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HEALTH EQUITY



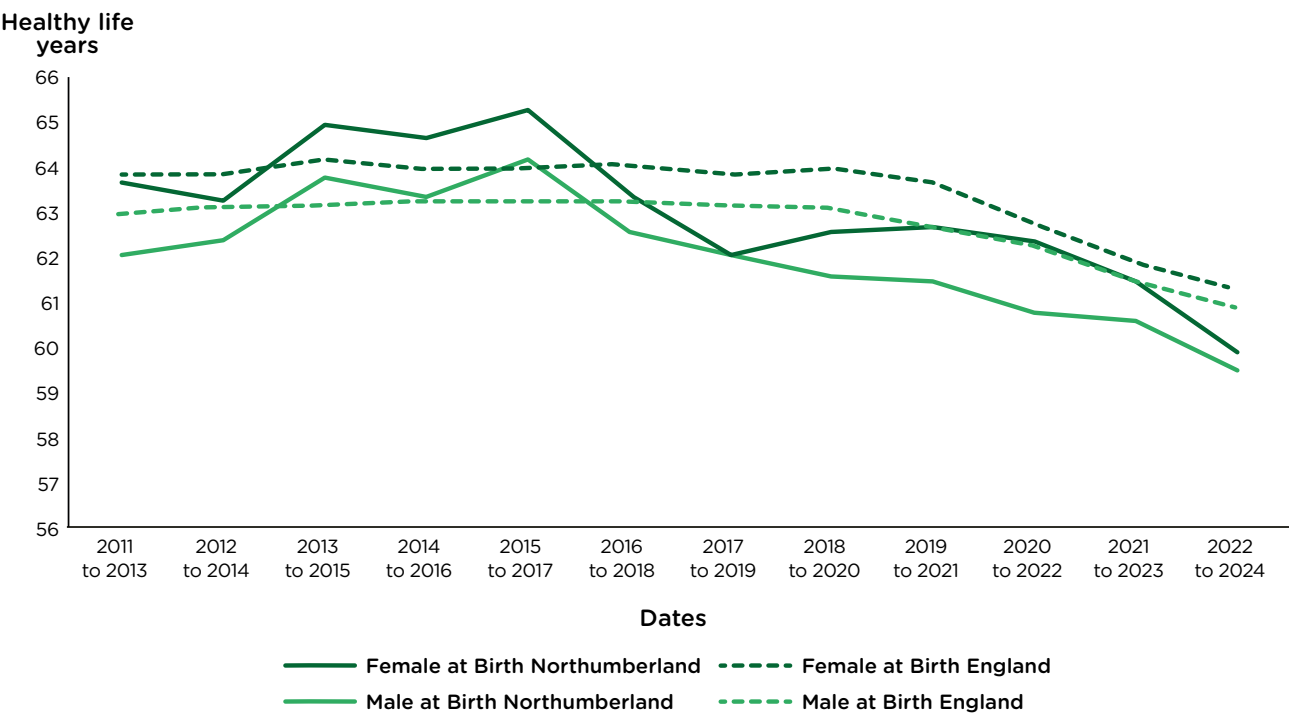
HAF Programme

**NORTHUMBERLAND WORKING
TOGETHER TO REDUCE
INEQUALITIES IN HEALTH:
A CALL TO ACTION**

HEALTH IS DETERIORATING - THIS IS A CALL TO ACTION

The number of years that residents can expect to live a healthy life has been falling in Northumberland at a faster rate than the England average. Since 2011-2013, a woman in Northumberland can expect to live 3.8 years less in good health and men 2.6 years less in good health, compared to a 2.6 and 2.1 respective drop in England. (Figure 1)

Figure 1. Healthy Life Expectancy 2011 - 2024 Northumberland and England



In addition, in 2024, at the beginning of a programme of work between The Institute of Health Equity (IHE) and the Northumberland County Partnership (NCP) IHE noted rising inequalities in healthy life expectancy characterised by gains for those who were the most affluent but losses for those who were less well off.

