



North Tyneside Council

Health and Wellbeing Board

9 November 2021

Dear Board Member,

With reference to the agenda previously circulated for the Health and Wellbeing Board to be held on 11 November 2022 I attach supplementary papers in relation to the following item:

Agenda Item	Page(s)
5. Joint Health & Wellbeing Strategy To approve a new Joint Health & Wellbeing Strategy focussed on addressing health inequalities.	3 - 36

Members of the Health and Wellbeing Board:-

Councillor Karen Clark (Chair)

Councillor Muriel Green (Deputy Chair)

Councillor Carole Burdis

Councillor Peter Earley

Councillor Joe Kirwin

Wendy Burke, Director of Public Health

Jacqui Old, Director of Children's and Adult Services

Richard Scott, North Tyneside NHS Clinical Commissioning Group

Lesley Young-Murphy, North Tyneside NHS Clinical Commissioning Group

Julia Charlton, Healthwatch North Tyneside

Paul Jones, Healthwatch North Tyneside

Christine Briggs, NHS England

Michael Graham, Newcastle Hospitals NHS Foundation Trust

Claire Riley, Northumbria Healthcare NHS Foundation Trust

Kedar Kale, Northumberland, Tyne & Wear NHS Foundation Trust

Patricia Whelan-Moss, TyneHealth

Craig Armstrong, North East Ambulance Service

Steven Thomas, Tyne & Wear Fire & Rescue Service

Claire Wheatley, Northumbria Police

Dawn McNally, Age UK North Tyneside

Vacancy, North Tyne Pharmaceutical Committee

Cheryl Gavin, Voluntary and Community Sector Chief Officer Group

Dean Titterton, YMCA North Tyneside

Equally Well: A healthier, fairer future for
North Tyneside
2021- 2025

DRAFT v6 v9 NOV 2021

Foreword

The past two years have been incredibly challenging and updating our health and wellbeing strategy as we learn to live with, and recover from COVID-19, is a significant milestone in acknowledging the impact of the pandemic on our residents and across the Borough as a whole.

The inequalities that existed prior to the pandemic have been amplified; in education, training, income, employment, and health; including how they vary by postcode, gender, ethnicity and across generations.

To put it simply these inequalities equal poorer health and shorter lives, and this is not acceptable.

It's no longer about the additional measures we can take to tackle health inequalities, but about addressing health inequalities in everything we do.

We have every reason to be optimistic about the future. I saw at first hand the huge dedication and commitment of the people who live and work in North Tyneside during the pandemic.

The involvement of individuals coming forward to volunteer to help local people, supported by the community and voluntary sector, has been outstanding. Partners across the system in North Tyneside working together with a shared purpose has resulted in stronger relationships both within and across organisations. Barriers that previously may have hindered joint working at pace simply disappeared.

I believe we now have a better appreciation of each other's work and understand that health is everyone's responsibility.

This is not a stand-alone document, but it sets the direction of travel, influencing and bringing together the strategies and plans across the system in North Tyneside under one clear vision and approach, to improve health and reduce health inequalities.

The evidence is very clear that the best way of ensuring a long life in good health is to have a good start in life, a good education, a warm and loving home, a safe community, and a job with income sufficient to meet daily needs.

As the 'Marmot Team' under the leadership of Sir Michael Marmot at the Institute of Health Equity have been saying for more than 10 years, 'reducing the gap in health outcomes is a matter of fairness and social justice'.

I firmly agree and believe that everyone should have the same opportunity to lead a healthy life, no matter where they live in North Tyneside, or who they are.

Councillor Karen Clark – Chair of North Tyneside's Health and Wellbeing Board

Section 1. Introduction and Context

The Joint Health and Wellbeing Strategy to tackle health inequalities is North Tyneside's high level strategic plan for improving the health and wellbeing of our population. It builds on the previous strategy and existing work to reduce inequalities in the Borough and initially outlines the approach for the next 4 years. All partners acknowledge that major change will take time to achieve and there is a longer-term commitment to reducing inequalities and narrowing the gap.

The North Tyneside Health and Wellbeing Board is responsible for the strategy, which has been developed by its representative partners and will shape and inform plans for commissioning and providing services that address the wider determinants of health and reduce inequalities.

This document will support board members as system leaders to work together on the shared vision and embed the priorities and principles of working across a range of organisations including their own.

The strategy is underpinned by three key pieces of work

- 1) Impact of COVID-19 pandemic on health and socio-economic inequalities in North Tyneside - October 2021 (include picture of cover)*
- 2) Summary of the evidence base to tackle health inequalities - October 2021*
- 3) Joint Strategic Needs Assessment (JSNA) – October 2021*

Engagement with our Voluntary, Community and Social Enterprise sector (VCSE), residents, young people, elected members and health and care professionals has also been carried out to identify work that is already happening and current challenges. This engagement will continue to be important in the subsequent development of a detailed implementation plan for the strategy.

1.1. What do we mean by health inequalities, what are their causes and why do they matter?

Health inequalities are the unfair and avoidable differences in health across the population, and between different groups within society.

These unfair differences are:

- **Not random, or by chance, but largely socially determined**
- and
- **Not inevitable**

The issue of health inequalities is not new, but the moral imperative for addressing them has been reinforced by the COVID-19 pandemic, which exposed pre-existing inequalities and amplified them. Our 'Impact report of COVID on health and socio-economic inequalities in North Tyneside' (October 2021) details the assessment of the impact of the pandemic across the borough.

There are also economic reasons for action. The high burden of disease in deprived areas generates higher use of health and social care services, higher unemployment, and lower productivity.

An individual's 'health' is shaped by a complex interaction between many factors. These include access and quality of health and care services, individual behaviours, the places and communities in which people live and wider determinants such as education, employment, housing, and access to green space.

Digital exclusion also emerged as a key factor in creating inequalities during the pandemic. Digital access can connect people to education and training; enable them to access better jobs; increase their social interaction; support access to healthcare and statutory services, as well as providing access to cheaper products and services online.

Figure 1 illustrates the key factors that drive our health and wellbeing and identifies those factors that have the biggest contribution. We often automatically think about health care, but it is very clear that social and economic factors play the greatest role.

[We will have a version of this / or the Health Foundation infographic]

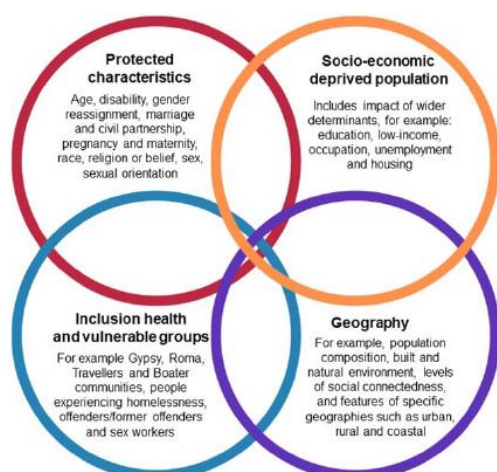
Figure 1 What makes us healthy?



Health outcomes are therefore not simply about access to health care or individual health choices. Poor health outcomes are more common in groups and communities that experience multiple hardships. The lower an individual's socioeconomic position the worse their health. Disadvantage can start before birth and the effects are cumulative across the life course. Health inequalities exist at every stage and can also endure from one generation to the next, if not addressed. There is a social gradient in health that runs from top to bottom of the socio-economic spectrum.

Health inequalities exist between population groups as illustrated in the figure below. It is important to note that these are overlapping dimensions with people often falling into various combinations of these categories.

Figure 2: Domains of health inequality (source: PHE)



In summary, health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health, and wellbeing.

Action on health inequalities requires improving the lives of those with the worst health outcomes, fastest.

