

A healthy, happy, and prosperous Newcastle

Health and Wellbeing Strategy 2023 -28



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Introduction

Our Health and Wellbeing Strategy is a high-level strategic plan for improving the health and wellbeing of our local population, developed by partners across health and social care in the city. While this strategy is required by law, it is also an incredibly important way to help set a shared direction of travel for all stakeholders in the city whose work has an impact on the health and wellbeing of residents. It also gives local people an opportunity to help shape our proposed vision and understand what action city partners will take over the coming years. The strategy builds on previous and existing work to reduce health inequalities and highlights our approach to tackling these over the coming years.

Newcastle's Health and Wellbeing Board has overall responsibility for developing the strategy. The Board brings together the city's health and social care commissioners, including the North East and North Cumbria Integrated Care Board, Newcastle City Council and NHS England, universities, as well as other agencies and organisations involved in health and social care. Its role is to develop joint priorities built from a robust evidence base for local commissioning to ensure delivery of the right outcomes, and to provide advice, assistance, or other support to improve the health and wellbeing of the city's diverse communities.

The Board is committed to working together with the people of Newcastle to improve the health and wellbeing of residents, with an equal focus on physical and mental health and wellbeing. At a time of increasing demand on services and pressures on funding, it is even more important to make sure the city is a healthy place by supporting people to be able to make healthy and informed choices and that services are delivered as efficiently as possible and that support is given to research and innovation to drive improvements.

In developing this strategy, the Board has worked closely with Collaborative Newcastle, an innovative partnership which brings together local NHS partners, local government, higher education, and the voluntary and community sector to improve the health, wealth and wellbeing of everyone in the city. By combining our efforts, expertise, and resources and by working collaboratively and creatively, we aim to reduce inequalities, develop the health and social care workforce and significantly improve the lives of people who live and work in the city.

Our current focus and overall ambition is to now significantly improve health and wellbeing outcomes, improve Healthy Life Expectancy and reduce city-wide health inequalities in Newcastle. This Strategy sets out the priorities that we want to focus on over the coming years and how we will work with partners, residents and our diverse communities across the city to achieve our ambitions.

Our approach: a whole system approach to tackling health inequalities

This strategy is guided by the principles from the following national and international frameworks for improving public health, including our partnership approach through Collaborative Newcastle, NHS, National Institute for Health Research Academic Health Science Centre and our Newcastle Health Innovation Partners. These principles tell us that there are many factors that affect and shape our health and well-being. They are rooted in the social, environmental, and economic circumstances into which we are born and grow, the wider determinants of health. To effectively reduce health inequalities, we must understand these causes, so that we can work together, in partnership and take action.

King's Fund: Four Pillars of Population Health (2018)

This is a framework for action around four areas to focus on to improve population health outcomes:

- 1. The wider determinants of health** – the range of social factors such as income, employment, housing, and transport which are the most important driver for health.
- 2. Our health behaviours and lifestyles** – covering behaviours such as smoking, alcohol consumption, diet and exercise which are the second most important driver for health.
- 3. The places and communities we live in and with** – which influence our health behaviours, social relationships and networks
- 4. An integrated health and care system** – to coordinate and tailor services to individual needs rather than to suit organisations.

The Marmot Review

In 2020, the Health Foundation commissioned the Institute of Health Equity to examine progress in addressing health inequalities in England, 10 years on from the landmark study Fair Society, Healthy Lives (**The Marmot Review**).

The 2010 review identified six key policy areas for action to reduce health inequalities:

- Giving every child the best start in life.
- Enabling all children, young people, and adults to maximise their capabilities and have control over their lives.
- Creating fair employment and good work for all ensuring a healthy standard of living for all.
- Creating and developing healthy and sustainable places and communities.
- Strengthen the role and impact of ill health prevention.

This '10 years on' report shows that, in England, health is getting worse for people living in more deprived districts and regions, health inequalities are increasing and, for the population as a whole, health is declining. The report brings evidence

together showing that for almost all the recommendations made in the original Marmot Review, the country has been moving in the wrong direction. In particular, lives for socially and economically disadvantaged people in society have been made more difficult.

Marmot also recommends that we should:

- Put health equity and wellbeing at the heart of local, regional, and national economic planning and strategy.
- Adopt inclusive growth and social value approaches nationally and locally to value health and wellbeing as well as, or more than, economic efficiency.

