DRAFT Equally Well: Our Indicators

The Equally Well Implementation Plan sets out how we will turn the vision and ambitions into real outcomes in the short and longer term for our residents. We need to know if our approach and strategic ambition is making a difference.

It is widely acknowledged that it is difficult to monitor effectiveness of interventions to reduce health inequalities because of the complex range of factors that contribute to change. All partners acknowledge that major change will not happen overnight, so we will be seeking gradual improvements in these indicators

The high-level measures a population level are the overarching indicators that will be monitored are set out in Table 1
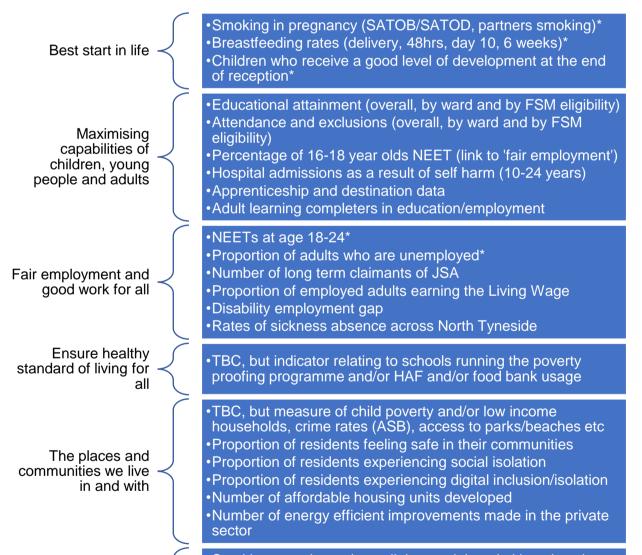
We will also measure our progress by focusing on the impact that the strategy will have on people's lives and case studies and residents' experience will supplement the quantitative data below.

Table 1: Overarching indicators: high level measures of health inequalities

Overarching indicators
Male life expectancy at birth
Female life expectancy at birth
Healthy life expectancy – male
Healthy life expectancy – female
Infant mortality
Life expectancy gap between most and least deprived areas - Male
Life expectancy gap between most and least deprived areas - female

Table 2: Indicators to monitor progress across each of the 7 priorities:

*= overall figure for borough and also by ward/PCN/locality etc

Best start in life
- Smoking in pregnancy (SATOB/SATOD, partners smoking)*
- Breastfeeding rates (delivery, 48hrs, day 10, 6 weeks)*
- Children who receive a good level of development at the end of reception*

Maximising capabilities of children, young people and adults
- Educational attainment (overall, by ward and by FSM eligibility)
- Attendance and exclusions (overall, by ward and by FSM eligibility)
- Percentage of 16-18 year olds NEET (link to 'fair employment')
- Hospital admissions as a result of self harm (10-24 years)
- Apprenticeship and destination data
- Adult learning completers in education/employment

Fair employment and good work for all
- NEETs at age 18-24*
- Proportion of adults who are unemployed*
- Number of long term claimants of JSA
- Proportion of employed adults earning the Living Wage
- Disability employment gap
- Rates of sickness absence across North Tyneside

Ensure healthy standard of living for all
- TBC, but indicator relating to schools running the poverty proofing programme and/or HAF and/or food bank usage

The places and communities we live in and with
- TBC, but measure of child poverty and/or low income households, crime rates (ASB), access to parks/beaches etc
- Proportion of residents feeling safe in their communities
- Proportion of residents experiencing social isolation
- Proportion of residents experiencing digital inclusion/isolation
- Number of affordable housing units developed
- Number of energy efficient improvements made in the private sector

Our lifestyles and healthy behaviours
- Smoking prevalence (overall, by ward, hospital inpatients)
- Alcohol-related hospital admissions (adults and under 18s) *
- NCMP indictors*
- Physical activity in hospital inpatients
- Uptake of screening programmes*
- Drug Related Deaths* and unmet need

An integrated health and care system
- TBC - but could include referrals to Community Frailty Team
- Delayed transfers of care
- Hospital admissions (over 64s?)
- Hospital readmission rates
- Referrals for social prescribing
- Patients breaching 18 week wait
- Average length of stay in hospital and intermediate care settings
- Prescribing rate of medicines that cause dependency, antimicrobial medication and medicines of low value
- Indicator linked to short term reablement or discharge to usual place of residence