1.2. National policy context

The case for acting on health inequalities is recognised in recent announcements from across government, and in the NHS's Long-Term Plan. The newly established [Office for Health Improvement and Disparities](#) (OHID) has also been established to co-ordinate an ambitious programme across central and local government, the NHS and wider society, drawing on expert advice, analysis and evidence, to drive improvements in the public's health and tackle inequalities.

The national focus on health inequalities provides an opportunity to harness the collective efforts of society. However, to bring about sustainable change effective action at both national and local level is required.

The NHS Long-Term Plan and Government's Health and Care White Paper take a concerted and systematic approach to reducing health inequalities. Some of the commitments in the NHS Long Term Plan relating to inequalities include:

- basing 5-year funding allocations to local areas, using a more accurate assessment of health inequalities and unmet need
- setting out specific, measurable goals for narrowing inequalities, including those relating to poverty
- development of detailed and measurable plans for how every local area in England will contribute to narrowing the health inequalities gap over the next 5 to 10 years

Place-based approaches are a fundamental part of the national drive to tackle inequalities. Utilising the leadership, expertise and levers that are available to affect place and recognising the importance of addressing the wider determinants i.e., those conditions into which people are born, live and work, across the life course.

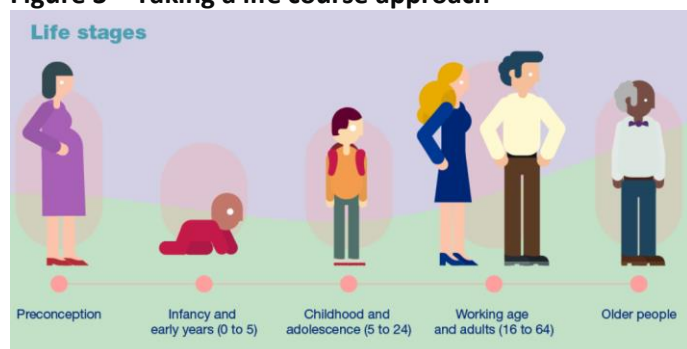
Appendix 1 outlines the main national policy documents and evidence-based research on health inequalities.

1.3. Evidence Base: doing what works to narrow the gap

The approach within this strategy is based on the up-to-date evidence of how best to effectively reduce inequalities and is informed by the considerable work led by Sir Michael Marmot and the Institute of Health Equity.

The evidence is clear that a life course approach is needed to address the wider determinants of health. A life course approach considers the critical stages, transitions, and settings where large differences can be made in promoting or restoring health and wellbeing.

Figure 3 – Taking a life course approach



In the 2010 Marmot Review, Fair Society Healthy Lives, 6 priorities that cover stages of life, healthy standard of living, communities and places and ill health prevention are the evidence based recommended areas of focus in tackling inequalities:

1. **Give every child the best start in life**
2. **Enable all children, young people and adults to maximise their capabilities and have control over their lives**
3. **Create fair employment and good work for all**
4. **Ensure healthy standard of living for all**
5. **Create and develop healthy and sustainable places and communities**
6. **Strengthen the role and impact of health prevention**

Given that there is the existence of a social gradient in health, if we want to people to have equal health outcomes and we want to bring the level of health in our deprived areas up to the level of good health enjoyed by people living in our most affluent areas, the Marmot Review also identified that approaches that use proportionate universalism are required. This means designing interventions, services, and solutions that are universally available, but with an intensity that is directly proportionate to the level of social disadvantage.

Box 1

Marmot approach: Proportionate universalism

“The implications of the social gradient in health are profound. It is tempting to focus limited resources on those in most need. But we are all in need – all of us beneath the very best-off.

To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism. Greater intensity of action is likely to be needed for those with greater social and economic disadvantage but focusing solely on the most disadvantaged will not reduce the health gradient, and will only tackle a small part of the problem.”

Source: Fair Society, Healthy Lives. Institute of Health Equity, 2010.

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Section 2. Where we are now

After decades of progress, since 2011 the improvement in age-standardised mortality rates and life expectancy has slowed down considerably, for both males and females across England. The gap in life expectancy between the most and least deprived areas has recently widened since the period 2010 to 2012, and the improvement in life expectancy has been slower in more deprived areas than less deprived areas.¹

However, health is not just about the length of life we live, but also the quality of life and there remains a glaring gap in the years lived in good health across our communities.

While North Tyneside is a thriving Borough to live, work and visit, with many community assets, cultural attractions, high performing schools, businesses, services and a vibrant VCSE, persistent inequalities exist across the borough and we have not escaped the slowing of progress in life expectancy and healthy life expectancy witnessed across England.

Men and women from most deprived areas live shorter lives, compared to residents from our least deprived areas - men live 11.7 years less and women 10.6 years less. Data for 2017-2019 shows the health inequality gap has widened by 1.1 years for men and by 1.3 years for women, since data started to be collected in 2010-2012. Men and women in our most deprived areas, on average spend 14.5 less years in good health compared their counterparts in our least deprived communities.

These inequalities that were already in existence across North Tyneside in early 2020 have worsened during the COVID-19 pandemic.

The infographics and data in this strategy provides a high-level summary of inequalities across North Tyneside. Our recent report on 'The impact of COVID-19 pandemic on health and socio-economic inequalities' clearly demonstrated that residents living in the Borough who are least able to deal with the impact of the pandemic have been hit the hardest by both direct and indirect impact including:

- Higher mortality in older population from COVID-19, especially care home residents.
- NHS waiting times – nationally treatment decreased more in the most deprived areas. Screening programmes were impacted, and cancer screening had lower coverage in more deprived areas
- Social isolation and loneliness increased, particularly in groups of people already prone to isolation and loneliness, such as older residents
- Domestic abuse reporting increased.
- Contacts and referrals to Children's Social Care increased during the pandemic. As did the number of Children in Need and the number of children on Child Protection Plans.
- Employment – inequalities resulted in in furlough & unemployment, caring responsibilities,
- Food poverty – worsened during the pandemic and increased more in more deprived parts of the Borough
- Child poverty, which has increased over the last 5 years worsened further
- The number of families experiencing Food Poverty and Food insecurity increased.
- Unemployment was higher in females on lower wages
- Educational disruption impacted with attainment gap likely to have widened in more socio-economically deprived areas.
- Some children experienced digital exclusion when schools went to remote learning during the pandemic as they were unable to access learning because families did not have laptops or internet access.

¹ (ONS 2021).

- Similarly, some adults were also excluded from accessing services that moved online and were more at risk of social isolation.

Whilst the COVID-19 pandemic has been an enormous challenge to communities, business, public services, and our voluntary sector, it has also resulted in welcome innovation in how organisations have supported each other, delivered services, and engaged with residents and communities.

We want to harness this energy and enable the partnerships to flourish with a focus on narrowing the gap in North Tyneside and provide equal life chances for all.

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Section 3. Our people and communities and what they tell us

3.1. Who are our communities?

Our communities make North Tyneside a great place to live, work and visit. The Covid-19 pandemic showed how powerful community action can be and how much can be achieved by harnessing the skills, strengths, and resources of communities.

Our communities in North Tyneside are diverse and we know that some of them face more challenges than others:

- In North Tyneside, a fifth of our residents live in the 20% most deprived areas in England. Deprivation is closely linked to poor health outcomes and educational attainment.
- In-work poverty is an issue and many families are living on very low incomes – children living in absolute poverty increased to 19% (2019/2020)
- Around 6,600 in-work families received tax credits, as a combination of Working Tax Credit or Child Tax Credit (2017/18)
- The number of people claiming Universal Credit increased by 90% during 2020/21, there are 18,847 claimants as of September 2021. Over a third of claimants are in work.
- 6,642 people were in receipt of Department for Work and Pensions (DWP) out of work benefits for health reasons. This is 5.2% of the 16-64 age group.
- Many residents (14%) are struggling to afford food and rely on foodbanks
- The number of people aged 85 is projected to increase by 15% by the year 2030 and are likely to have increasing health needs
- At least 10% of North Tyneside residents do not have access to the internet or only have access for TV associated benefits
- Levels of smoking, alcohol consumption and obesity higher than the national average across North Tyneside

3.2 What do we mean by 'Communities'?

When we talk about 'Community' as a term in this strategy we mean the relationships, bonds, identities, and interests that join people together or give them a shared stake in a place, service, culture, or activity.