Proportionate universalism

Our approach also adopts the concept of proportionate universalism. This means recognising that our residents do not have all the same starting points to make choices or engage in support or healthy behaviours and therefore we value the importance of tailored approaches that address potential barriers to co-create and facilitate equity across our communities within service and support design and delivery.

Equality, diversity and inclusion

Our approach enables the Health and Wellbeing Board to maintain the values of equality, diversity and inclusion. These values are at the centre of our ambitions, in order to tackle the inequalities in our city. Both health and disease outcomes and opportunities are often conditional on a series of factors. Our approach will focus on legally protected characteristics and specific identities of experience. There are nine protected characteristics as described in the Equality Act 2010. These are Age, Gender Identity, Sex, Race, Sexual Orientation, Religion and Belief, Disability, Pregnancy and Maternity, Marriage and Civil Partnership.¹

We recognise that these do not exist in isolation. Many people possess more than one characteristic, making the inequalities they face even greater. Our communities of identity, interest and place comprise people with their lived experience. The COVID-19 pandemic exposed and exacerbated existing inequalities, including the disproportionate impact on people from minority communities, particularly ethnic and disabled communities, and many other communities of experience.

World Health Organisation Healthy Cities

Newcastle is also a member of the WHO Healthy Cities movement. This is a politically led movement, with the main aim of reducing health inequalities, improve access to health for all and to align at cities with the WHO strategic priorities. The current phase of the programme, which runs until 2025, is framed around the '6Ps' of People, Place, Planet, Peace, Participation and Prosperity. The themes align with the city's ambitions to address the three major challenges of health, wealth, and climate change. Newcastle is also a part of a network of approximately 100 Healthy Cities across Europe and it uses these relationships to gain peer-learning and

¹ <https://policy.bristoluniversitypress.co.uk/the-unequal-pandemic>

expertise on putting health at the heart of the city's policies to improve our residents' lives and opportunities

Our current position

Overview

We have made great strides over the last five years in coming together to tackle health inequalities. Our Collaborative Newcastle partnership has given us the platform to bring our collective strengths and resources into one place and focus them on improving the health, wealth and wellbeing of everyone in the city; while the work we have done across the city during the COVID-19 pandemic has both helped to reduce the impact on vulnerable groups and helped to inform new ways of working.

We are starting to see this progress making a difference, for example:

- The proportion of people in the city who smoke has fallen to 13%, from 16%
- The teenage pregnancy rate has fallen to 8.8 per 1,000 in 2020 (although this is still above the national average).

Among those measures that are better than or similar to the England average, and either stable or improving are:

- **Infant and child mortality:** between 2018 and 2020, the infant mortality rate was the same for both Newcastle and England (3.9 per 1,000). During the same period, child mortality rate was slightly higher for Newcastle (15.0 per 1,000) than for England (10.3 per 1,000).
- **Breastfeeding maintenance:** Breastfeeding prevalence at 6-8 weeks after birth is similar between Newcastle in England. In 2021/22, 48.1% of babies 6-8 weeks old were breastfed in Newcastle. This was only slightly lower than England overall (49.3%).
- **Tooth decay at 5-years:** In the period 2018/19, 24.2% of 5-year old children in Newcastle had experience of visually obvious dental decay, compared to 23.4% of children in England.
- **New STI diagnoses:** In 2021, the rate of new STI diagnoses in Newcastle was 548 per 100,000. This was lower than the rate overall in England (551 per 100,000).
- **Vaccine coverage** (though, not for children in care): for example, PCV vaccination coverage at 12 months was 95.3% in Newcastle, compared to 93.8% in England in 2021/22.
- **Physical activity and obesity in adults:** In 2020/21, the percentage of physically active adults in Newcastle (65.3%) was similar to that of England (65.9%). Newcastle had a slightly higher proportion of adults aged 18+ classified as obese (29.4%), compared to England (25.3%).
- **Excess winter deaths and suicide:** Between August 2019 and July 2020, the excess winter deaths index was lower for Newcastle (9.1%), compared to England (17.4%). Newcastle, however, had a slightly higher suicide rate between 2019-2021 (11.6 per 100,000) compared to England (10.4 per 100,000).

However, despite these gains and strong continued performance, the overall state of health in the city remains below the England average, and the COVID-19 pandemic has added greatly to this challenge.