DRAFT Ambition: Best Start In Life

Leads: Wendy Burke, Janet Arris, Jill Harland, Jenna Wall

Governance: Children and Young People's Partnership

Actions	Responsibility	Short-term outcomes	Long-term outcomes	Proposed KPIs outcomes
Consult and publish the Start for life offer.	Public Health (NTC)	Families have seamless access to information and support	**Prospective and new parents are supported as they make the transition to parenthood**	Across our most disadvantaged areas we will see: • Increase in the rates of breastfeeding • Reduction in smoking in pregnancy • More children achieving a good level of development at the 2-2.5 year health and development review. • Good level of development at age 5 with free school meal status (%)
New NHS LTP Tobacco Dependency model will be implemented by quarter 4.	Northumbria Healthcare NHS Foundation Trust	Reduction in smoking in pregnancy Increase uptake of healthy start vitamins especially for families eligible for the free scheme	**Mothers and babies have positive pregnancy outcomes**	
Reducing Parental Conflict training is rolled out to frontline staff	Early Help (NTC)		**Babies and parents/carers have good early relationships to promote attachment.**	
Implement the new breastfeeding strategy		Practitioners' confidence and ability to provide support for parents in conflict will be improved Increase in breastfeeding in our more deprived communities.	**Parents experiencing emotional, mental health and wellbeing challenges are identified early and supported**	
Review supply of healthy start vitamins especially for families eligible for the free scheme	All partners (Breastfeeding Strategy Delivery Group)		**Children and parents/carers have good health outcomes**	
	School Improvement Early Years (NTC)	More children achieving a good level of development at the 2-2.5 year health and development review.	**Children and parents / carers are supported with early language, speech and communication**	
Effective implementation of Revised EYFS	Early Help / Early Years (NTC	More children achieving a good level of development at the end of reception	**Children have access to high quality early years provision and are ready to learn for nursery and ready for school and achieve a good level of overall development**	
2 Matters – promote the award for settings working with funded two-year-olds with more vulnerable children.		EYFSP – narrowed gaps between more disadvantaged groups		

Community Engagement and mobilising community assets

Consultation on the Start for Life offer

VCSE will be a critical conduit for disseminating the start for life offer

Delivery of the Breastfeeding Strategy includes peer support

Links to other priorities

Needs a dotted line to 'Ensuring a healthy standard of living for all' workstream.

Addressing family poverty

Healthy Standard of Living for All: parents/ carers are in secure employment or in training

DRAFT Ambition: Maximising capabilities of children, young people, and adults.

Leads: Jacqui Old, Janet Arris/Anne Foreman, Ruth Auten

Governance: Children and Young People's Partnership

Actions	Responsibility	Short-term outcomes	Long-term outcomes	Proposed KPIs
Achievement for all with a focus on the most vulnerable children – as part of the ambition for Education.	Strategic Education and Inclusion Programme Board	Reducing inequalities in pupils' educational outcomes is a sustained priority.	**Narrow the gap in attendance and attainment in our most vulnerable children.**	Reduced gaps in educational attainment
Route 16 Pilot to smooth transitions for a specific cohort of young people.	Strategic Education and Inclusion Programme Board	Increase in levels of school attendance in lowest attaining schools	**A child's progress, strengths and needs are identified at an early stage in order to promote positive outcomes**	Attendance and exclusion data
Roll out of Youth Mental Health First Aid (MHFA) across schools in second and third cohorts	CYP Mental health partnership	School staff trained in Youth Mental Health First Aid (MHFA) are able to identify children and young people at risk of developing mental health problems and to support them to get appropriate professional help	**Schools, families and communities work in partnership to reduce the gradient in health, wellbeing and resilience of children and young people**	Percentage of 16–18-year-olds not in education, employment or training
Pilot a model of 'sleep' support including a community sleep clinic.	Barnardo's Strategic Alliance.			Apprenticeship & destination data
Implement and launch new framework for revised parenting offer including mental health and children with SEND and reducing parental conflict	Strategic Education and Inclusion Programme Board	Increase in uptake of training and development and apprenticeships for 16–25-year-olds	**Improved physical and mental wellbeing of young people**	Hospital admissions as a result of self-harm (10-24 years)
Action research, professional development, and the development of pathways to improve early language and reading with a focus on SEND and improving outcomes for disadvantaged	SEND Strategic Board	Reduction in the proportion of pupils being referred for Social Emotional Mental Health. Easily accessible support and advice is available for 16–25-year-olds on life skills, training and employment opportunities	**Improved access and use of quality lifelong learning across all communities** **Increase proportion of 16–18-year-olds in post-16 education or training** **Reduced proportion of 18–24-year-olds claiming JSA.**	Increase in adult learning completers in education / employment
Pilot programme in two schools to embed careers into the school curriculum	Strategic Education and Inclusion Programme Board	Increase access to and uptake of adult learning with a specific focus on those living in the 25% most deprived areas in NT	**Reduced rates of first / repeat offences in 16–24-year-olds** **Reduced rates of teenage pregnancy.**	
Review and develop programme of post 16 support	Strategic Education and Inclusion Programme Board	Increased availability of non-vocational lifelong learning across the life course.	**Reduce levels of anti-social behaviour, drug and alcohol misuse among young people.**	

