight and obesity; prevent people who are overweight from becoming obese; and prevent the chronic ill health effects associated with obesity.
- Mental wellbeing is fundamental to quality of life. It is linked to good physical health, with many other benefits for individuals. Communities and environments that support mental well-being are good for all of us, including people with mental health problems. Improving mental wellbeing and mental health care is about improving outcomes for everyone in society, reducing inequalities and increasing social inclusion. A whole system approach is needed to include a strong element of mental health promotion and early intervention alongside work on treatment and support and promoting social inclusion to tackle stigma and discrimination.

What will be done differently?

Health and care professionals will use every contact with an individual to maintain or improve their mental and physical health and wellbeing where possible, whatever the purpose of the contact. This will also involve moving beyond single-issue campaigns to integrated promotion of healthy lifestyles.

What impact will be made?

Patients will receive a person-centred service which seeks to promote health, improve health, and prevent ill health as well as diagnosing and treating existing conditions.

Communities will focus on health rather than on ill health. Health promotion, prevention and early intervention will be embedded across all community-based health and social care services.

Key Insights

During 2012/13 for Northumberland residents there were 9,711 hospital admissions which were attributable to alcohol related harm. This admission rate is 17% higher than England's.

During 2011/12, the national childhood measurement programme has shown that 9.5% of children in reception class and 19.1% of year 6 children in Northumberland were obese.

The Health Survey for England 2006-2008 estimated that only 24.2% of adults aged 16 and over report eating at least 5 portions of fruit and vegetables per day.

The Active People Survey for 2009-2011 estimated that only 12.2% of Northumberland adults aged over 16 participate in recommended levels of physical activity.

Measures of well-being included in the Integrated Household Survey 2011/12 show that for Northumberland average satisfaction score was 7.48, average worthwhile score was 7.71, the happy yesterday score was 7.25 and the anxious yesterday score was 3.18 (on a scale of 0 to 10 where 0 is 'not at all' and 10 is 'completely). These are all similar to the England average.

Psychological therapies provide early intervention for people with anxiety and depression. During 2011/12, 71% of people referred received treatment and 61% of those who completed treatment moved into recovery.

Case Study 2.1
Reducing alcohol related harm

The Alcohol Harm Reduction Strategy is being refreshed to include a wide range of activities aimed at reducing the impact of alcohol misuse.

These include: licensing and enforcement work, including on underage sales; community safety initiatives to reduce domestic violence; prevention activities with children in schools; and provision of a commissioned treatment system so that at risk individuals can access treatment within their communities.

The refreshed Strategy will provide the framework for a culture of safe and responsible alcohol use with low levels of alcohol related harm supported by accessible services for those who need treatment and support.

The integrated recovery-focused addictions treatment service will continue and thereby ensure access to both medical and psychosocial treatments (such as talking therapies) for recovery from alcohol dependence.

Building on this, the focus on prevention will increase; particularly in making sure that every contact within health and social care counts.

The Healthy School programme will provide another vehicle to raise awareness of safe, sensible drinking and alcohol related harm. This will include exploring innovative approaches to engage children earlier but at an age-appropriate stage.

Case Study 2.2: Tackling obesity

Over the next 18 months, a whole system approach to weight management will be introduced. This will include:

- Developing lifestyle and behaviour change programmes which capitalise on critical opportunities in the life course
- Working with families, communities and within workplaces
- Introducing a care pathway that includes lifestyle change, targeted support, drug therapy and specialist referral to bariatric services where appropriate
- Changing everyday behaviours by promoting walking, swimming, cycling, running, dancing and healthy eating.

This will be realised through a strong focus on prevention and early intervention which will involve a transformation of commissioned health improvement services to build capacity and maximise the impact of health improvement interventions. Staff working in frontline services will be further integrated to facilitate a life course approach, and given the skills and confidence in supporting children, their families and other adults to achieve healthy weight.

As part of this we will continue to promote high levels of participation in the National Child Measurement Programme (NCMP) which is offered to pupils in reception and year 6. Additionally, we will develop a process for proactive follow-up with families who have a child who is obese. Adults identified as being obese will follow the care pathway.