The mission therefore is to improve health and reduce those inequalities in healthy life expectancy by 2044.

To inform this mission IHE and the Northumberland County Partnership have worked together for the past two years. IHE have led pioneering work on the social determinants of health, showing that experiences in early childhood, the quality of housing, and access to education, employment and other opportunities throughout life all have a significant impact on life expectancy, and the number of years people live in good health.

PEOPLE AND ORGANISATIONS IN NORTHUMBERLAND NEED TO WORK TOGETHER ON PRIORITY ACTIONS

The three reports are rich in detail with multiple recommendations that have been agreed by the NCP and will be taken forward in a phased and prioritised way, with partners working together to identify the actions that will have the greatest impact and can be delivered over time. This work is set out in the following sections. However, sometimes key messages get lost in the detail, and so below we highlight three key areas that we think the whole of Northumberland should get behind.

Priority

1

Reduce child poverty and improve the outcomes of those in poverty

Child Poverty in Northumberland has risen by 43% in the last decade. In 2023/24 nearly a quarter of children (23.6%) were living in poverty, up from a sixth in 2013/14, a trend that has been seen across the country, and which is putting considerable strain on families and public finances and

affecting future opportunities. However, in addition to the fact that the numbers have risen, children in poverty in Northumberland (eligible for Free School Meals) are less likely to reach a good level of development by age 5 than they are in the rest of the country, storing up greater economic and health problems for the future.

We therefore need to work collectively to boost family income, drive down the cost of essentials and strengthen local support for families so that by 2044, when children are young adults, they have had the best start in life by:

- Attracting, providing and supporting more people into better quality work.
- Ensuring that children are growing up in warm, decent housing.
- Providing more support and resources to the VCSE organisations that are already providing goods and services to those in poverty.
- Actively consider the impact of our decision making and identifying mitigations to ensure those in poverty are not further disadvantaged.
- Ensuring that every parent is provided with the support they need to be able to provide a good home learning environment for their children and that are able to take up the offer of good quality early years education and childcare.

This cannot be done by one organisation alone; we need all organisations that provide services, employ people or build houses to do more.

What is being done and how can you help?

Northumberland County Partnership Organisations will be strengthening their social value system so that those who contract with them can help to expand the amazing offer that charities and the voluntary sector already provide to some families in poverty. These organisations provide everything from food to wi-fi, from energy vouchers to beds. Businesses will also be encouraged to reduce poverty through the provision of good jobs and apprenticeships for local people.

We need everyone to come together on this so that by 2044 we have a healthy generation of young adults. As part of this work local organisations have pledged to create more jobs and apprenticeships through local employer commitments. What more could you or your organisation do? Contact publichealth@northumberland.gov.uk to help.

Priority 2

Everyone is living in a well-insulated and ventilated home that ensures they can afford to be warm in the winter

More than half the homes in Northumberland are not energy efficient, and with recent increases in the cost of fuel since 2021 many more people are struggling to heat their homes than those counted in the official fuel poverty figures. Living in a cold or damp home can cause and worsen mental health conditions, respiratory conditions such as Asthma, and can increase the risk of heart attacks and death. In addition, this measure is necessary to reach net zero, and to reduce the existential health risks associated with extreme weather and climate change.

What is being done and how can you help?

The Northumberland County Partnership will be working to ensure that all the homes of households whose incomes are below the Joseph Rowntree Minimum Income Standard, meet the decent homes standard, and are insulated to at least the EPC C SAP standard. If you are of working age, you can use this calculator to see if your household would be eligible **Minimum Income Calculator** and then get in touch with the Warmer Homes Team. warmerhomes@northumberland.gov.uk

Some of the private rented sector have faced challenges keeping their homes up to a decent standard. New legislation and local initiatives will support the sector to ensure that landlords can maintain homes to a decent standard. If you would like to discuss the help you need to enable you to improve your properties, please contact privatesectorhousing@northumberland.gov.uk.