Community Engagement and mobilising community assets

- Children in Care Council, SEND Youth Forum and the Youth Council
- Emotional Wellbeing Advisory Panels.
- CYP Peer Supporters for Mental Health and Wellbeing
- Engagement with the Wallsend Children's Community

Links to other priorities

- Ensure a healthy standard of living for all
- An integrated health and care system
- The places and communities we live in

DRAFT Ambition: Fair Employment and Good Work for All.

Leads: John Sparkes, Gary Charlton, Ruth Auten/Kate Thompson

Governance: North Tyneside Employability Partnership and Strategy Group

Actions	Responsibility	Short-term outcomes	Long-term outcomes	Proposed KPIs
Needs Assessment of population and insight data to understand employment and skills of different residents and communities	Public Health / Performance and Intelligence team	In depth understanding of residents and communities needs for employment and skills support	More residents from groups identified as being furthest away from the labour market will be supported into employment	**Across our most disadvantaged communities we will see:** Fewer NEET aged 18-24
Specific sector analysis to identify issues and solutions regarding recruitment and retention e.g., health and social care sector.	Adults and Children's Social Care	Targeted health and social care recruitment drive	It will be easier for people who are disadvantaged in the labour market to obtain and keep work	A reduction in unemployment %
Delivery of employability projects targeting support at disadvantaged groups.	Employment and Skills Team	Increase in the skills levels of residents	More good quality jobs will be created	Reduction in long-term claimants of Jobseeker's Allowance
Pilot the North Shields Employability Hub – Working Well North Tyneside	Employment and Skills Team	Increase in the number of people in Education and Training	Improvement in young people's transition from education to employment	Increase proportion of employed adults earning the living wage
Rollout of Skills Bootcamps to support recruitment and progression for disadvantaged groups in key sectors including construction, transport and logistics and green jobs.	Employment and Skills Team	Increase the number of residents moving into work	Increase in the number of new business start-ups.	Reduction in the disability employment gap.
Digital Outreach Project (DOP) supporting informal digital skills development and digital champions training.	Employability Partnership and Strategy Group	Increase the number of residents receiving enterprise support	Improved local workforce skills across the social gradient	Reduced rates of sickness absence across North Tyneside
Work with businesses involved in major developments to deliver corporate social responsibility commitments to increase the number of jobs opportunities, including apprenticeships, available to local residents.	Employability Partnership and Strategy Group	Increase the number of Apprenticeships available to local residents	Increased wage levels and reduction in wage gap	

Community Engagement and mobilising community assets

Community engagement to inform the development of the North Shields Employability Hub

Digital Champions across communities

Short-term outcomes (continued)

Supporting employers to provide healthy physical environments, promoting wellbeing and providing mental health support when required

Numbers of people completing digital champion training

Long-term outcomes (continued)

More businesses will be supporting the health and wellbeing of their staff and reducing sickness absence rates

Increase in numbers of organisations and business signed up to North of Tyne Good Work Pledge

Improved wellbeing and job satisfaction among working population

Links to other priorities

Enable all children, young people and adults to maximise their capabilities and have control over their lives – regarding lifelong learning