The uneven impact of the pandemic hit hardest on those who were already vulnerable to disease because of factors including: pre-existing health conditions, social isolation, poor mental health, and being in a difficult financial position. During the peaks of the pandemic, we saw this impact in areas such as:

- 32% increase in children's social care assessments
- 21% increase in the number of children and young people contacting NHS mental health services per day
- 42% increase in safeguarding adults' concerns
- 13% increase in demand for adult mental health social care services
- 3% increase in demand for learning disability and autism services
- In a recent perception survey, half of those drinking more say they got into the habit over (Balance, 2021)
- Drug related deaths have continued to increase post pandemic. There are an estimated 2174 opiate and /or crack users in the city with around 63% engaged in services. Our alcohol dependency estimate is 4146, with approximately 17% engaged in services.
- 92% increase in the number of 18–24-year-olds claiming benefits

Alongside these pandemic impacts, the city was already tackling higher than average rates of alcohol-related conditions, young people not in education, training or employment and first-time entrants to the justice system, violent crime admissions to hospital, and deaths from cancer and cardiovascular disease.

All of this is despite the excellent health, social care and voluntary sector services that exist in our city, underpinned by excellent workforce development for medical, health and allied professionals, delivered by our higher and further education partners. We know that these services alone cannot tackle health disparities without equal strides in those economic factors which are linked to health and care outcomes. This will not be quick or easy to resolve and will take the consistent and concerted effort from every part of our city to help address, but through our Collaborative Newcastle partnership we have the skills, breadth, and determination to make that change.

COVID-19

As we have seen, the COVID-19 pandemic has been one of the greatest public health challenges in living memory, with significant repercussions for health and wellbeing. It has affected every part of our society and is likely to lead to lasting changes to how we live, work and play.

The risk of dying from the COVID-19 virus is highest in older people or those with underlying health conditions, however the risks are found to be higher in males than females; higher in those living in the more deprived areas than those living in the least deprived and higher in those who are black or Asian.

As well as these direct health consequences of the COVID-19 virus, the subsequent restrictions affected other areas of health and wellbeing including mental health

social isolation, and changes in eating, drinking and physical activity behaviours. The wider impacts are still unfolding, with concerns around the health of the economy, employment, education, businesses and socio-economic inequalities.

During the pandemic the Board continued to meet with increased frequency and with a particular focus on the wider determinants of health, including economic and social wellbeing. The Board also assumed the additional role of the COVID Control Group to ensure a comprehensive local implementation of control measures and guidance. Additional representatives from other organisations were also proactively involved which allowed for broad consensus within the city on actions and strategy in our fight against COVID.

In addition to this a subgroup of the COVID Control Group was formed in Spring 2021 to specifically focus on Vaccine Inequalities and Engagement, supporting the work of our Welfare and Wellbeing team and informed by Community Champions. This work enabled actions to protect those most vulnerable to inequalities and strengthen partnership working, founded on intelligence and local expertise.

Despite these challenges, the pandemic also shone a light on how powerful strong communities can be in keeping people safe and well. Those neighbourhoods that already had existing networks were well placed to identify and help those who needed additional support, making a huge difference to the people living in those places. We want all of our neighbourhoods to be this strong, so we are taking this learning to inform how we work alongside neighbourhoods, building on what already exists and making sure everyone is able to live in a place where there is a connected and vibrant community.

Newcastle Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) helps to inform the planning and improvement of local services and guides us in making the best use of funding available. It builds a picture of current and future health and wellbeing needs of local people. This is used to shape joint commissioning priorities to improve health and wellbeing as well as reduce health inequalities in our communities.

Over the last few years, we have transformed our JSNA to create a more rapidly updated, interactive and interrogatable tool that is fit for the future, while remaining rooted in intelligence and wider evidence about what drives health and wellbeing across the city.

Newcastle Health Determinants Research Collaborative (HDRC)

Newcastle is one of the first local authority areas in the UK to receive a £5million NIHR grant to form a Health Determinants Research Collaborative (HDRC) unit, developed in partnership with Newcastle University. The HDRC will focus on addressing health inequalities through primary prevention, using data-led innovation and community engagement to drive quality improvement and inform service design and delivery. This unit, established in October 2022, aims to enhance a cross-council culture of evidence-based practice that can influence improved health outcomes and reduce health inequalities within our communities. As one of the first sites to be awarded, Newcastle will take a leadership role as an advocate and ambassador for the use of research within local government).

Insights North East

Insights North East (INE) is a Research England-funded project led by Newcastle University and delivered via a core partnership with the NHS, North of Tyne Combined Authority, Newcastle City Council and Northumbria University.