Case Study 2.3: Mental health promotion

The action plan for the Mental Health Promotion and Suicide Prevention Strategy will be implemented over the next three years. It includes a wide range of activities to promote mental health and social inclusion, prevent suicide, and reduce stigma and discrimination against those with mental health problems.

These include: initiatives to build emotional resilience in early years and through life; identifying and promoting art activities which are suitable for participation for people with common mental disorders; and raising awareness among health professionals of 'non-medical' interventions to help people with common mental disorders.

With support from the Arts Council England Creative People and Places Fund we will improve access to cultural activities. This will include establishing a "social prescribing hub" that offers "arts on prescription". This approach has been widely used for people with mild to moderate mental health problems, and has shown a range of positive outcomes, including emotional, cognitive and social benefits.

The project, led by the Woodhorn Trust, will link vulnerable groups with participation in cultural activities in their communities, and measure their wellbeing scores over time. Initially the service will be developed for people with dementia then broadened to include other vulnerable groups.

If successful, this social prescribing approach may also be a route to reduce social exclusion, both for disadvantaged, isolated and vulnerable populations in general, and for people with enduring mental health problems.

HEALTH AND WELLBEING PRIORITY 3:

Supporting people
with long term conditions
to be independent
and have control

What particular things will we focus on?

Developing a co-ordinated, effective and personalised response to the needs of adults with disabling long-term health conditions is a central challenge for the health and social care system, and for wider public services. We will concentrate, in particular, on:

- developing reablement and rehabilitation services to reduce people's long-term support needs
- integrating co-ordination of community support for people with long-term conditions
- developing a system of personal budgets for long-term health and social care
- making telecare and telehealth available to those who can benefit from them

Why has this been identified as a priority?

The JSNA (see *Key Insights* overleaf) has identified that adults with long-term health conditions are now the predominant users of NHS services. Almost all of the users of adult social care have disabilities or disabling long-term conditions. In addition:

- The numbers of adults with disabilities or long-term health conditions are projected to increase. This includes people with conditions associated with old age, due to increased life expectancy, and young adults with complex disabilities, due to improved medical care increasing survival rates.
- There are relatively high levels of usage of institutional forms of service to support disabling conditions. A risk-averse culture in many services has resulted in forms of support that can undermine people's independence.
- Organisational and financial arrangements have often prioritised responding to health and social crises over effective continuing support and monitoring to prevent crises from arising.
- There are rising expectations about the extent to which disabled people should be supported to be in control of their own lives, and to have the same choices as others.

What will be done differently?

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

What impact will be made?

People with long-term conditions will feel more in control of their support, will be clearer about who they need to talk to when there are problems, and be less likely to experience emergency hospital admissions or institutional care.

Disabled people will become more widely visible in the community and community attitudes to risk and independence will evolve.

Key Insights

The Department of Health estimates that 70% of all in-patient bed days and 50% of all GP appointments involve people with long-term health conditions.

In the year to July 2013, 33% of the new residents moving into residential homes and 65% of the new residents moving into nursing homes on a local authority contract have done so direct from an acute hospital ward, after being admitted from their own homes.

In July 2012 there were 2,157 people with a diagnosis of dementia recorded on GP systems. Estimates of prevalence suggest that there are around 4,600 people with dementia in Northumberland.

In 2012, there were 77 people with learning disabilities who were accommodated in establishments offering high levels of support and supervision, though not all of these placements funded by Health and Social Care will be due to challenging behaviour.

The 2011 Census found that almost 65,500 people in Northumberland have a long term health problem or disability, and for just over half of these people day to day activities are 'limited a lot'. In addition, over 13,000 people aged 16-64 are limited a lot and 16,000 are limited a little by their long term health problem or disability.

Case Study 3.1
Locality Integrated Networks (LINs)

This programme aims to develop a system-wide approach to the co-ordination of health and social care for adults with complex or multiple long-term health conditions. This includes all groups with disabling long-term conditions, but particularly older people.

The first phase in developing the LINs is already well-advanced. This is aligning three elements of NHS support: assessing older people prior to discharge from hospital by a consultant; identifying through GPs of high risk patients living in the community; and managing the cases of high risk patients by community matrons.