The County Wide Housing Strategy (CWPS) Partnership Group will work across the housing system and other partners to find innovative solutions to improve housing conditions for and with residents.

Priority 3

Increasing the accessibility of work and services with improved transport

Approximately one in five households in Northumberland do not have a car or van, with up to 50 percent not owning a vehicle in a small number of the more deprived areas.

Difficulties with transportation were mentioned in each frequently. At the most acute level people could not attend skills courses or work and cited a lack of reliable, sufficiently frequent public transport or high transport costs as a reason for this. The housing report found that in rural and coastal areas, hospitality, tourism and businesses struggled to recruit and retain staff due to barriers in both housing and transport. These included both affordability and availability. In the best start in life report we found that an inability to get to Early Years Education on time, particularly after working or dropping or picking up an older child, was a barrier to use.

What is being done and how can you help?

The North-East Combined Authority (NECA) now has the powers to take tighter control of the regional bus network. In Northumberland, this provides the opportunity to ensure that regular and reliable buses connect those living in areas of deprivation to services and jobs, including rural parts of the county.

However, given that Northumberland is a rural county, there will be areas not served by public transport, so what more can be done to ensure that people on lower incomes are not isolated? What could communities do to initiate innovative transport solutions that support people to get to the doctors, to work, or to the shops? If you have an idea, contact transportstrategy@northumberland.gov.uk

WIDER ONGOING WORK TO REDUCE INEQUALITIES IN HEALTH THROUGH HOUSING

In response to IHE's report 'Reducing Inequalities in Health in Northumberland through housing, Northumberland have maintained the 'Housing steering group' which was established as a part of the IHE research work. This is comprised of a selection of housing system stakeholders established by the Health and Wellbeing Board. This group are developing a County Wide Housing Strategy collaboratively in response to both the IHE report and subsequent work of the housing steering group and associated system leader meetings. The County Wide Housing Strategy centres around seven Strategic Outcomes, which include:

Strategic Outcome 1 (Affordable Homes):

Northumberland to provide equitable access to sufficient affordable and social housing, fit for the stages of life, in the right locations to meet the needs of its residents.

Strategic Outcome 2 (Decent, safe and sustainable homes):

Homes in Northumberland meet the Decent Homes Standard.

Strategic Outcome 3 (Specialist housing):

People have equitable access, whatever their circumstances, to homes which promote independence, health and wellbeing across the life course.

Strategic Outcome 4 (Homelessness):

Homelessness is prevented, and a range of housing options are provided equitably so people can secure a suitable and sustainable housing outcome as quickly as possible.

Strategic Outcome 5 (Private Rental Sector):

Communities are regenerated through improving the quality and condition of private rental sector housing.

Strategic Outcome 6 (Sustainable Rural and Coastal communities):

More homes in well designed, sustainable communities that promote health, provide equitable access to infrastructure and support the provision of services and local business.

Strategic Outcome 7 (Accelerating New Home Delivery in the County):

Supporting the acceleration in growth of new homes in Northumberland through the Local Plan, ensuring alignment with the other Strategic Outcomes in the strategy.

Each strategic outcome will be accompanied by a set of monitoring data sets, metrics and stretch milestones, presented in dashboard format within an online version of the strategy.

The County Wide Housing Strategy will be adopted and overseen by a CWHs Partnership Group, accountable to the Northumberland County Partnership. The CWHs Partnership Group will be an informally constituted network of housing system leaders, coming together to discuss, develop and monitor the progress of innovative solutions to enable the delivery of the strategy.

GOOD AND FAIR EMPLOYMENT ONGOING ACTIVITY

The priorities cut across several policy areas

- Improving accessibility and incentives so more people want to work.
- Support micro, small employers to hire apprentices and those with health conditions.
- Improve the pipeline of trained workforce for the future.
- Increase quality of work and employment opportunities through a strengthened social value system.
- Strengthen accountability across the system of partners.