Distinctions are often made between communities of place or geography and communities of interest or those with protected characteristics e.g., a diabetes patient user group; identity e.g., LGBTQ+; or affinity e.g., a faith group, as the methods we use for engaging and reaching people may differ.

Different groups in communities can experience health inequalities e.g., people with specific characteristics including those protected in law, such as sex, ethnicity or disability or socially excluded groups, for example, people experiencing homelessness.

For example, research shows that:

- people who identify as lesbian, gay, bisexual or transgender (LGBTQ+), for example, experience higher rates of poor mental health, including depression, anxiety and self-harm, than those who do not identify as LGBTQ+.
- older females are more at vulnerable to becoming socially isolated
- people who are homeless have an average life expectancy of 44 years

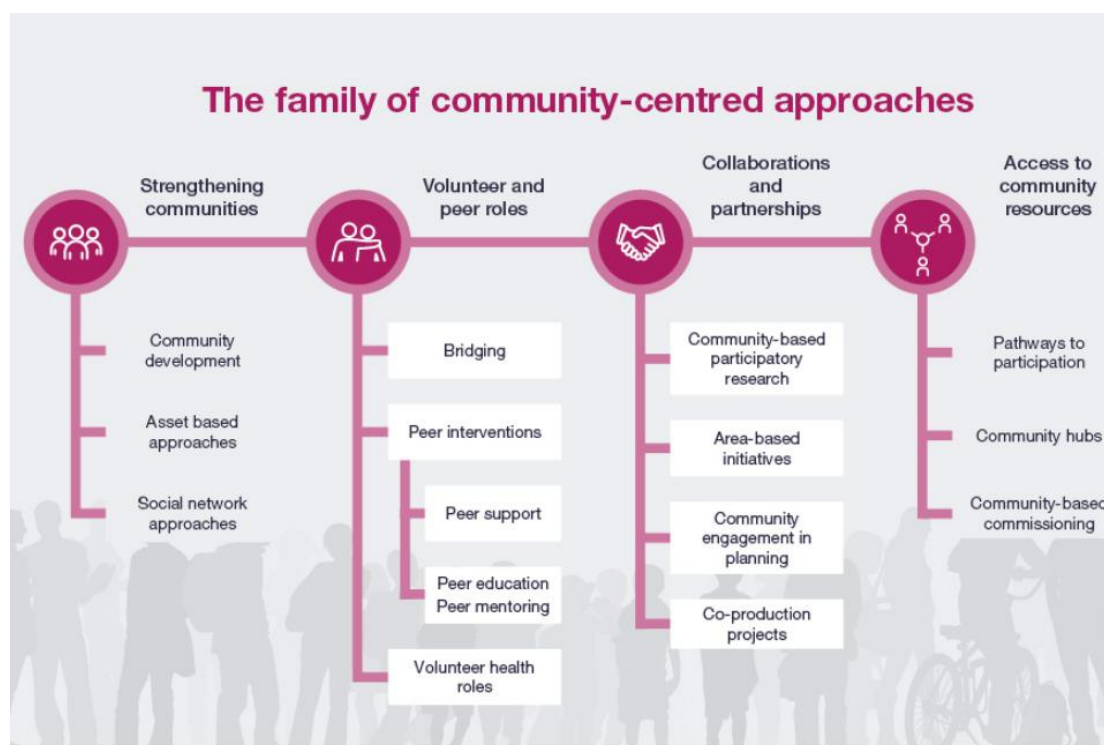
3.3 Working with communities

Community life, social connections, supportive relationships and having a voice in local decisions are all factors that underpin good health.

Attempts to tackle inequalities must be done in collaboration and equal partnership with those affected.

It is important that all partners, including communities themselves, understand their potential. The assets within communities, such as the skills and knowledge, social networks, local groups, and community organisations, are building blocks for good health.²

Figure 4 : The family of community – centred approaches



North Tyneside has a proactive and varied VCSE sector and their skills and knowledge, social networks, and community organisations are vital building blocks for good health and wellbeing. We will increase opportunities to listen to and engage with residents and co-produce meaningful approaches that are:

- strength based, which builds on the skills, knowledge, experience, networks, and resources that our residents and communities bring,
- built on equal relationships, where individuals, families, communities, and statutory organisations have a reciprocal relationship,
- aimed at connecting people to community resources

² Public Health England. Health and wellbeing: a guide to community-centred approaches. (2015)

3.4 What do our communities tell us?

The vision and ambitions for this strategy have been developed through engagement with a range of partners, and in particular our Voluntary, Community and Social Enterprise sector (VCSE) and with residents.

A series of engagement activities including the annual State of the Area event has provided some rich data about the key challenges facing some of our communities and ideas about what could have the biggest impact on improving health and wellbeing locally.

Some of the main themes identified were:

- Poverty and income: restrict fair and equal access to opportunities and choice
- Education and skills: the biggest factors that can aid social mobility
- Influence and control: communities must have their voices heard and be involved in shaping interventions or support
- Connectivity and social networks: informal and formal social networks are crucial to health and wellbeing e.g., befriending, volunteering, support groups.
- Safe communities and spaces: some younger and older people often feel less safe in their communities
- Digital inclusion: we need to help all communities to become capable of using and benefiting from the internet and technology.

Despite recognition that there is a huge amount of activity already happening across North Tyneside to address inequalities several system issues were also identified:

- Some duplication of effort and an appreciation of the need to be more joined up in our approach
- Workforce challenges across the system e.g., recruitment, retention, and retirement in some sectors
- Short term approaches and contracts mean that it is difficult to embed approaches or services that are working and making a difference.
- Having access to good quality information about where to go to get help, how to help yourself, and how to access services when appropriate.
- Measuring success and understanding if we are 'closing the gap'

Current picture of health, wellbeing, and inequalities: statistics, intelligence, and data

This section will be a centre spread of key inequalities visually displayed by infographics

e.g. Life Expectancy, Health life expectancy in most / least deprived areas.

Some of the inequalities experienced by different groups of our population e.g. carers, people with disabilities or those with mental health problems

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Section 4. Where we want to get to: Our joint vision, ambitions, and guiding principles

The Health and Wellbeing Board's **vision** for this strategy is:

To reduce inequalities by breaking the link between people's circumstances and their opportunities for a healthy, thriving, and fulfilled life.

Our **strategic ambitions** for North Tyneside are:



Equal life chances for all



Thriving places and communities



Maintaining Independence

Equal life chances for all

Taking a life course approach to promote and protect health focused on enabling the poorest and most vulnerable communities in North Tyneside to overcome the challenges of health and social inequalities.

Thriving places and communities

Creating the conditions in all our places and communities to find good work, feel supported, live healthily, and meet everyone's needs fairly, both now and in the future. Mobilising assets within communities, promoting equity and increasing people's control over their health and lives.

Maintaining independence

Focusing on prevention and early intervention so people live longer with more years in good health. Ensure that support and services are integrated, easily accessible and enable our limited resources to be focused on those with the greatest need.

The Health and Wellbeing Board has committed to championing the vision, ambitions and priorities outlined in this Strategy by working to the guiding principles outlined below.