This £5.5m collaborative project connects evidence and policy making around health and wellbeing, inclusive growth and net zero

Our Priorities

We have adopted and adapted the six policy objectives set out in the '*Marmot Review: Fair Society, Healthy Lives*' (2010), as a framework to significantly improve health and wellbeing outcomes and reduce citywide health inequalities: Give every child the best start in life.

- Enabling all children, young people and adults to maximize their capabilities and live their best lives with Improving educational attainment for all.
- Creating fair employment and good work for all.
- Ensuring a healthy standard of living for all
- Creating and developing sustainable places and building strong communities
- Strengthening the role and impact of ill-health prevention.

In addition to these key areas, we have added to our approach to explicitly capture the importance of:

- Ageing well, making sure that adults of all ages can continue to be a connected and valued part of their communities
- Health and social care integration, ensuring that our services are designed around the individual and that they offer the best health and wellbeing outcomes possible.

The evidence from the Marmot Review 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. Also central is the recognition that disadvantage starts before birth and accumulates throughout life.

The review also presents a robust and well-evidenced business case for national and local action to address health inequalities through concerted action in collaboration with city wide anchor institutions, such as NHS and HEI partners. Local councils have a vital role in building the wider determinants of good health and working to support individuals, families, and communities. The review relates strongly to the core business of local councils as local leaders for health improvement and the reduction of health inequalities.

Starting well

Why does this matter?

Investment in early years is vital to reducing health inequalities, and evidence

highlights not only the social but also the economic importance of doing this. What happens in pregnancy and early childhood impacts on physical and emotional health all the way through to adulthood. Supporting good maternal health is important for safe delivery and good birth weight and gives babies the best start in life. An infant's earliest experiences, including how they attach and communicate with their main caregiver, shapes brain development and is profoundly important.

However, not all children experience the same life chances, for example, those infants born in the most deprived areas are more likely to be a low birth weight at term and have mothers who smoke. It is possible to work towards reducing these health inequalities with early intervention to prevent vulnerability and build resilience in families and local communities.

Evidence also 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 related to the encouragement and support a child receives at home and in their community. Ensuring school staff build their skills in working across school-home boundaries, addressing social and emotional development, and physical and mental health and well-being paramount.

What are we going to do?

Give every child the best start in life

- focus our efforts on supporting confident, positive, and resilient parenting, to those who most need our support.
- build the resilience and wellbeing of all children and young people
- make sure maternity services, parenting programmes, childcare and early year's education are of high quality and meet needs of all groups
- Focus on addressing child poverty, reducing inequalities in the early development of physical and emotional health and social skills

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

- Enable children and young people to feel safe in school, neighbourhoods and public spaces.
- Enable families to stay safely together through building trusting relationships that empower families and build on assets in communities/neighbourhoods
- Improve educational attainment
- Ensure opportunities for lifelong learning through working with our colleges and universities will enable access to help earlier and with signposting to education, training, development and employment opportunities or professional support, depending on their needs

- Promoting independence in later years

We will deliver this through:

- Newcastle Children and Young People’s Plan
- The EVERY plan – bringing together health, education, business, and cultural partners from across the city to ensure every baby, child and young person can live, thrive, and be heard.
- The Children and Families Newcastle initiative including the Start for Life Programme – to ensure services and support is accessible to children and families.
- The Newcastle Inclusive Economic Strategy
- Outreach programmes delivered by our Further and Higher Education partners

Living well

Create the conditions for fair employment and good work for all and ensuring a healthy standard living for all.

Why does this matter?

We know that good quality employment is critical for people’s health and wellbeing. Unemployment, and particularly long-term unemployment, have a significant impact on physical and mental health. 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. In-work poverty is also a real issue for many individuals and families, especially those groups who also suffer most from unemployment. And we know that many of these outcomes are the result of structural inequalities.

Evidence shows that insufficient income is associated with worse outcomes across virtually all areas of health and wellbeing, 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, while adults who live in poverty have an increased risk of poor mental health and greater risk of suffering from multiple chronic conditions such as heart disease.

Conversely, 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 an employee’s uptake in adopting health-promoting behaviours.

While the Covid-19 pandemic led to temporary in-work insecurity in some sectors, it also showed that it is possible to fundamentally reimagine how we work, creating more flexible roles, and rethinking how we use physical spaces in a way that can prevent the spread of infections to keep our workforce safer. This opens up new possibilities to design roles that are more accessible for people who have caring responsibilities, those with physical or learning disabilities, and those who are neurodiverse.