The recommendations have been mapped across existing partnerships to identify ownership and the mechanisms to take these recommendations forward.

- Post April 2026 – Northumberland County Council will be developing a Social Value Framework which will include a process to match suppliers with community need. Northumberland County Council will be identifying opportunities as part of the review of the Local Plan which is Northumberland's Planning Policy Framework, to provide guidance to developers on matters of social value.
- Several recommendations will be taken forward as part of the **New Northumberland Economic Strategy approved by Cabinet in March 2026** [Northumberland Economic Strategy.pdf](#) and a forthcoming delivery plan.
- We will continue to develop the Northumberland Local Employer Commitment whereby members of the Northumberland County Partnership have made commitments around social value, spending locally and supporting their workforces. By building on this commitment, we will be able to share examples of good practice so all partners can improve and potentially share a single social value framework.
- For many of the recommendations there is activity ongoing and examples of good practice; the focus will be on increasing reach to encompass small and medium sized enterprises and rural areas.

The Northumberland Employment and Skills Partnership which has recently reviewed its Terms of Reference and Membership to serve a strategic role will continue to contribute to the delivery of the recommendations

ENSURING THE BEST START IN LIFE

Northumberland Best Start in Life Plan 2026-28 has been produced in line with the Governments Giving Every Child the Best Start in Life national strategy. The plan incorporates many of the Institute of Health Equity Best Start in Life recommendations following deep dive work and collaboration through the development of the plan.

Cross cutting recommendations will be captured in the work of the County Partnership, mapped across existing partnerships, to identify ownership and the mechanisms to take these forward and join up services areas to progress joint priorities.

The Best Start in Life Local Plan includes shared priorities for integrated services built upon the identified local needs of babies, children and families with the aim to address any gaps in provision, particularly for those most likely to need support such as those from economically disadvantaged backgrounds or those with emerging developmental needs.

Northumberland's approach to the delivery of this plan includes the following:

- Continued engagement with stakeholders to support the continuous review and adaptation of the plan.
- Using a 'test, learn, grow' approach to support testing of smaller scale projects to understand what works, using the evidence gathered to inform future service delivery.
- Establishing a shared communications framework within operational groups, to ensure consistency of messages for Northumberland families through shared language and expectations.
- Consideration for any CPD needs which emerge for multi-professionals throughout its delivery to enable consistent and joined up approaches of support.

The 5 priorities within the plan are:

Priority 1: To narrow the attainment gap between disadvantaged children and their peers.

Priority 2: To support children's communication and language development.

Priority 3: To support the emotional, mental, physical and spiritual wellbeing of the under 5s.

Priority 4: To build a shared commitment to inclusive practice so that every child, including those with SEND, can fully access the opportunities they need for a strong start to school.

Priority 5: To improve data and intelligence insight sharing across local partners to support improvements in the early identification of needs, service delivery and monitoring.

A Steering Group and Operational groups have been established to lead the work of each of the priority areas across the system in collaboration with partners including Health, Public Health, Education, Early Help, Education & VCSE organisations. Public Health will lead the Health and Wellbeing Operational Group working with key partners in the system

Whilst the overall 2028 national target for the Good Level of Development (GLD) is 75%, for Northumberland the targets set are:

- 78.2% overall GLD (+9.1% increase)
- 51.7% GLD for FSM children (+10.7% increase)

To reach the overall GLD target of 78.2% by 2028, an additional 259 children would need to reach GLD. To reach the free school meals GLD target of 57% by 2028, an additional 51 children eligible for free school meals would need to reach GLD. In line with our corporate priority to tackle inequalities, the Best Start in Life Strategy in Northumberland will aim to address the attainment gaps for those children who are identified as disadvantaged. This will also include a sharp focus on disadvantaged boys in Northumberland, as data over the past 3-year period shows little progress for children falling in both categories with the overall GLD for boys also eligible for FSM sitting at 31.7% in 2025.