Health and Wellbeing board members have collective and individual responsibility to ensure that these:

- Are reflected in the business of their own and partner organisations
- Become embedded in the strategies, commissioning, delivery, and provision of services

Health inequalities in all policies approach

Systematically considering the health implications of any decisions to avoid harmful health impacts and to improve population health and promote health equity across our communities

Prioritising prevention

Addressing the causes of health inequalities to reduce the impact of ill-health on people's lives, their families and communities

Evidence based decision making

Making decisions on commissioning and interventions to address inequalities based on the best available scientific evidence, using data systematically, conducting evaluation and sharing learning.

Proportionate universalism

Action everywhere, more targeted action where gaps are widest

Co-design approach – communities as active and equal partners

Working in partnership with our VCS sector and local people to mobilise assets and identify needs and solutions.

Workforce: training, roles and responsibilities

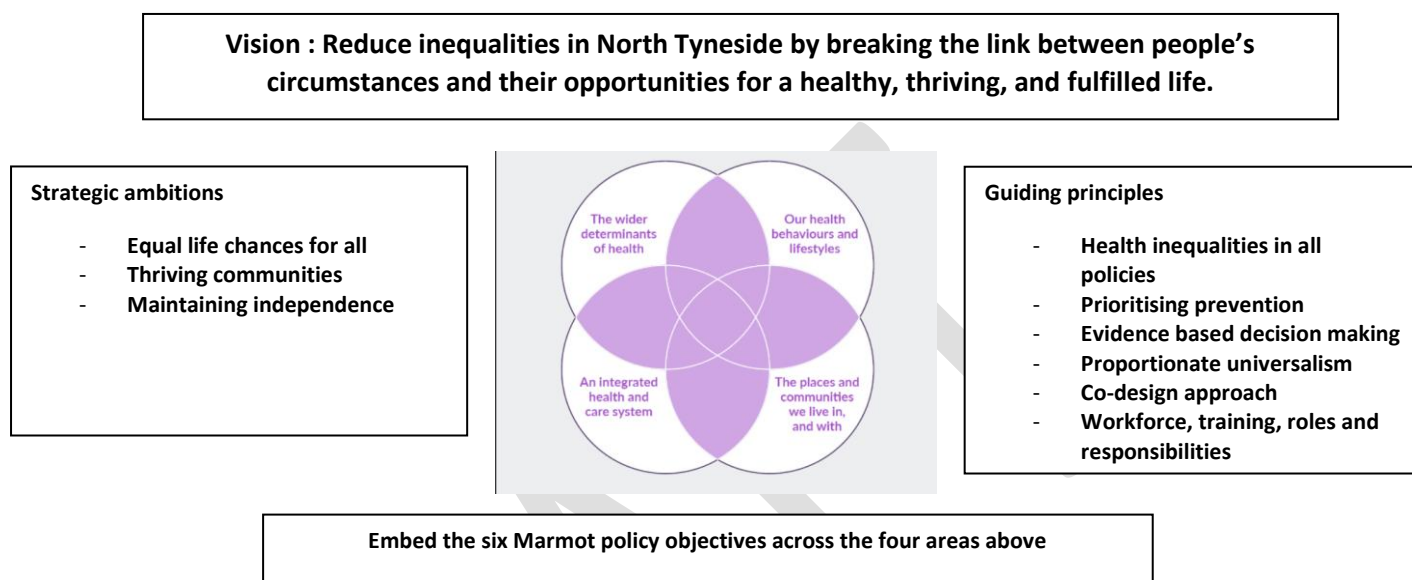
Ensuring the workforce understands their role in reducing inequalities

Section 5. Achieving our vision: how will we get there?

Tackling health inequalities requires a long-term commitment and we will adopt an evidence-based population approach as set out below.

The Health and Wellbeing Board has agreed to focus on the areas that have the biggest impact on people's health and wellbeing.

Figure 5: North Tyneside's place-based approach to reducing health inequalities



5.1. Key impact areas:

The wider determinants -working across the local system to address the social determinants of health such as education, employment, digital inclusion, housing, and income.

Our health behaviours and lifestyles- tackling barriers to healthy lifestyle choices by getting alongside communities to understand the issues they face and treating them as experts in their lived experience

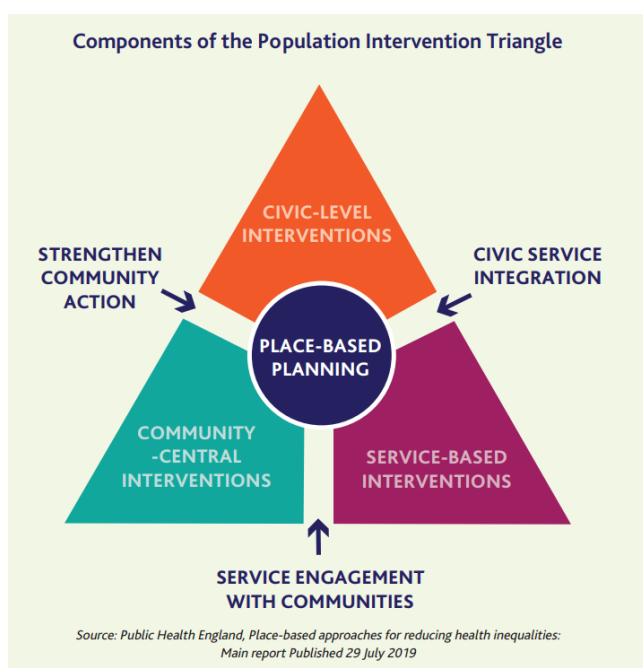
The places and communities we live in and with – working with our communities to mobilise solutions, informed by our understanding of local needs and assets

An integrated health and care system – health and social care commissioners and providers working together to commission and deliver joined up, effective services that are easy to access

We will consider each impact area and the connections between them, embedding the 6 Marmot principles in our approach to reduce inequalities. While there are already great local examples of work being carried out in these areas, the challenge is to add value by making connections and the momentum to scale up existing activity.

In the past, there has been a tendency to focus primarily on single driver of health rather than considering the complex interdependencies. Taking a population health approach means fundamentally changing the way we work and coming together as a whole system to tackle specific challenges.

We will consider critical stages, transitions, and settings where effective place-based action is required using a combination of civic level, service based and community interventions.



Many of the outcomes related to our vision to reduce health inequalities will be delivered indirectly by other plans and strategies, for example the Ambition for Education in North Tyneside, North Tyneside's Inclusive Economy strategy and the NHS and Council's Digital Strategies. The formation of the North East and North Cumbria ICS will have a focus on place based integrated Health and Social Care delivery and a focus on reducing inequalities. One of the agreed principles of working is taking a 'health inequalities in all policies approach' because we need a focus on health inequalities in everything we do.

The remaining sections of the strategy outline the current approaches, challenges, and the areas for action across the four key impact areas. This has been informed by a range of engagement activity undertaken to date and will need to be considered when developing the detailed implementation plan to deliver the strategy.

Section 6. Delivering our ambitions: Wider determinants

6.1. Giving every child the best start in life

‘A vital and productive society, with a prosperous and sustainable future, is built on a foundation of healthy child development.’

Every child in North Tyneside will be given the best start in life supported by families, communities, and high-quality integrated services.

Children and young people are North Tyneside’s greatest asset, and every child deserves to have the best start in life, achieve their potential during their school years and thrive in adolescence. Evidence is clear that the early years (pre-birth to 5 years) are a crucial period of development.

What does the evidence say?

The period from conception to age two is globally recognised as critical for building strong societies.³ The experiences of parents, babies and children during this time lay the foundations for their future, and shape their development, educational attainment, and life chances. For families facing multiple challenges and disadvantage, the importance of appropriate support during this time can have lifelong impact.