What are we going to do?

- Ensure every young person can identify and pursue pathways to a successful future that reflects their aspirations
- Grow our business base and jobs in the 'new' economy through innovation, reskilling and addressing poverty to ensure an inclusive society that challenges social inequality
- Grow the number of jobs that are inclusive for people who have caring responsibilities, those who have support needs, and those who are neurodiverse
- Maximise our strengths as a place to attract and retain talent.
- Deliver and invest in new technologies and innovations that make life more liveable, bring communities together and inspire the next generation of entrepreneurs.
- Encourage volunteering and social action as a positive pathway to work
- Support our local public sector to provide apprenticeships and employment
- Promote the real living wage and make Newcastle a Living Wage City, and promote agile and flexible working to employers to accommodate caring and other responsibilities
- Maximise household income by improving financial skills to increase financial wellbeing across all age groups.
- Encourage the availability of Credit Union facilities for all our communities

We will deliver this through:

- Newcastle Inclusive Economic Strategy
- Newcastle Children and Young People's Plan
- The EVERY plan – bringing together health, education, business, and cultural partners from across the city to ensure every baby, child and young person can live, thrive, and be heard.

- The Good Work Pledge
- Our ambition to be a Living Wage City
- Centre for Health and Social Equity (CHASE) (Northumbria University)
- Campus for Ageing and Vitality (CAV) (Newcastle University)

Strengthen the role and impact of ill health prevention

Why does this matter?

A number of disease risk factors are associated with the most common diseases in the UK such as cardiovascular disease, cancers, and respiratory conditions. A large proportion of chronic diseases can be prevented by a healthier diet, increasing exercise, reducing alcohol intake, and maintaining a healthy weight.

The vast majority of adults in England and the region are overweight. At the same time 2 in 3 adults are physically active. Before the pandemic just over 1 in 4 adults consumed more than 14 units of alcohol per week. The latest estimates have shown that this has increased.

These risk factors are also associated with social deprivation. Action on these provides an opportunity to address the health inequalities that may have been exacerbated as a result of the pandemic.

What are we going to do?

- As a city we aspire to reach a Smoke Free 2030, where adult smoking prevalence is 5% or lower across all demographics and groups.
- Continue to challenge the three key influencers of alcohol consumption – price (affordability), ease of purchase (availability) and the social norms around its consumption (acceptability). And we continue to lobby both for a public health licensing objective and Minimum Unit Price.
- As a newly identified ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) Accelerator area, with Northumbria Police and our partners, we will tackle supply, reduce drug related deaths and prevalence.
- Redesign of our sexual health prevention and support services in Newcastle will aim to address this inequity of access to sexual health services.
- Lead a community mental health transformation programme, improving the way we collectively promote positive emotional wellbeing for all.
- Continue to monitor and learn from suicides so that we can continue to reduce and prevent suicides taking place.
- Adopt a whole systems approach to healthy weight, and physical activity across the life course. This will shift activity towards whole population and place-based action to address the structural causes of overweight and obesity. This includes approaches based upon infrastructure, urban space, the influence of transport, access to green and blue space and access to good food.

We will deliver this through:

- Collaborative Newcastle
- A Whole Systems Approach to healthy weight

- The Drug and Alcohol Plan
- The Tobacco Control Strategy
- The Local Transformation Plan
- The Children and Young People's Mental Health Transformation Plan
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Ageing well

Why does this matter?

Our city is growing and growing older. This presents a huge opportunity for our communities, employers, and potential investors alike.

With a growing number of older people comes benefits from experience in the workforce, contribution to society (through activities like volunteering and caring), and possibilities for new products and services that enable people to continue having a vibrant life as they age well.

As the number of older people increases and the balance of our population shifts from younger to older, the shape of our communities, the city as a whole, and economic markets must change to harness the opportunities that this brings. We are embracing this change by celebrating what people of all ages offer, challenging traditional attitudes to age and ageing, and developing new thinking and practice in the way our city promotes physical, social and cultural capital.

For too long, ageing in many parts of our city has been associated with rising levels of obesity, physical inactivity, unequal digital access, financial exclusion, and social isolation. All of these reduce our healthy life expectancy and contribute to health inequalities between neighbourhoods and communities. We are serious about tackling this and creating the conditions for everyone to age well, not just those with the greatest resources. Working with partners and communities across the city, we will implement an Age Friendly Action Plan focusing on: place, employment, creativity, innovation, and information and advice, to ensure Newcastle is a leading place in the UK to age well.

