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North Tyneside Council

Health and Wellbeing Board

Wednesday, 6 November 2019

A meeting of the Health and Wellbeing Board will be held:-

on **Thursday, 14 November 2019**

at **2.00 pm**

in **Room 0.02, Quadrant East, The Silverlink North, Cobalt Business Park, North Tyneside, NE27 0BY**

Agenda Item **Page(s)**

1. **Chair's Announcements**

2. **Apologies for Absence**
To receive apologies for absence from the meeting.

3. **Appointment of Substitute Members**
To receive a report on the appointment of Substitute Members. Any Member of the Board who is unable to attend the meeting may appoint a substitute member. The Contact Officer must be notified prior to the commencement of the meeting.

4. **Declarations of Interest and Dispensations**
Voting Members of the Board are invited to declare any registerable and/or non-registerable interests in matters appearing on the agenda, and the nature of that interest. They are also invited to disclose any dispensation in relation to any registerable and/or non-registerable interests that have been granted in respect of any matters appearing on the agenda.

   Non voting members are invited to declare any conflicts of interest in matters appearing on the agenda and the nature of

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that interest.

Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.

5. **Minutes** 1 - 6
To confirm the minutes of the meeting held on 12 September 2019.

6. **Strategic Objective No. 1 "To tackle childhood accidents"** 7 - 18
To receive an update on the strategic approach and action plan to reduce the rate of hospital admissions in children 0-14 years to the same or better than the rate for England.

7. **Healthwatch North Tyneside: Updates and Insights** 19 - 42
To receive an update on the work of Healthwatch North Tyneside and highlight the key issues local people have been raising with Healthwatch.

8. **North Tyneside Health Protection Assurance Report 2019** 43 - 76
To receive an overview of the health protection system and outcomes for North Tyneside to provide assurance that the current arrangements for health protection are robust and equipped to meet the needs of the population.

9. **Dementia Friendly Community** 77 - 82
To provide an update on the work carried out to explore how the Dementia Friendly Communities agenda could be taken forward in North Tyneside.

Members of the Health and Wellbeing Board:-

Councillor K Clark
Councillor M Green
Councillor M Hall
Councillor T Mulvenna
Councillor M Wilson
C Armstrong, North East Ambulance Service
C Briggs, NHS England
W Burke
P Jones, Healthwatch North Tyneside
K Kale, Northumberland, Tyne & Wear NHS Foundation Trust
D McNally, Age UK North Tyneside
L McVay, Tyne & Wear Fire and Rescue Service
J Old
C Riley, Northumbria Healthcare NHS Foundation Trust
J Scott, Healthwatch North Tyneside
K Simpson, Newcastle Hospitals NHS Foundation Trust
P Stanley, Tyne Health
D Titterton, North Tyneside YMCA
A Watson, North of Tyne Pharmaceutical Committee
L Young-Murphy, North Tyneside Clinical Commissioning Group

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Health and Wellbeing Board

12 September 2019

Present: Councillor M Hall (Chair)

Councillor M Green
Councillor T Mulvenna
Councillor M Wilson

W Burke, Director of Public Health
R Burrows, Local Safeguarding Children Board
P Jones, Healthwatch North Tyneside
K Kale, Northumberland, Tyne & Wear NHS Foundation Trust
D McNally, Age UK North Tyneside
C Riley, Northumbria Healthcare NHS Foundation Trust
D Titterton, North Tyneside YMCA
L Young-Murphy, North Tyneside Clinical Commissioning Group

Present as Substitute: D Campbell, Newcastle Hospitals Foundation NHS Trust
P Conroy, North of Tyne Pharmaceutical Committee
J Scott, Healthwatch North Tyneside
K Soady, Tyne and Wear Fire and Rescue Service
S Thompson, TyneHealth

HW8/19 Chair's Announcements

The Chair congratulated the North Tyneside Clinical Commissioning Group (CCG) who had received an outstanding rating by NHS England in an annual review of the CCG's performance for 2018/19.

She reported that Duncan Selbie, Chief Executive of Public Health England, was due to visit North Tyneside on 14 October 2019 when he would meet the Elected Mayor, councillors, senior officers and staff to understand some of the public health challenges and hear about the great work being undertaken with partners across the borough.