Investment in early years is vital to reducing health inequalities and needs to be sustained, otherwise its effect is lessened. A strong body of evidence highlights the economic sense in investing in the early years, as the long-term savings that can be generated are considerable.

Key areas for local actions are to ensure that families have access to the services they need including seamless support, family hubs and information and that the system works together to provide a modern and skilled that can meet the changing needs of families. workforce. Priority areas to focus on include addressing child poverty, reducing inequalities in the early development of physical and emotional health and social skills, delivering high quality maternity services, providing evidence-based parenting programmes, and working to support resilience and wellbeing across the social gradient.

Examples of our current approaches:

- ✓ Tackling Child Poverty is a local priority, and we support our most vulnerable children and families through a range of programmes including the Poverty Intervention Fund, which provides a vital lifeline for people struggling financially in the Borough
- ✓ A range of providers from the NHS, council and voluntary sector provide a variety of maternity and early years services and support to all our families to encourage a healthy pregnancy and give support during the first 1001 critical days.
- ✓ Early help and support is available for any family in North Tyneside who might need extra support
- ✓ High quality education provision is available to deliver the two-year-old free education offer for economically disadvantaged families and the universal education offer for three and four-year-olds to support school readiness.
- ✓ 30 hours of free childcare is available for working parents

³ (The 1001 Critical Days – The Importance of the Conception to Age Two Period, cross-party ‘manifesto’, 2013, revised 2015 and 2019).

- ✓ Run bespoke interventions with partners to support parents, working together to deliver universal and targeted support responsive to local need

Key local challenges and areas for action

- The current system is difficult and confusing for some families to navigate, particularly those with literacy needs and a coherent offer co designed with parents is required.
- There has been a significant increase in the volume of contacts and referrals to Children's Social Care during the pandemic.
- Many families are overloaded by the stressors in their lives, which have been compounded by the COVID-19 pandemic.
- There is a need to improve school readiness in families with lower incomes as 2-year-olds are not reaching key milestones.
- Stigma is still in some communities for families to access statutory services without being anxious their parenting skills are being judged.
- Locally, regionally, and nationally there are also issues in the early years' workforce, including recruitment and retention.
- A large proportion of predominately female childcare workers struggle financially and are on low pay. Many must claim benefits or tax credits to top up salaries.

Case Study – The 2-year-old offer, getting children ready for school

Families in North Tyneside can access free childcare for 2-year-olds if they are in receipt of certain benefits or have certain other issues in their lives which could contribute towards inequalities.

As being ready for school is so important North Tyneside Council has recently launched "2 Matters", a new award for settings that work with funded 2-year-olds to promote improved outcomes for some of our more vulnerable children.

Riverside Nursery provides early years childcare to children in one of the most deprived parts of the borough where the percentage of children eligible for free school meals is well above the national average. Children have opportunities to learn through play and interaction with children and staff. Children also enjoy singing songs and playing musical instruments while practising to take part in a show for their parents. Many children develop a real interest in books and enjoy listening to stories. This helps to promote their early skills in literacy.

"The staff are amazing with the kids & really supportive with the parents... my little boy loves it here"
Allison, parent

"My daughter loves the nursery. She has advanced so quickly... lovely friendly nursery, staff are brilliant"
Kirsty, parent

6..2. Enable all children, young people, and adults to maximise their capabilities and have control over their lives

“People who feel in control of their lives are more likely to feel able to take control of their health.”

Making North Tyneside an even greater place for children and young people to thrive, where all can access a high-class education with a culture of inclusion and achievement.

Our employment and skills service aims to raise aspiration and release potential

Despite many decades of policies aimed at levelling educational opportunities, the attainment gap remains both nationally and locally. In addition, the extent to which individuals and communities have control over their lives has a significant influence on health.

Digital exclusion also impacts on the ability to maximise capabilities and is creating challenges and widening the attainment gap in education particularly for those learners from more disadvantaged backgrounds.

What does the evidence say?

The evidence identifies that the role of schools in supporting families and communities and taking a ‘whole child’ approach to education is essential. Success at school is rooted in the stimulation and encouragement a child receives at home and in the community. Developing the school-based workforce to build their skills in working across school home boundaries and addressing social and emotional development, physical and mental health and well-being is advised.

Providing easily accessible support and advice for 16–25-year-olds on life skills, training and employment opportunities is vital to encourage to raise aspirations and help create sense of purpose. There should be easy access and use of quality lifelong learning opportunities across communities including:

- Providing work-based learning, including apprenticeships, for young people and those changing jobs/careers
- Increasing availability of non-vocational lifelong learning across the life course.

Examples of our current approaches:

- ✓ Delivering the Ambition for Education in North Tyneside 2020-2024 includes enhanced support for those who need more help to thrive
- ✓ Embedding a strong emotionally healthy culture and providing support for school communities post-Covid-19 through the Children and Young People’s Mental Health Strategy.
- ✓ The HIVE team provide holistic support for children in care and care leavers, as well as providing advice and support in relation to previously looked after children
- ✓ Our employment and skills approach aims to raise aspiration and realise potential with A targeted offer to adults who require support to access the labour market and good jobs.
- ✓ Partners work hard to keep children in school and reduce exclusions.
- ✓ The Lego First League program is an ongoing project with 20 local schools involved annually to promotes a wide range of digital skills. This is also heavily supported by Sage and other local tech / engineering / manufacturing partners.
- ✓ Connexions provide information, advice, guidance and support for 13-19 year olds to help them make choices for careers and learning.

- ✓ Steps to a brighter future supports 18-29 years olds in North Tyneside to be able to take positive steps towards employment.
- ✓ The Employment and Skills service, through support and funding from North of Tyne Combined Authority, have established a Digital Outreach Project (DOP) to address a gap in current digital skills training.
- ✓ Offering and delivering high quality apprenticeship training
- ✓ The Nurture Academy run by the Cedarwood Trust supports individuals to gain skills to move towards work readiness and identify employability routes
- ✓ Adult learning courses are designed to improve skills, learn something new and support people moving into employment or to widen employment prospects
- ✓ North Tyneside CCG have commissioned Newcastle University to undertake a household survey, to better understand the issues of digital inclusion.

Key local challenges and areas for action

- Attainment variations remain at school level and between vulnerable groups.
- Increasing demands in relation to Children and Young People with Special Educational Needs & Disabilities (SEND) and associated resource pressures
- Post 16 provision across the Borough
- Adults of working age have comparatively good levels of skills and qualifications, however this varies across North Tyneside
- Need to recognise and fund Youth activities – good youth work/activities can have a huge impact on increasing capabilities and confidence of young people
- Finding ways to improve ‘structures of opportunities’ for young people from disadvantaged areas – link with business networks for mentoring opportunities and enabling access to support/advice that these young people can’t access at home or through family networks
- Improving outcomes for children and young people who experience socio-economic deprivation – including building on the current approach for additional provision in school holidays e.g. the Holiday Activity and Food (HAF) Programme
- Making sure all children have access to a high-quality education with opportunities to catch-up where needed after Covid.
- Not all digital services and products are accessible and easy to use and not everyone is aware of digital services and products available to them

Case study – Being an apprentice and learning new skills

Charlotte is from Percy Main in North Shields and is employed as an apprentice at Percy Main Primary School. She works with nursery and reception children aged 3-5 years and her day can include everything from teaching maths skills, friendship interventions for social skills and even making paper dragons.

“I really enjoy my apprenticeship. I feel fully supported from the school and the council. This apprenticeship has encouraged me to pursue my dream to go to university to become a teacher.”

(Charlotte- Supported by the Employment and Skills Team, North Tyneside Council)

6.3. Create fair employment and good work for all

“Good work improves health and wellbeing across people’s lives, not only from an economic standpoint, but also in terms of quality of life.”