What are we going to do?

- Ensure that we place the voices of older people and their families at the heart of our work
- Tackle ageism by challenging negative stereotypes and create opportunities for older people to remain vital parts of their communities
- Ensure our local environment and communities are safe and accessible and enable older people to be active, participate in and shape the places in which they live
- Focus on accessible and affordable transport, building on our transformational 'free transport' pilot for vulnerable young people in the city
- Ensure that there are a variety of housing options which enable people to live well at home including retrofitting existing housing as well as development of specialist housing

- Work with partners, in particular the National Innovation Centre for Ageing, to ensure that we are taking advantage of innovations in ageing
- Develop opportunities for people to age creatively through engagement with the arts and develop our practice in working with the arts to enable people to give voice to issues and experiences
- Ensure older people stay connected, supporting them to develop and maintain the skills to be digitally connected and have relevant information and advice that is readily accessible with varying capacities and resources and that enables people to plan ahead for later life.
- Focus on targeted, individualised back to work support for over 50s to address the challenges this group faces in the labour market, including ageism.
- Deploy our collective and significant research infrastructure assets around ageing and multimorbidity to translate innovation and research into practice

We will deliver this through:

- Our participation in WHO Age Friendly City Programme. This is a global network of age friendly cities and communities and in the UK network of age friendly communities (hosted by the Centre for Ageing Better)
- The Ageing Well Action Plan
- National Innovation Centre for Ageing (NICA) - part of an international network of Longevicities and Campus for Ageing and Vitality - vision to be UK's first health innovation neighbourhood.
- Newcastle University's Campus for Ageing and Vitality
- The Specialist Housing Strategy
- Collaborative Newcastle
- Northumbria University's Centre for Health and Social Equality (CHASE)
Newcastle Health Innovation Partners (NHIP)

Creating healthy and sustainable places and safe communities

Why does this matter?

Our health and wellbeing is shaped by much more than just our health and social care system. The places and homes we live in affect our health in numerous ways, including how vibrant and inclusive our neighbourhood is, how our communities come together, how our homes and streets are designed, access to local amenities and social spaces, access to green spaces, and the provision of good public transport. Creating environments for communities to thrive, by investing in community action, improving infrastructure, services, connectivity, and sustainability is essential to reduce health inequalities and improve the quality of life of people.

Integrated planning, transport, social care, health, housing, environment, and financial inclusion services must work alongside the voluntary and community sector

to facilitate this. Good planning and well-designed places provide opportunities for people to:

- Live in decent homes that enable independence
- Access good transport links which enable them to take part in economic and civic life
- Make use of services close to home which understand their local needs and assets
- Enjoy outdoor spaces for connectivity, wellbeing, and physical activity

Crime and safer communities are also public health issues. They share common causes with ill health, particularly poverty, and fear of violent crime is itself a major cause of anxiety. Community development in pre-school education and parental education, both reduces crime and promotes better health.

Ethnic minority groups often experience worse outcomes in the social determinants of health, such as income, quality of employment and housing conditions; this relates to experiences of discrimination and exclusion. Ethnic minority populations are more likely to report being in poor health and have poor experiences using health services than the White British population. The COVID-19 pandemic has revealed the stark inequalities in health and economic and social inequalities for many of the UK's ethnic minority communities.

The social environment is also a key factor in reducing health inequalities. Strong social relationships are vital for our mental and physical health, and there is evidence that good urban design and planning can help to encourage positive social interactions and improve health. The extent of people's participation in their communities and the added control over their lives that this brings can improve health and wellbeing.

Climate change is also a fundamental threat to health and wellbeing and has the potential to widen inequalities further. Climate change is undermining many of the social determinants for good health, such as livelihoods, equality and access to health care and social support structures. These climate-sensitive health risks are disproportionately felt by the most vulnerable and disadvantaged, including women, children, ethnic minorities, poor communities, migrants or displaced persons, older populations, and those with underlying health conditions.

Actions to combat climate change, which benefit all, can improve health and aid recovery from the pandemic, in addition to preserving the planet in a liveable state. It is recognised by the World Health Organisation that climate change affects many of the social and environmental determinants of health. The impact of clean air, reducing emissions of greenhouse gases through better transport, food and energy use can result in improved physical and mental health amongst the population.