Ensure healthy standard of living for all – re addressing in work poverty

Ambition: Ensure a healthy standard of living for all

Leads: Jaqueline Laughton, Gary Charlton, Jill Harland

Governance: PIF Steering Group, HAF Steering Group, Food Forum, NTSP

Actions	Responsibility	Short-term outcomes	Long-term outcomes	Proposed KPIs outcomes
Maximise residents' income by delivering benefits take up advice and campaign via CAB and Age UK. Support financial capacity and inclusion by delivering projects with essentials such as food, energy, and clothing, using the household support fund. Support every school in North Tyneside through the Poverty Proofing the School Day training, delivered by Children North East. Fund schools to set up their own school uniform schemes to reduce the cost of the school day for families. Continue to manage and extend the Holiday Activities and Food programme, to ensure that vulnerable children in low-income families access nutritious food and enriching activities during the school holidays. Provide supermarket vouchers to families on FSM for all school holidays up until the end of the academic year 2021/22 and potentially beyond, dependent on funding. Continue to provide Healthy Start Scheme vouchers for pregnant women and children under 4 in eligible low-income families. Deliver community-based projects which enable low-income households to access affordable healthy food. This includes launching The Bread-and-Butter Thing (TBBT) in five community hubs in 2022. Extend the Council Tax Support Scheme backdating rules to 20 weeks. Directly support residents in fuel poverty by delivering the Green Homes Grant Local Authority Delivery Scheme for residents on low incomes to improve home energy efficiency and through the Welfare assistance scheme or those in crisis. Raise awareness of how to save energy through targeted leaflet campaign, energy bingo events at community centres and the recruitment of community energy champions. Improve residents' digital skills through digital outreach projects and the recruitment of digital volunteers to support residents to get online.	Citizens Advice Age UK North Tyneside Council (Social Inclusion Team, Public Health, Digital Inclusion Team) North Tyneside Schools VCSE Sector North Tyneside Council (Social Inclusion Team, Public Health, Digital Inclusion Team) The Bread-and-Butter Thing	Increased benefit uptake and income for residents Support for residents in work poverty Awareness raised and information given about managing energy bills and heating efficiently Schools receive training to implement reducing poverty impact for young people. Children have access to nutritious food and activities during school holidays. Support given to families during school holidays to support the expense of this period. Bread and Butter things established within 5 Communities. Increase uptake of healthy start vouchers Community Energy Champions recruited and trained Delivery of the DfE funded scheme delivering laptops and wifi devices	**More people achieving a healthy standard living above the relative poverty threshold** **Early identification of people at risk of getting into crisis e.g. homelessness.** **Residents able to navigate the benefits system – smoothing the cliffe edge between in and out of work poverty** **Young people have an equitable experience within school** **Residents improve their homes to be more energy efficient.** **All residents have physical access, economic ability & knowledge to access and consume healthy food**	**Across out most disadvantaged communities we will see:** Reduction of number of children in poverty Reduction in number of households not reaching Minimum Income Standard (%) Fuel poverty for high fuel cost households (%) --- **Community Engagement and mobilising community assets** Community Projects developed and delivered in collaboration with VCSE Increased Opportunities Committee Poverty Truth commissioners will inform work to address poverty within communities. --- **Links to other priorities:** Maximising the capabilities of Children, Young People and Adults Best Start in Life Our lifestyles and healthy behaviours The Places and Communities we live in

DRAFT Ambition: The Places and Communities we live in and with

Leads: Sam Dand, Gary Charlton/Aidrian Dracup, Mike Blades / Robin Fry/ Paul Jones