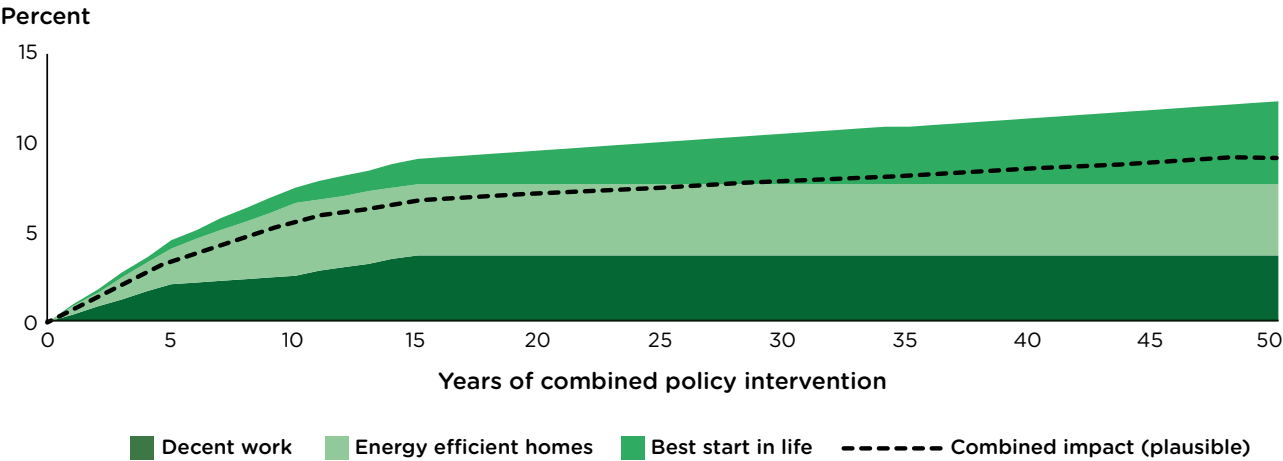
The Best Start in Life Steering Group will monitor the impact of the actions identified within the Northumberland Best Start in Life Plan and provide regular updates.

WHAT IS ACHIEVABLE IF WE ALL WORK TOGETHER TO MEET THESE AIMS?

IHE’s work with the Northumberland County Council has highlighted the potential and need for social interventions that improve access to energy efficient households, decent work and early childhood education and care. In each case specific scenarios have been constructed to estimate what could be achieved in terms of reduced inequality of healthy life expectancy if certain policies were implemented or outputs achieved. Below is a scenario illustrating the plausible cumulative impact of working on these three policies together.