We will empower people with the skills and resources they need to take ownership of their future and secure good jobs with living wages.

Rates of unemployment are highest among those with no or few qualifications and skills, people with disabilities and mental ill-health, those with caring responsibilities, lone parents, those from some ethnic minority groups, older workers, and young people. We want to make it easier for people who are disadvantaged in the labour market to obtain and keep work.

What does the evidence say?

Unemployment and particularly long-term unemployment has significant impact on physical and mental health. In work poverty is also a real issue for many families because of low wages, expensive rent and increasing household bills.

Good work is characterised by a living wage, having control over work, in-work development, flexibility, protection from adverse working conditions, ill health prevention and stress management strategies and support for sick and disabled people that facilitates a return to work.

Lack of control and lack of reward at work are critical determinants of a variety of poor health outcomes and are more prevalent among lower occupational status groups.

There is also good evidence that combining healthy lifestyle interventions in the workplace increases employee’s uptake in adopting health-promoting behaviour.

Examples of our current approaches:

- ✓ North Tyneside’s Employment and Skills Strategy recognises that the prosperity of North Tyneside flows from its economy supported by the employment and skills of residents and those who work here and includes actions to be taken to make sure our residents are ready for work and life.
- ✓ Our Inclusive Economic Strategy aims to create conditions for businesses to flourish, nurture investment and support long-term opportunities for growth, creating jobs that reflect a transforming economy.
- ✓ We have adopted an Employment Support Framework as part of the North of Tyne Combined Authority work programme to increase the number of residents moving into work.
- ✓ The North of Tyne Good Work Pledge provides a model and standard to assist and recognise businesses to create good quality employment
- ✓ North Tyneside Business Forum is a supportive network help support local business and provides a link to a wider network of business groups and associations.
- ✓ Regular engagement with businesses to identify barriers to growth
- ✓ Local businesses take social responsibility for our people, our place and our economy.
- ✓ Using new opportunities of digital communication and social media to engage with businesses
- ✓ The Better Health at Work award is widely adopted by employers and businesses across North Tyneside and aims to promote good health and address health and wellbeing issues within the workplace.

Key local challenges and areas for action

- We have consistently higher unemployment and lower productivity, than the national average.
- There is a lack of job opportunities in some areas, whilst at the same time many sectors are struggling to recruit workers
- Insecure and poor-quality employment e.g., zero-hour contracts
- Ensuring that changes in funding arrangements don't impact on capacity to support the unemployed and economically inactive to find work
- Need to consider how we can work with partners to strengthen the health and social care sector in terms of career structure and opportunities.
- How can we maximise opportunities arising in some key sectors; those associated with offshore energy, green technologies, culture and tourism and the digital sector to attract better paid and higher skilled jobs to the Borough.

Case study – Supported into employment and good quality work

Phoenix Detached Youth Project is a local charity working with young people to improve opportunities and reduce health inequalities. During the pandemic the dedicated team supported over 20 young people to access good quality work, further education, or training, and supported other local people to reduce in-work poverty.

"I believe Phoenix helps give young people such as myself that extra push to strive forward for what they can achieve. Phoenix go above and beyond the call of duty to help this community's youth get off the streets and help people into work, helping me get a full-time apprenticeship roofing job". "S", age 18

6.4. Ensure a healthy standard of living for all

'Poverty is the greatest preventable threat to health, and tackling it is fundamental to addressing health inequalities and boosting life chances'

We want an inclusive economy that works for and includes everyone, where the benefits of the economy are spread, so that all communities in North Tyneside flourish and grow equally.

The ability to lead a dignified life is central to health, and poverty has a cumulative effect across the life course. Having sufficient income can help people to feel in control and be supported by a financial safety net.

A certain minimum level of income is necessary to lead a physically and mentally healthy life, however many people have insufficient income for healthy living.

What does the evidence say?

Evidence shows that insufficient income is associated with worse outcomes across virtually all domains, including long-term health and life expectancy. Living on a low income is associated with a greater risk of limiting illness and poor mental health including maternal depression.

Children who live in poverty are more likely to be born early and small, suffer chronic diseases such as asthma, and face greater risk of mortality in early and later life.

As digital connections become a key requirement of the future economy, it is important to focus on digital technology as a key element of an inclusive economy.

Businesses have a profound impact on the wider determinants of health as employers and advocates and through their social and economic impact on local areas.

Examples of our current approaches:

- ✓ Northumbria Healthcare Foundation Trust has a Community Promise recognising that as major employer, a major buyer and user of products and services that they can address wider inequalities e.g., through using local suppliers or creating apprenticeships for local people.
- ✓ Through the Poverty Intervention Fund the following initiatives have been supported:
- ✓ Poverty proofing the school day to identify and overcome the barriers to learning that children and young people from families with less financial resources face.
 - Benefits take-up campaign and support for older people
 - Providing funding for school appropriate clothing
 - Providing vouchers for food during school holidays
- ✓ The North Tyneside Council Digital Strategy, 2021-2024, promotes digital inclusion and services are designed in a way that create equal access for all, and ensuring residents, business and visitors are safe, digitally confident and connected both in terms of physical access to technology and digital connection.
- ✓ Cross sector partnership working on digital inclusion considering the barriers and accessing funding for projects to respond
- ✓ North Tyneside Carers centre ensures that carers are assessed around wider wellbeing needs including eligibility for Carers' benefits.
- ✓ Many VCSE sector organisations provide food in an emergency to individuals and families who find themselves in financial crisis.
- ✓ Targeted activity to relieve financial hardship experienced by communities across North Tyneside is delivered by statutory and VCSE organisations.

Key local challenges and areas for action

- In work poverty is a real issue for many families who are trying to survive on very low wages
- There are significant financial cliff edges between being in and out of work, which need to be reduced.
- Low-income families have been hit the hardest by the pandemic as financial instability has risen
- Large increase in the numbers of working age residents claiming universal credit over the last 18 months, largely due to the widening of the eligibility criteria.
- The benefits system should not act as a disincentive to returning to work.
- Benefits system is complex and difficult to navigate for some residents.
- Digital exclusion is a key issue that is a barrier to participation and access to some services.
- Heating or eating is a reality for many families on low income
- Fuel poverty is a significant problem and likely to grow as the cost of fuel increases
- Transport costs to appointments and prescription costs can be prohibitive

Case study – Being paid a living wage

Justice Prince is a Community Interest Company in Longbenton and a Living Wage Employer. Justice Prince supports increased community power through the active engagement of local people in action strategies to tackle inequalities and social injustice.

“I was unemployed. I was having a really difficult time and was relying on benefits. When I found out I would be paid the Living Wage, I jumped for joy... Without the real Living Wage, I’m not sure I would have kept my home. I feel like I have got my dignity back, and I feel happier. I feel proud to be able to help my kids and their kids”. Anonymous, resident employee of Justice Prince and part of the Local Conversation project

DRAFT

Section 7. Delivering our ambitions: The places and communities we live in and with

“Those living in the more socio-economically deprived areas are likely to have a lack of green space, poor air quality, and poorer housing compared to the least socio-economically deprived areas”

We will create and develop healthy and sustainable places and communities

The place and environment we live in plays a vital role in both improving and protecting the health and wellbeing of our communities. Those living in deprived areas are likely to experience fewer of the positive benefits that communities can offer e.g., green spaces and beaches, feelings of safety or access to affordable goods and services. Communities facing multiple deprivation often have high levels of stress, isolation, and depression.

There is also now widespread recognition that communities themselves have a vital role in improving health and wellbeing. The Covid-19 pandemic has undoubtedly demonstrated this through the tremendous contribution of volunteers, community groups and individuals in the response.