The next phase will concentrate on putting in place strengthened arrangements for coordinating support in the community across both health and social care, taking advantage of the opportunities offered by the combination of services managed by Northumbria Healthcare.

The overall objective will be to reshape the system for coordinating support in the community into three components:

- **Urgent care/immediate support** – rapid response to enable people to remain at home, or to move home from hospital
- **Long-term needs and risk assessment** – for people who after a period of rehabilitation and reablement still have a continuing need for services to support them at home; the focus will be on managing risks in a way that maximises independence, and encourages the uses of personal budgets for both social care and continuing health care
- **Long-term monitoring and coordination** – professional support and monitoring of people's health condition, disabilities, care arrangements, and social circumstances; and review of whether a full reassessment may be called for

Case Study 3.2: Hospital Discharge Support

This programme aims to ensure that older people do not make the life-changing decision to move permanently into a care home at a time when their confidence is at a low point because of a recent serious accident or health problem, and when they are in the disorienting and potentially disempowering environment of an acute hospital.

Changing this pattern will require a number of developments, including:

- A widespread change in the expectations of all professionals who are in contact with older people who have had accidents or health crises, so that no firm assumptions about people's long-term needs are made on the basis of how they present in hospital, and so that both patients and families are given consistent messages about the need to hold off making premature decisions about the long term.
- A refocusing of the role of community hospitals, towards rehabilitation and "intermediate care".
- Some shift in the focus of the Council/NHS Short-Term Support Service towards rehabilitation and reablement for people at home with high levels of care need, who are at serious risk of care home admission.

The work of the LINs in providing a more specialist integrated community assessment function to assess people's long-term needs and the options for risk management will support these developments.

Case Study 3.3: Community support for people with challenging behaviour

The aim of this programme is to end the inappropriate use of hospitals and other institutional settings, whether run by the NHS or independently, as a means of supporting people whose behaviour is challenging community services, with a particular focus on people with a learning disability or with autism.

An immediate trigger for this work is the Department of Health's findings with respect to the abuse of residents at Winterbourne View, a private hospital near Bristol where care workers were covertly filmed by a Panorama reporter engaging in persistent and serious bullying.

NHS commissioners in Northumberland have made limited use of private hospitals like Winterbourne View but substantial use is made of its local NHS hospital services for people with challenging behaviour. Both health and social care commissioners also need to look at whether some non-hospital settings are too institutional. The presence of hospital services in the county creates specific local challenges but also an opportunity to make better use of staff currently working in them.

The aim is to develop a network of community services which can respond appropriately when people living in the community become challenging to support. These services will need to build on the skills of existing professionals, including those currently working in hospital wards, and will also require the commissioning of new support services such as independent living schemes designed to accommodate people who will at times present staff with challenges. These services may be provided in the independent sector, but there will need to be strong shared understandings about values and service models.

HEALTH AND WELLBEING PRIORITY 4:

Making sure that
all public services
support the independence
and social inclusion
of disabled people
and people
with long term
health conditions

What particular things will we focus on?

We will focus on working with communities and service providers to create welcoming and positive environments for disabled people and people with long term conditions to participate and enjoy the same facilities and services as other people.

Why has this been identified as a priority?

The JSNA has confirmed that, in particular, the numbers of older people with physical or cognitive disabilities, and numbers of younger adults born with disabling conditions are expected to continue to rise.

In the long run, such demographic changes mean that, if existing arrangements for supporting disabled people continue, based on extensive use of specialist support services, not only will this continue to undermine people's independence, but also the cost to local authorities and the NHS will grow to a scale that will become increasingly unsupportable.

What will be done differently?

Public services will gain a better understanding of the needs of disabled people; the nature of different types of disability; and the ways in which services can contribute to supporting inclusion and independent living (or can undermine these aims). They will redesign their services where necessary to ensure that they positively contribute to the life opportunities of disabled people and those with long-term conditions.

Older people concerned about their current or future health will have attractive options to live in neighbourhoods which have been designed to support independence and easy access to the full range of community facilities and services.

What impact will be made?

Disabled people and people with disabling long term conditions will less often need to make use of segregated care services – for instance attending day care centres in order to maintain basic social contact – and will increasingly be able to make use of the same facilities and services as other people, confident that they will not be designed or operated in a way which creates obstacles to participation, and will where necessary be able to offer reasonable additional support.