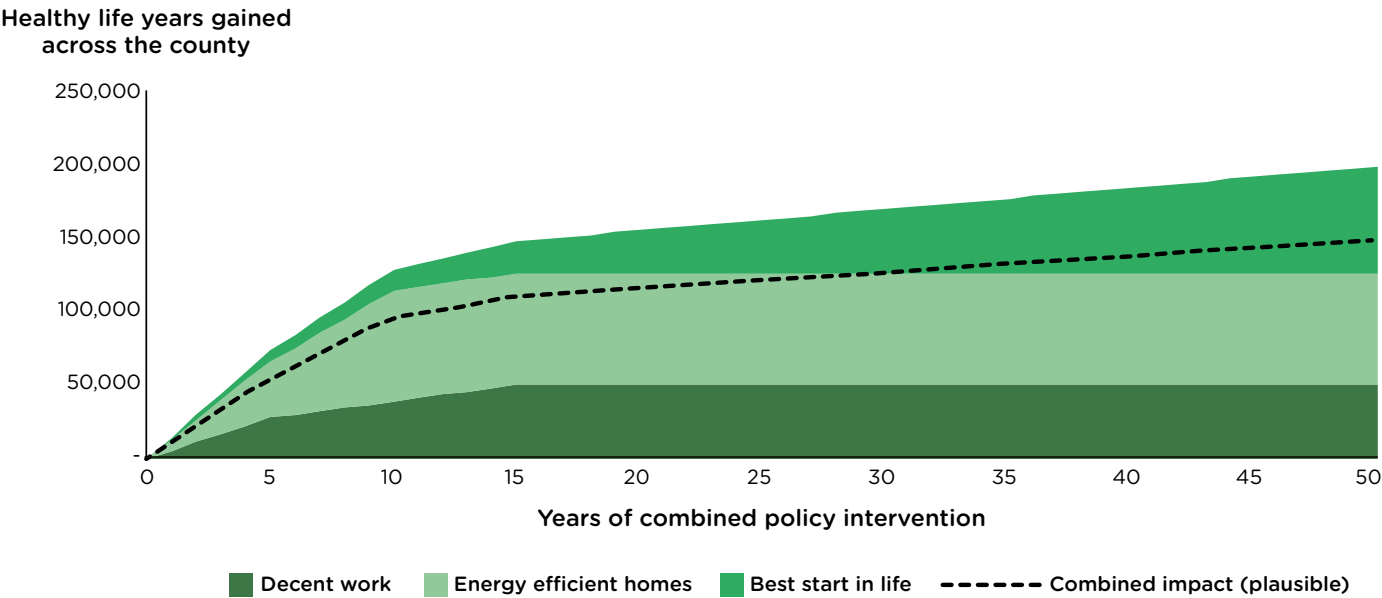
Calculating these impacts is complex and it is for this reason that we illustrate the impact of just three changes. We are confident that by implementing the other interventions there will be a greater reduction in health inequalities.

Figure 2. Cumulative reduction in healthy life expectancy related inequality across deprivation deciles



Source: authors calculations, further detail in annex 1.

Figure 3. Cumulative healthy life years gained



Source: authors calculations, further detail in annex 1.

It takes time to sufficiently implement the sorts of policies that have been discussed. Figure 2 depicts growing reductions in inequality that may be possible over time if Northumberland can:

- Increase the employment to at least 70% across all deprivation deciles in the next five years, 75% in the next 10 years, and 80% in the next 15 years,
- Improve the energy efficiency of 40,000 sub-EPC C dwellings that currently house low-income individuals or families over the next 10 years, and
- Substantially improve the provision of early childhood interventions and home learning environments for children in low-income households.

With these three interventions fully implemented together, it would be reasonable to hope for a 6-8% reduction in income related inequalities in healthy life expectancy by 2044. This would roughly translate to a 1.7-year reduction in the difference between the healthy life expectancy of people living in the lowest and highest income decile households. It assumes all else remains relatively stable.

While it may seem small and long term, reducing health inequalities to this extent would be a major achievement. This level of change would translate into around 110,000 expected healthy years gained among people living in the lowest income 40% of households through interventions delivered by 2044. We would however hope to achieve more than that if all recommendations in the reports are followed. For instance the work on housing will ensure that homes are affordable; we will be working with the VCSE to do more to mitigate against child poverty; we will be improving careers advice and supporting people to get good quality jobs in the foundational economy; and we will be improving transport.

It is important to note that the impacts of social policies may overlap. This is why the plausible combined impact is less than the sum of each part. For example, the health impact of increased employment may be mediated through increased spending on heating and childcare. As such, it is not reasonable to expect the impacts to be entirely additive. That said, it is likely that doubling up on the policy side increases the chance of success. If an objective is to increase the proportion of low-income households that have warm homes, targeting both the energy efficiency of the dwelling and the income available for fuel is probably preferable to pursuing one without the other. Further detail on these calculations can be found in Annex 1.

ACCOUNTABILITY AND INDICATORS

Monitoring data sets

A suite of dashboards is being developed to monitor the indicators outlined in each report. Bringing these data together in one place will ensure that users can easily access up to date information alongside the relevant reports and their recommendations. This integrated approach will enhance transparency, ensure that actions are effectively prioritised, and that progress against recommendations is clearly understood.