What does the evidence say?

Creating environments for communities to flourish by improving infrastructure, services, connectivity, and sustainability is crucial to reduce health inequalities and improve the quality of life of people.

Integrated planning, transport, housing, environmental and health systems are needed. Good planning and well-designed places provide opportunities for people to live in decent homes, have good transport links, access to arts and culture, effective services, outdoor spaces to be physically active and connect with others.

The extent of people’s participation in their communities and the added control over their lives that this brings can improve health and wellbeing. Local areas should encourage mobilising assets within communities, promoting equity, and increasing people’s control over their health and lives.

Environmental sustainability is a cornerstone of an inclusive economy. Research shows that climate change will have the greatest impact on the poorest communities, meaning that if economic growth is not environmentally friendly, it will ultimately exclude the most vulnerable communities.

Examples of our current approaches:

- ✓ The ‘Ambition for North Tyneside’ plan sets out the spatial strategy of the Borough including ways to improve transport links and connectivity from town centres to other parts, redevelop unused buildings, meet housing needs, and ways to continue to attract visitors and investment
- ✓ Specific regeneration projects have been targeted at providing opportunity and improving the life experience of residents.
- ✓ North Shields High Streets Heritage Action Zone (HSHAZ) will create and deliver community-led cultural activities on the high street over the next three years.
- ✓ North Tyneside’s thriving VCSE sector work to empower communities and mobilise local assets.

- ✓ Tackling Anti-Social Behaviour and wider crime in North Tyneside is a key priority for the Borough.
- ✓ The Missing, Slavery, Exploitation and Trafficked (MSET) panel was developed to provide an effective response to some of our most vulnerable children and young people who do go missing or are risk of being exploited
- ✓ The Safe and Healthy Homes service provides information, advice and guidance to people living in private rented and owner-occupied accommodation
- ✓ Local Energy Assistance Programme targets households who are already in, or at risk of falling into fuel poverty.
- ✓ Maintaining our award-winning beaches: three beaches in North Tyneside are among a group of only 52 beaches in the country to win both a Blue Flag and Seaside Award.
- ✓ The community and voluntary sector have created and recruited Digital Volunteers which aims to connect volunteers to residents who need support to get online and to improve their digital skills.
- ✓ Participation, Advocacy and Engagement local authority team have well established forums for children and young people, parents and families.
- ✓ Healthwatch North Tyneside plays an important role in representing the views of our residents at many forums and groups across the system.
- ✓ North Tyneside CCG commissions our Community and Health Care Forum (CHCF) to support engagement work
- ✓ The patient forum includes representatives from the 26 North Tyneside GP practices, with members drawn from the practices' own patient groups
- ✓ The VCSE sector have created and recruited Digital Volunteers which aims to connect volunteers to residents who need support to get online and to improve their digital skills.

Key local challenges and areas for action

- Consideration needs to be given as how to support community based VCSE hubs for the long term
- There are clear differences in residents' experience of feeling safe in their communities with those living in more socio-economically deprived or belonging to a group with protected characteristics feeling less safe.
- Keeping activities and services (hyper) local, free or at low cost, accessible and safe
- Local communities could be supported and encouraged to take responsibility for outdoor public spaces, making public areas nice and something to be proud of to help reduce anti-social behaviour
- Poor-quality rented housing is concentrated in some areas of high socio-economic deprivation.
- Low-income families spend a greater share of their income on housing.
- Women, older residents, residents who are not in work, social tenants, those with a disability perceive higher rates of crime and anti-social behaviour which impacts on feeling safe.
- The likelihood of having access to the internet from home increases along with income and there is recognition that cost can be a barrier.
- How representative is our consultation and engagement effort – do we need to make more effort to reach the most socially excluded communities?
- Costs of public transport can be prohibitive for some people and is a barrier to participation.

Case study – Project VITA: joint working with police and the local authority reaching out to young people

Project VITA is the award-winning programme that works to support children and young people away from anti-social behaviour. Community Safety, Early Help and the neighbourhood policing team set out to engage with young residents more effectively through outreach, early intervention, and a new drop-in centre.

Young people said they didn't want a traditional youth club but needed a dry, warm place to go, with wi-fi, where they could feel safe and listen to music without being moved on. Space was identified at the Denby Centre in Howdon, a building housing some council services. A drop-in facility staffed by youth workers was created on Thursday, Friday and some Saturday evenings. About 70 young people used this facility each evening, with an age range between eight and 16.

“Project VITA really showed what old-fashioned youth development work and policing can do, with a focus on prevention, early intervention and addressing the root causes of involvement in ASB.”

Richie Mitchell, Community and Public Space Protection Manager at North Tyneside Council

Case study – How nature can support wellbeing

The Meadows Community Garden is part of Meadow Well Connected and is an oasis of calm and tranquillity where the community and nature can connect. There is a culture of staff, volunteers and the community standing shoulder to shoulder, and support is tailored to the individual.

“Before I came here, I didn't really speak to anyone, I was feeling lonely and suffering from physical and mental ill-health. That's all changed, I come here and feel useful and get a chance to speak to other people. It's made a huge difference to me”. Stephen, volunteer

Section 8. Delivering our ambitions: our lifestyles and health behaviours

“Households in the bottom 10% of household income, would have to spend 74% of their money on food to eat healthily.”

We will strengthen the role and impact of health prevention

Many of the key health behaviours significant to the development of chronic disease follow the social gradient: smoking, obesity, lack of physical activity, poor nutrition. While people can take action to lead healthier lives, addressing lifestyle factors through health improvement initiatives is not sufficient to narrow the gap or improve health outcomes.

What does the evidence say?

Interventions that solely rely on individual behaviour change are likely to widen inequalities given the complex causal pathway impacting on capability, opportunity, and motivation to change. While action on behaviours and conditions is a necessary part of solution to reduce health inequalities, these need to be addressed within the context of their root causes in the wider determinants of health.

Research shows that the major behaviours associated with disease burden in both the most and least deprived areas are tobacco, dietary risks, alcohol, and drug use.⁴

However, whilst it is the same behaviours that are associated with the disease burden in both areas, the rate of years of life lost from tobacco and drug use are twice as high in the most deprived areas compared to the least deprived areas.

Mental ill-health is a significant contributor to long-term health inequalities, and the immediate and longer-term social and economic impacts of COVID-19 have the potential to contribute to or exacerbate mental health problems.

Making decisions about our health and lifestyles is dependent upon and shaped by the context within which we live including level of education, family and environment. There are differences in how people make decisions but also the opportunities that they have to change their behaviours. For example, in some communities there is easy access to cheap cigarettes and alcohol, a proliferation of hot food takeaways and little access to green open space.

It is important to note that some groups of people experience additional inequalities and barriers e.g. those with protected characteristics or communities of interest.

Examples of our current approaches:

- ✓ Making Every Contact Count (MECC) training people to have simple non-stigmatising conversations to support people and communities to make healthier lifestyle decisions e.g. stop smoking or reduce their alcohol consumption.
- ✓ NHS Health Checks is a public health programme in England for people aged 40-74 to prevent or delay the onset of diabetes, heart disease, kidney disease and strokes, and to keep people healthy for longer

⁴ Bespoke analysis conducted using 2017 data for the ten most and ten least deprived Upper Tier Local Authorities

- ✓ Northumbria Healthcare NHS Foundation Trust has been chosen as one of only three organisations in the country to be part of the Active Hospitals pilot to promote physical activity to benefit residents of North Tyneside.
- ✓ Community Pharmacy provide a range of clinical services provided by trained health professionals who are experts in the use of medicines, managing minor illnesses and providing health and wellbeing advice.
- ✓ Tobacco, Healthy Weight and Alcohol Alliances aim to address the wider determinants associated with lifestyle choices.
- ✓ Active North Tyneside aims to get all residents to be more physically active every day and works with community organisations to deliver many initiatives in a targeted way
- ✓ Pharmacies across North Tyneside have trained stop smoking advisors to support people to stop smoking.
- ✓ Increasing activity by maximising walkability/cyclability of the built environment and our natural assets, including green spaces and beaches.
- ✓ Using planning controls to restrict the opening of fast-food outlets within 400 metres of schools.
- ✓ The North Tyneside Recovery Partnership (NTRP) is a dedicated service for anyone living in North Tyneside who is experiencing problems with drugs and alcohol.
- ✓ Free and confidential sexual health services for anyone aged 13 and over are provided by Northumbria Healthcare NHS Foundation Trust.