Communities will be more inclusive and welcoming with their social capital growing through more neighbourliness, locally-run events and initiatives, and finding solutions to emerging challenges themselves. As part of this, disabled people will be increasingly visible in the community.

HEALTH AND WELLBEING PRIORITY 5:

Making sure that
all partners work well
together and are clear
about what they themselves
need to do to help
improve the
health and wellbeing
of local people

What particular things will we focus on?

We will focus on better understanding the wider socio-economic factors that determine health and wellbeing. This will involve engaging all perspectives within the community in an ongoing and constructive dialogue to better understand what health and wellbeing means to them and how they would like to be supported to attain it.

In particular, we will develop “needs and equity” audits that clearly define how health and wellbeing interventions should best be targeted at individuals and communities most in need. This will include showcasing best practice of where health and wellbeing gain is being generated both within and beyond Northumberland; with peer groups (e.g. school to school) subsequently used to create collegiate influence and advocacy.

Why has this been identified as a priority?

The JSNA has confirmed that despite overall improvements in most health and wellbeing outcomes, gaps between parts of Northumberland are not narrowing. For example, there is slower progress and persistently lower life expectancy at birth in south east Northumberland.

Inequality in health and wellbeing arises because of differences in the conditions in which people are born, grow, live, work, and age. Many of these are avoidable or preventable thereby making such avoidable differences unfair and unacceptable.

What will be done differently?

The approach to creating health and wellbeing gain will become the custom and practice for all organisations. This will work along the whole social gradient, rather than focusing only on specific population segments. It will also be of appropriate scale and intensity, with services and interventions scaled according to need, rather than their socio-economic position. Any unfair or unwarranted variations in the range and quality of health and social care services will be challenged, through the appropriate use of benchmarking and performance mechanisms.

In particular, non-health based service providers will understand and be delivering their contribution to creating health and wellbeing gain.

What impact will be made?

Residents will be able to access the services and facilities they want to regardless of their socio-economic circumstances or long-term conditions. People will be happier, living longer and in their homes for longer; with any inequality gaps significantly reduced.

Communities will be more inclusive and welcoming with their social capital growing through more neighbourliness, locally-run events and initiatives, and finding solutions to emerging challenges themselves.

Key Insights

The first three priorities of the Strategy are very much focused on ensuring that all those providers with a health and care remit are sharing information, co-commissioning, taking early preventative action, and are integrating delivery in order to meet the needs of the most vulnerable in our communities.

Priorities 4 and 5, on the other hand, are more targeted at the wider determinants of health and wellbeing.

As such, they are more aimed at ensuring that our universal services such as housing, transport, regeneration, skills development and leisure fully recognise the need to tailor their delivery to those who need the greatest support to effectively access them.

It is only by making “health and wellbeing” everyone’s business that we’ll start to arrest the current inequalities and create the right conditions for all our residents to enjoy independent living.

Case Study A
Supported Housing

The negative impacts of living in an unsuitable home, a home located away from social or support networks, or not having a home, can be significant and contribute to ongoing social and health problems, especially for those considered vulnerable.

Vulnerable groups can include people with learning disabilities, mental ill health, or physical ill health; teenage parents; young people at risk; some older people; offenders; homeless people, and those suffering domestic abuse.

Measures to help people access or stay in their homes can include providing good quality advice, tenancy support or property adaptations.

A number of specific initiatives are also being pursued:

- ensuring that older people in all areas and market sectors have attractive options when they want to move home because of changes in their lives
- reviewing the arrangements for temporary accommodation with a view to identifying potential improvements to existing accommodation or providing additional/replacement accommodation that is more suitable and in more appropriate places
- delivering over 20,000 adaptations to households that are home to people with disabilities, and look to rehouse where appropriate
- developing a framework to provide a greater range of supported accommodation for vulnerable young people whereby care leavers and young people who are homeless are able to access placements that match their needs

Case Study B
Tackling poverty together

Poverty is not just about being on a low income. It is also about being denied opportunity and expectation, power, respect, good health, education and housing, basic self-esteem, and the ability to participate in social activities.