Governance: TBC

Actions	Responsibility	Short-term outcomes	Long-term outcomes	Proposed KPIs
Community consultation will be carried out to inform the final Equally Well implementation plan	Healthwatch / participation team	Proposed solutions and interventions to reduce inequalities are co-produced and fully informed by the lived experience of North Tyneside residents.	Building on communities' assets and strengthening our work with communities across the system	**Across our most disadvantaged communities we will see:**
Living Well North Tyneside will be kept up to date and promote widely so residents who want to can be actively involved in their communities.	Corporate strategy	More socially connected communities with more opportunities for all residents to take part in community life	Adequate resourcing of VCSE to support their work	Resident survey - participation / safety, accessing parks/ beaches etc.
Deliver the Health inequalities VCSE small grants funding and monitor projects	VODA / Felicity	Active travel infrastructure will enable more residents from disadvantaged communities to access education, employment and leisure opportunities.	Clean, green and safe open spaces across the Borough	Fewer socially isolated residents
Review the Social prescribing offer across the system	Commissioning / Public Health		Improved digital inclusion	More digital inclusion
Pilot Healthy, Happy Places in North Shields and Wallsend which aims to shape places to benefit mental health and wellbeing in our communities.	Academic Health Science Network for the North-East and North Cumbria/ Public Health and PCNs	Increased levels of volunteering	Integrated planning, housing, environmental and health systems in place	More residents feeling safe in their communities
Development of Strategic Cycling Route network to increase opportunity for active travel	Regeneration	A supply of good quality affordable homes for those most in need	Well designed communities with decent homes and good transport links	Number of affordable housing units developed
Review the community safety board and take a public health approach to community safety	Community Safety	Improved active travel across the social gradient	Access to arts and culture and outdoor spaces that provide opportunities to connect with others	Number of energy efficient improvements made in private sector
Expand the safe and healthy homes initative to support more households in need		Improve the accessibility, existing parks, green spaces and beaches to promote good mental health and physical activity	Improved energy efficiency of housing across the social gradient.	**Community Engagement and mobilising community assets**
Deliver more energy efficiency measures to reduce fuel poverty	Regeneration		Improved the food environment in local areas	Supporting community engagement of the implementation plan
Establish a cultural compact that supports health and wellbeing and reduces inequalities	Housing		Reduced social isolation	Connecting diverse communities to policy makers to ensure their voices are at the heart of policy, commissioning, and decision-making process
	Culture and wellbeing partnership		Reduced antisocial behaviour *(can we make this more asset based?)*	
			Social prescribing becomes a routine part of community support	**Links to other priorities**
				Communities and Place are a golden thread across all prioriites

Ambition: Our lifestyles and healthy behaviours

Leads: Wendy Burke, Jill Harland, Gary Charlton

Governance: Active North Tyneside, Tobacco Alliance, Healthy Weight Alliance, Strategic Alcohol Partnership, Living Well Locally Board, NHCT Inequalities Board

Actions	Responsibility	Short-term outcomes	Long-term outcomes	Proposed KPIs outcomes
Strengthen treatment pathways for people who smoke to support them to quit, including those admitted to hospital and other targeted groups	North Tyneside Council (Public Health, Early Help, Schools Improvement)	People who smoke are supported to quit	**Children are exposed to less second-hand smoke and are less likely to start smoking due to a reduction in illicit tobacco**	Across our most disadvantaged areas we will see:
Support businesses to identify, support and signpost employees drinking at increasing and higher risk levels		Adults and under-18s who drink alcohol at harmful levels are identified and supported to reduce their drinking	**People who require specialist alcohol support are identified and able to access appropriate services and all residents are less likely to be affected by all aspects of alcohol-related harm.**	• Reduction in smoking • Reduction in alcohol-related hospital admissions (adults and under 18s)
Target schools, GP practices and other community services in areas with high rates of under-18s and adults being admitted to hospital due to alcohol to ensure appropriate support in place	Active North Tyneside Partnership			•Reduction in children with excess weight (NCMP indicators)
Targeted delivery of bespoke weight management programmes in communities with inequalities, including a Healthy4Life pilot in school, HENRY, Body Benefit and HowFit approaches	Northumbria Healthcare NHS Foundation Trust (Public Health, Inequalities Board and Tobacco Dependency Steering Group)	Adults and children are supported to achieve a healthy weight	**Children are less likely to be affected by the broader effects of excess weight in childhood and less likely to become overweight as adults**	•Increased physical activity in hospital inpatients •Increased uptake of cancer screening programmes
Delivery of the Active North Tyneside Programme to improve access to free/affordable healthy behaviour change interventions and physical activity				•Reduction in drug-related deaths and unmet need
Deliver a community offer for blood pressure, atrial fibrillation, and diabetes checks		People have access to cancer services and interventions to support early diagnosis to promote the best possible outcomes	**Inequalities in health outcomes driven by the food environment and wider environment are reduced, leading to lower levels of excess weight and cardiovascular disease**	**Community mobilising community assets**
Embed and sustain learning from NHCT Active Hospitals pilot to continue to support people in hospital to with physical activity	North Tyneside CCG			
Develop partnership approach with VCS to reach vulnerable groups with poorer cancer outcomes	North Tyneside Recovery Partnership	Healthcare professionals have increased capability and opportunities to promote physical activity to people in hospital and are able to signpost patients appropriately	**Residents have improved awareness of cancer and are supported to receive earlier diagnoses to promote the best possible outcomes**	Consultation on approaches to reduce alcohol-related harm and improve healthy weight Co-production of cancer prevention work
Support people affected by drug misuse including exploring opportunities to embed a substance misuse social worker into treatment services, developing the M-PACT programme to support the wellbeing of children and families affected by substance misuse and developing processes to learn from drug-related deaths			**Harm from illicit drug use is reduced, in line with the findings of the Dame Carol Black review**	Co-production of MECC at scale work
Ensure those with lived experience of substance misuse can shape and influence services		People using drugs or affected by drugs are identified and supported, and so are their families	**HWB Board partners promote HEiAP and MECC approaches to recognise and reduce the impact of inequalities**	Needs a dotted line to 'Best Start in Life' workstream **Reduction in smoking in pregnancy**
Develop a Health Equity in All Policies (HEiAP) approach including training materials and champions to improve understanding of health inequalities across all Health and Wellbeing Board partners				*Needs a dotted line to 'The Places and Communities we live' – cycling, green space indicators*
Promote a Making Every Contact Count (MECC) approach across the borough, particularly in targeted areas, to impact on lifestyles and behaviours				