In addition, many of the measures that can be taken to address climate change, through mitigation (reduction) of greenhouse gas emissions and adapting to the impacts of climate change, offer co-benefits for the health and wellbeing of residents. Some examples include improved mental health and wellbeing from a greener and cooler city through targeted urban tree planting programmes, improved air quality and health outcomes by supporting a shift in transport modal share towards active travel and Ultra Low Emission Vehicles, and significant inclusive economic growth

from the Net Zero transition.

What are we going to do?

- Implement our Newcastle Neighbourhoods approach to social care and health services in communities, ensuring that people are able to be part of strong neighbourhoods that build on their strengths and help to support their health and wellbeing
- Support the development of quality community activities, prioritising neighbourhoods with greatest need, remove barriers to community participation and support people to be involved locally
- We want to be a city that does not just tackle inequality, but actively fights racism. Racism, Anti-Semitism, xenophobia, homophobia, transphobia, misogyny, and other hate crimes have no place in our city, and we will not allow hate to become acceptable or tolerated. This also includes the targeting of Gypsy, Traveller, and Roma communities. To make Newcastle a truly anti-racist city, we will develop a long-term strategy to put into action anti-racism work.
- Continue to work tackle and prevent crime and anti-social behaviour, reducing reoffending, supporting victims, keeping neighbourhoods safe and improving community confidence.
- Identify and manage community tensions at a local and national level, inform local problem-solving work, and address emerging tensions in the city to prevent escalation.
- Ensure everyone lives in safety and without fear from violence and abuse
- Develop policies to reduce the scale and impact of climate change and health inequalities.
- Ensure all communities are able to access and benefit from the natural environment.
- Actively support measures that deliver clean air and environmental improvements, including energy efficiency
- Ensure provision of homes at the right number, type, quality and affordability, and choice of tenure, to meets the current and future needs of all residents
- Make Newcastle accessible to all, achieving a shift to sustainable forms of transport.

We will deliver this through:

- Collaborative Newcastle
- The Newcastle Anti Racist City Charter
- Net Zero Newcastle – 2030 Action Plan
- The Newcastle Plan
- Urban Green initiative
- The Newcastle Street Charter
- Safe Newcastle Plan 2021-2024
- Safe Newcastle Domestic Abuse Strategy 2021-2023

Providing an integrated health and care

system

Why does this matter?

The importance of integrating health and social care services is greater than ever, with improved experience for residents, more community-based support being delivered closer to home, and mitigating pressures on healthcare services in the city being key priorities.

When we talk about integration of health and social care, we mean how well health and social care support is designed around a person. Ideally, integrated care will mean that a person's experience of care is:

- Tailored to their own unique needs and strengths, not a one size fits all approach
- Holistic by taking into account the other things that are happening in the person's life
- Easy to understand, so that the person doesn't have to be an expert in how the system operates to know where to get support and what their care might look like
- Streamlined, so that the person doesn't have to keep repeating their story to different departments or organisations
- Efficient and effective, so that there is no duplication or unnecessary handoffs between services and care helps the person to achieve their desired outcomes

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 continuity in care.

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 and 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, people with multiple health conditions, those with complex conditions, and their carers, or those requiring urgent care. It is most effective when it is population-based and considers the holistic needs of people.

What are we going to do?

- Develop shared outcomes with local people so that we know that we are working on the health and care outcomes that matter most to residents, and so that local people can hold us to account for delivering them
- Ensure we have a better understanding of the needs of all residents including the co-production of initiatives – from the very young to the very old.

- Use asset-based community development principles (Builds on the assets in communities and mobilises communities to come together to realise their strengths) in everything that we do
- Provide a more joined-up system of health and social care that focuses on individual needs and provides the right support, advice, care and treatment, drawing upon the expertise in our Trusts, local authorities and universities.
- Create innovative, new solutions that better support individuals and communities, rather than fitting people into an inflexible range of traditional services.
- Ensure Collaborative Newcastle has a strong voice as part of the Integrated Care System, with maximum devolution of funding to place to commission services and deliver the required workforce development.

We will deliver this through:

- Collaborative Newcastle
- North East and North Cumbria Integrated Care Partnership
- Newcastle Joint Strategic Needs Assessment (JSNA)
- The Local Transformation Plan
- Health Determinants Research Collaborative linked to Great North Care Record and Secure Data Environment
- NHIP, including the NHIP Academy