Key local challenges and areas for action

- Consider how we tackle multiple risk factors within our population.
- Need to work directly with our communities to appreciate the complex social issues behind unhealthy behaviours.
- Understand the economic drivers of choice and possible psychological ambivalence to healthy lifestyles.
- How do we make the healthy choice the easy, convenient, and affordable choice?
- Maximise the opportunities to improve our local environment by designing health into neighbourhoods
- Engaging with local food businesses to consider options around incentivising healthier options
- Consider limiting the promotion and visibility of alcohol in supermarkets, local shops, advertising
- How do we market our existing lifestyle services and programmes and are they accessible?

Case study – Providing fun physical activities to people with learning disabilities

LD: North East work across North Tyneside to support people who have lived experience of learning disabilities, learning difficulties and autism. Recent work to remove barriers to health and fitness activities includes walking groups, a very lively football group and kickboxing sessions.

“B” previously spent most of her time at home and didn’t have many friends, however she joined the football group, and her confidence has grown significantly along with her physical activity levels. She has developed new friendships and gets fully involved in games – she has even bought her own football kit to wear and is one of the chattiest members of the group!

Section 9: An integrated health and care system

“Enabling different parts of the health and care system to work together effectively, in a way that will improve outcomes and address inequalities”

Supporting everyone to live healthier and fulfilling lives and maintaining independence for longer.

Throughout the pandemic there were impressive collaborations between organisations that served and supported all our communities in a joined-up way. The drive to integrate health and social care services is greater than ever, with improved experience for residents and more community-based support being delivered closer to home being our local objective.

There is no single definition of integrated care and services can be joined up in different ways, for example between primary and secondary care, physical and mental health care and health and social care. The key aim is to reduce local health inequalities by improving access and unnecessary variations and fragmentation in care

What does the evidence say?

The [NHS Long Term Plan](#) indicates that integrated systems for health and social care provide stronger foundations for the NHS to work with local government and voluntary sector partners on the broader agendas of prevention and health inequalities ensuring plans include co-ordinated action on the wider determinants of health including employment and poverty.

Joined up approaches are required targeting services to the needs of individuals, families and communities most likely to experience health inequalities using available data, for example demographic, equality and diversity and wider determinants data.

Integrated care is most appropriate for those living with chronic illnesses or long-term conditions, frail older people, those with complex needs and their carers, or those requiring urgent care. It is most effective when it is population based and considers the holistic needs of people.

Examples of our current approaches

- ✓ The North Tyneside Transformation Board (Future Care) was set up to consider how health and social care services can be most effectively integrated where required.
- ✓ Locally there will soon be an integrated care system (ICSs) in place. This will be comprised of an ICS Health and Care Partnership, bringing together the NHS, council, and key stakeholders to support integration
- ✓ Four Primary Care Networks have been established in North Tyneside (North West, Wallsend, North Shields, Whitley Bay) and have collaborated to deliver a range of objectives around extended hours access, access to clinical pharmacy and development of social prescribing initiatives
- ✓ Living Well North Tyneside has also been jointly established by partners, to make health and wellbeing information easier to find and access online
- ✓ Social prescribing and care navigators are available to help people through primary care networks and access appropriate levels of support
- ✓ CARE point is an award-winning multidisciplinary team partnership between the NHS and Age UK North Tyneside to address frailty, health and wellbeing in older people and promote independence
- ✓ North Tyneside Ageing Well Strategy aims to be integrated, person centred, safe and inclusive

- ✓ Partnership work continues to support carers and improve carers' experience, ensuring that they are safeguarded, and their welfare is promoted.
- ✓ Partners across North Tyneside are working together to begin redesigning the local community mental health model.
- ✓ Adult Social Care are working to increase the use of technology within the homes of residents who have social care needs; aiming to use smart technology and devices to improve resident access online.
- ✓ Local partners across statutory health and care services the local voluntary and community sector have established a joint steering group to combine efforts, ideas, and solutions to tackle the barriers that exist locally to integration.

Key local challenges and areas for action

- All plans need to incorporate system, scale and sustainability - and specific actions from all partners to address the wider determinants with a specific focus on improving the health of people with the poorest health outcomes fastest
- Financial pressures can be a barrier to shared planning and pooling resources.
- Integrated IT systems are needed to support and aid integration
- Identifying and closing the gaps in care which have the most impact on health inequalities
- Managing demand in the acute sector
- Ensuring it is easy for local residents to 'navigate the system'
- Developing capacity with Primary Care Networks who can play a pivotal role, with local authority and community partners, in improving population health and reducing inequalities.

Case Study – Innovation and integration - Backworth Ageing Well Village

Northumberland Estates working with leading charity Age UK North Tyneside, and a range of health and social care local providers are working together to create a state-of-the-art residential development for people in later life

The aim is to design and build a multi-generational living and wellbeing complex capable of offering a wide range of services to support people in later life and to help them make more of life too, by creating a real interactive community.

An integrated health and social care hub where a range of integrated services work together to promote faster recovery from illness, prevent unnecessary hospital admission and premature admission to long-term residential care, and maximise independent living.

Sustainable development will be key using sustainable and locally sourced materials, incorporating green roofs, with a green ethos of living with nature to further health and wellbeing throughout, which encourages

Section 10. Next steps: how we will keep on track - leadership, accountability and measuring progress

10.1 Next steps: implementation plan

Over the next few months, a full implementation plan will be developed to take forward the delivery of the vision and approach as outlined in this strategy.

This implementation plan will be informed and shaped by a second phase of engagement at a community level so that proposed solutions and interventions are co-produced and fully informed by the lived experience of residents. This engagement will be commissioned and delivered through local VCSE organisations.

10.2 Measuring impact

We need to know if our approach and strategic ambition is making a difference. The Health and Wellbeing Board as system leaders will have oversight of progress.

Direction of travel indicators will be developed into the implementation plan for the Board, who will receive frequent updates on progress.

We will measure our progress by focusing on the impact that the strategy will have on people's lives.

All partners acknowledge that major change will not happen overnight, so we will be seeking gradual improvements in these indicators.

Appendix 1: Key national reports and policy

- Marmot M. [Fair society, healthy lives \(the Marmot Review\)](#). 2010
- Marmot M. [Health Equity in England: The Marmot Review 10 years on](#). 2020
- Marmot M. [Build Back Fairer. The COVID-19 Marmot Review](#). 2020
- Institute of Health Equity. [Addressing the National Syndemic: Place-based problems and solutions to UK health inequality](#). 2021
- [Due North: Report of the Inquiry of Health Equity for the North](#), commissioned by Public Health England, 2014
- HM Government. [Industrial Strategy: Building a Britain fit for the future](#). 2017.
- Department of Health and Social Care. [Prevention is better than cure: our vision to help you live well for longer](#). 2018.
- NHS England. [NHS Long Term Plan](#). 2019
- NHS Confederation and NHS Reset. [Health as the new wealth. The NHS's role in economic and social recovery](#). 2020