DRAFT: Ambition: An integrated health and care system

Leads: Jacqui Old, Lesley Young-Murphy, Claire Riley

Governance: Future Care Programme Board, Safeguarding Adults Board, Ageing Well Board, NHCT Inequalities Board

Actions	Responsibility	Short-term outcomes	Long-term outcomes	Proposed KPIs outcomes
Four Primary Care Networks (PCNs) will build on collaborative work around extended hours access, access to clinical pharmacy and development of social prescribing initiatives.	PCNs	It will be easier for residents to 'navigate' the system	**Our most vulnerable residents to live healthier and fulfilling lives and maintain independence for longer**	**Across our most disadvantaged communities we will see:**
Implement the integrated North Tyneside Frailty Service with two pathways.	Ageing Well Strategy	Integrated working with Primary Care Networks, statutory partners and the VCSE working together to reduce inequalities	**Improved access to appropriate support and unnecessary variations and fragmentation in care.**	Increased referrals to the Community Frailty Team
Backworth Ageing Well Village development to continue and integrated services are established to prevent unnecessary hospital admissions and premature admissions to long-term care		Residents experiencing falls and frailty have support from a 'one stop shop' and an integrated care service	**Fewer residents will be discharged from hospital directly into permanent residential/nursing care**	Reduction in delayed transfers of care

Reduction in hospital admissions

Reduction in hospital re-admission rates

Increased referrals for social prescribing |
| Adult social care will increase the use of technology within the homes of residents with social care needs to enable people to live more independently. | Adult Social Care | Residents have improved access to technology and are more digitally included. | **Demand in the acute sector is well managed and the gaps in care which have the most impact on health inequalities have reduced** | Reduction in patients breaching 18 week waits for hospital treatment

Reduction in average length of stay in hospital and intermediate care settings |
All partners continue to work together to support delivery of the COVID-19 booster vaccination programme to ensure good uptake overall and reduced inequalities	All Partners	Care home residents and other vulnerable groups are supported to receive COVID booster vaccinations in line with current JCVI recommendations	**Health inequalities are considered in all policies across health and social care and the work of the Health and Wellbeing Board partners**	Reduction in prescribing rate of medicines that can cause dependency, antimicrobial medication and medicines of low value
Northumbria Healthcare Trust will continue to work with key partners to deliver their Community Promise	Northumbria Foundation Trust	BCF and iBCF continue to meet local and national priorities	**Organisations work together at scale to share planning and pool resources to work sustainably and address financial pressures that can be a barrier to providing health and social care**	Increased proportion of people who receive short term (enablement) service in year with an outcome of no further requests for support **or** increase in over 64s discharged to their usual place of residents (examples from Rotherham and elsewhere)
Promoting the services of community pharmacy to support our local communities.				**Community mobilising community assets**
Strengthening public, patient and carers 'voices at place to shape integration, working with a range of partners such as Healthwatch, the VCSE sector and experts by experience				Participatory engagement methods where community members are actively involved in design, delivery and evaluation of integrated services 'Ageing Well Village'
				Link to all priorities