The Northumberland Health and Wellbeing Board

The Northumberland Health and Wellbeing Board (HWBB) is a strategic partnership established by Northumberland County Council to transform health and social care services, reduce health inequalities, and promote integration. Key functions include creating a shared strategic vision, developing the Joint Health and Wellbeing Strategy (JHWS), and updating the Joint Strategic Needs Assessment (JSNA).

Its members include partners from across the health system, Voluntary and Community Sector, Police, Fire and Rescue Services and elected members, some of whom chair the board.

The HWBB has been involved throughout our work with IHE, determining relevant stakeholders, participating in workshops, developing workstreams and receiving and commenting on progress updates.

The responsibilities of the role of the HWBB will increase as the Neighbourhood Health Plan comes into effect from 2027. It will remain as the tactical coordination and convening group for the work of the Building Blocks for a Good Life and Starting and Growing Up Well themes as we work together to respond to the findings of the IHE recommendations.

EIGHT STEPS FOR MAINTAINING MOMENTUM

Health is an asset for individuals and for society, falling levels of health are of great concern and so action is needed now to address those factors that effect it. Northumberland have made fabulous progress on agreeing to a plan of work that has the scale attached to it to make a significant reduction in health inequalities, but this work needs to continue for another 18 years. IHE have found from other Marmot Places that the following actions can help to maintain momentum:

1

Accountability and strong leadership

Activities to reduce inequalities in health and the equitable access to the building blocks of a healthy life should be reported to the County Partnership, the Health and Wellbeing Board and the Senior Leadership Team of each organisation represented on the County Partnership, for example for Northumberland County Council, this would be Cabinet. New cabinet members should be briefed on health inequalities when joining and the kinds of questions needed to scrutinise performance.

2

Implementation lead

Evidence from other areas suggests that successful areas have had a dedicated person with the responsibility to coordinate and convene partners to implement the programme.

3

Continue to embed action on the building blocks of a healthy life into strategy, policy operations and in processes

This will take senior leads to understand their services role and contribution in reducing inequalities and to make decisions through an inequalities lens.

4

Workforce development

It is important that new people are sighted on the work, 'get it', and know how to include it. As people progress through the organisation, they lead their teams to work in this way, and those who leave but still work in the local system, they take that learning with them, which makes the ongoing partnership work easier.

5

Keep it constant

There is always a flow of people coming and going. It is important not to hinge on one person and that relationships are not dependent on just one person from an organisation.

6

Own it

This is your strategy developed with you, be proud of it and celebrate achievements. Develop a strong brand and share the work widely so that more people begin to engage with making it happen.

7

Engagement and participation

To achieve your aims, it is time to focus more on engagement and participation with residents. We need residents to want to read to their children; use good quality early years education and get their home insulated. We need businesses to realise how much people need to get paid. All of these require strong and consistent messaging through the press, and through thought leaders in local areas. But sometimes what is needed is more than messages. You will reach stumbling blocks, you need to continue to engage with residents and partners centreing co-production approaches to develop innovative solutions to overcome challenges.

8

Continue to be supported

IHE's Health Equity Network is an environment to learn and share with others nationally and is a useful and free tool. In addition, we suggest holding 'keeping in touch conversations' with IHE to share your successes and challenges. Over and above this free support, some areas have found it helpful to commission additional tailored support or a specific networking space on the network, albeit that we recognise that this is not an option open to all.

ANNEX 1. PREDICTING THE SCALE OF CHANGE POSSIBLE: METHODOLOGICAL NOTES

The decent work and energy efficiency estimates are taken directly from work already done for the Northumberland County Partnership (NCP). However, IHE's work for the NCP on early childhood development looks at inequalities relating to early learning goals rather than healthy life expectancy, and so cannot be directly compared. IHE has, however, completed comparable work for other public health institutions looking at the relationship between early childhood interventions and healthy life expectancy.