Poverty makes people's lives shorter and more brutal than they need to be.

To this end, a partnership commitment to tackle, through collaboration, the impact of poverty on children, young people and families throughout Northumberland has been agreed.

Tackling Poverty Together strives to eradicate poverty and ensure positive life chances for all.

It prioritises activity within the six recurring themes of:

- crime
- education
- employment
- health
- housing
- social care

Much of this work is focused on early prevention, targeting those households at greatest risk and developing joined-up solutions – all founded on a more consistent and comprehensive system of data collection.

Case Study C
Passenger Transport

Access to services is a significant issue, particularly for vulnerable people who live in rural and remote settings.

To this end, an overall statement of high level principles for public agencies commissioning transport services has been agreed.

This focuses on making the best use of existing resources by improved co-ordination, enhanced service information services and deploying shared services. It also seeks to enhance the transport experience of disabled people and minimise the impact of planned changes or gaps in services on those who rely on them.

As a result, the following areas of improvement are being taken forward:

- introducing more flexible transport funding options for services whereby local communities the additional income needed to sustain routes otherwise threatened with withdrawal due to poor value for money
- raising dementia awareness with commercial bus drivers
- enhancing the Community Transport Information Hub so that journey information can be shared and unmet needs identified
- adopting a flexible licensing approach to stimulate the provision of taxis and private hire vehicles in rural "cold spots"
- exploring the scope to introduce a Quality Contract Scheme and Voluntary Partnership for bus operators
- identifying opportunities to co-commission Council and health authority transport requirements

Going Forward

The Board recognise that even with the remit of these five priority areas, there are a considerable number of issues to be addressed. In order to explore these in some depth, the Board intends focusing a substantial part of each of its meetings on a particular topic.

Each session will probe the challenges and opportunities presented within each topic. They will identify what is working well and what isn't; and how things can be improved. Importantly this analysis will also drill into whether the right services are being provided in the right places, recognising the diversity and setting of Northumberland's communities.

In order to inform these debates, "experts" from within that field will be asked to participate and contribute, thereby raising the collective awareness across different disciplines and perspectives as to the where the gaps or blockages are. This approach will also foster new collaborations and innovation by bringing service providers who don't normally engage with each other around a common area of concern.

The outcome will be to identify three or four strategic actions that will make a positive difference and further integrate health and social care services; not only to each other but to other wider services.

Patients and the public will be able to engage in this process through the Northumberland Healthwatch. This new consumer champion for health and social care will seek views, comments and experiences on each topic through a number of engagement tools, including a regular newsletter. The responses to the feedback received and emerging actions will subsequently be widely communicated.

What will this mean for commissioning services?

In Northumberland, the commissioners of health and social care – the local authority, the clinical commissioning group, and NHS England – will be working more closely together and with providers to create joined up care centred round the person or patient.

Our shared vision is to reshape the health and social care system to create a greater focus on prevention and early access to care, greater use of community based care and self-management, with reduced reliance on hospitals and institutionalised care.

Through the Health & Wellbeing Board and its supporting joint commissioning groups, health and care service commissioners will be taking a population level overview of service integration and inequalities in access to and outcomes from health and care services.

Commissioners will focus on:

- **Prevention and early intervention** - working together to progressively shift efforts, attention and resources towards prevention activities and early access to care or support.
- **Integrating health and social care services** - ensuring that a range of providers are working together to plan and provide seamless, person-centred services which seek to promote health, improve health, and prevent ill health as well as diagnosing and treating or managing existing conditions.

- **Making every contact count** – ensuring that health and care professionals use every contact with an individual to maintain or improve their mental and physical health, wellbeing and safety wherever possible, whatever the purpose of the contact.
- **Making services accessible to all** - working in partnership with providers of "universal" services, helping them to understand how their services need to change so that they are fully accessible and inclusive.

Under the leadership of Northumberland Clinical Commissioning Group, an Integration Board has been established to drive the delivery of integrated care and hold the health and social care system to account for its delivery, focused on agreed outcomes.

At the present time, the Integration Board is focusing on avoidance of unnecessary admissions to hospitals and care homes, together with reablement and rehabilitation for older people with complex needs.