Early childhood interventions

The impact of family support and early childhood interventions on healthy life expectancy is taken from mixed empirical and modelling work by Garcia and Heckman.¹ They use data from an American randomised early childhood intervention targeting disadvantaged children. They have longitudinal follow-up data from birth until adulthood. The experiment was implemented during the 1970s, but its design means that it is an extremely powerful demonstration of the life-long health impacts such interventions can have. Children in the treatment arm of this study, aged 0 to five, received cognitive and social stimulation for eight hours a day in centre-based care. They also received nutritious meals and medical check-ups. The authors calculate that boys averted, on average, 3.8 Disability Adjusted Life Years (DALYs) because of the intervention. On the other hand, the girls that they observed only averted 0.05 DALYs (on average). Subsequent research has also noted lower health impacts from early interventions or education among women than men, but not to the same extent.² As such, a hypothetical effect size of two DALYs averted per girl benefiting from such interventions is assumed. One additional DALY averted is considered equivalent to one additional healthy life year gained. This is not a perfect match, but informative as a rough approximation.

Using these effect sizes, IHE estimated that up to 15% reductions in deprivation related inequality of healthy life expectancy could be possible in the extreme circumstance where an extensive, high-quality package of services is compared to almost no public support. While large, this impact would be slow to manifest as it only reaches national coverage over a lifetime, once all elderly people, middle aged and young people have benefited as children.

In a population like Northumberland's the effect size would be smaller than in the researched experiment because a range of early childhood interventions are already available. The data relates to a comparison between a more comprehensive and a less comprehensive package of services than is currently available in Northumberland (i.e. the intervention included full time childcare from birth until primary school, and the treatment did not include any childcare). In this overview note the 15% reduction in inequality is reduced to 7.5% reduction.

The main takeaway, rather than a specific number, is that there is high quality evidence that early childhood interventions can have life-long positive impacts on health. Early evaluations of Sure Start programmes in England are already starting to corroborate this through identifying positive impacts on educational outcomes at GCSE level.³

ADDING IMPACTS OF MULTIPLE INTERVENTIONS

It is also important to note that the impacts of social policies may overlap, and the impacts cannot be expected to purely add to each other. To account for this, IHE has taken 75% of the total summed value of the different interventions as a plausible combined impact size. To our knowledge, there is no decent evidence available to guide this approximation, so the best approach is to make a transparent assumption.

To reflect the broad lack of evidence available, it is advisable to use the ranges rather than the specific numbers. For example, 75% of the combined impact on reduced inequality, through this method, is 9%. IHE suggest interpreting this as 8-10%.

HEALTHY LIFE YEARS GAINED

The predicted cumulative healthy life years gained reflect the expected future lifetime gains of the policies, rather than the realised gains to date. For example, improved household energy efficiency is expected to generate a health benefit over a 50-year period. IHE have attributed all the health benefit to the year of implementation. The 110,000 years of extra healthy life expectancy by 2044 is saying that policies implemented by 2044 can be expected to generate 110,000 extra healthy life years overall, including many that will manifest after 2044.

Further Reading

Donkin, A and Jones, A. (2026) Reducing inequalities in health in Northumberland – ensuring the best start in life.

Donkin, A and Jones, A. (2025) Reducing Inequalities in health in Northumberland through work

Donkin, A. (2025) Reducing inequalities in health in Northumberland through housing

¹García, Jorge Luis, and James J. Heckman. 'Early Childhood Education and Life-Cycle Health'. Health Economics 30, no. Suppl 1 (2021): 119–41. <https://doi.org/10.1002/hec.4148>.

²Balaj, Mirza, Claire A. Henson, Amanda Aronsson, et al. 'Effects of Education on Adult Mortality: A Global Systematic Review and Meta-Analysis'. The Lancet Public Health 9, no. 3 (2024): e155–65. [https://doi.org/10.1016/S2468-2667\(23\)00306-7](https://doi.org/10.1016/S2468-2667(23)00306-7).

³Cattan, S. et al. (2025) 'The short- and medium-term effects of Sure Start on children's outcomes'. Available at: <https://doi.org/10.1920/re.ifs.2025.0017>.