In July the Care Quality Commission, HMI Constabulary and Fire & Rescue Services, HMI Probation and Ofsted advised that from September 2019 they would jointly inspect how services within a local area respond to children living with mental ill health. This Joint Targeted Area Inspection (JTAI) was designed to evaluate the multi-agency response to child mental health. There would be six of these inspections nationally and it was possible that North Tyneside could be selected. The Children and Young People's Partnership was taking a lead in preparing for the possibility of an inspection and the Board would be briefed more fully about the preparations at its next meeting.

The Chair welcomed Judy Scott, Chair of Healthwatch North Tyneside, to her first meeting of the Board.

HW9/19 Apologies for Absence

Apologies for absence were received from Councillor K Clark, J Stonebridge (Northumbria Healthcare), K Simpson (Newcastle Hospitals), L McVay (Tyne & Wear Fire & Rescue), P Stanley (TyneHealth) and A Watson (Pharmaceutical Committee).

HW10/19 Appointment of Substitute Members

Pursuant to the Council's Constitution, the appointment of the following substitute members was reported:
S Thompson for P Stanley (TyneHealth)
D Campbell for K Simpson (Newcastle Hospitals)
K Soady for L McVay (Tyne and Wear Fire and Rescue)
P Conroy for A Watson (North of Tyne Pharmaceutical Committee)

HW11/19 Declarations of Interest and Dispensations

There were no declarations of interest or dispensations reported.

HW12/19 Minutes

Resolved that the minutes of the meeting held on 13 June 2019 be confirmed and signed by the Chair.

HW13/19 Advancing our health: Prevention in the 2020s

The Director of Public Health presented details of Advancing our health: Prevention in the 2020s, a consultation paper published by the Government seeking views on proposals to tackle the causes of preventable ill health in England.

The Government's proposals represented a shift from prioritising caring for people when they are sick and considering how long people live as being the most important measure, to a greater emphasis on how long people live in good health. Currently over 20% of years lived were expected to be in poor health and people in deprived areas tended to have lower life expectancy and spent a larger proportion of those years in poor health. The Government aimed for people not just to be passive recipients of care; but to be active in taking responsibility to preserve their own health by being equipped with the skills to help themselves. There was an ambition to add five healthy years to life expectancy by 2035.

The proposals were presented under the following three headings:
a) Finding opportunities for prevention strategies, the 2020s would be the decade of proactive, predictive and personalised prevention;
b) Tackling major public health challenges facing the UK through prevention, such as offering support to smokers, doubling the diabetes prevention programme and establishing alcohol care teams; and
c) Building strong foundations to help people embrace healthier decisions, including shifting attitudes from a dependence on the treatment of ill health to health being an asset.

The Board noted that many of the aims and themes contained in the consultation paper had formed the basis of shared priorities within North Tyneside for many years. North Tyneside therefore appeared to be ahead of the game in terms of the Governments prevention strategy.

The Board were asked to consider how it wished to respond to the wide range of consultation questions posed in the paper. It was acknowledged that it would be difficult to formulate a single response on behalf of the Board but that it would be desirable if there could be alignment across individual responses from partner organisations represented on the Board. The Director of Public Health suggested that she compile a response in her name and share this with members of the Board so that if there were gaps in the response they could raise these in their own individual responses. Age UK North Tyneside were currently undertaking an extensive consultation exercise in relation to its long term plans and the feedback obtained from this process could be shared to inform the preparation of the response.

Resolved that (1) The Government's consultation paper Advancing our health: Prevention in the 2020s be noted; and
(2) the Director of Public Health compile a response to the consultation paper in her name and share this with members of the Board so that if there are gaps in the response they can raise these in their own individual responses.

HW14/19 Strategic Objective No. 3 "To tackle obesity across the life course"

The Board received a report in relation to delivery of the strategic objective contained within its work plan 2019/20 "to tackle obesity across the life course".

The Board were presented with a detailed analysis of data for North Tyneside which showed that there had been a reduction in the prevalence of excess weight (overweight and obese) for children in both Reception and Year 6. However the prevalence of obesity in Year 6 pupils had not reduced. Trend data for adults showed that North Tyneside had similar rates of obesity as England.

The high prevalence of obesity was a reflection of, and was a normal response to, the environment (social, economic, commercial) that many people found themselves in and not about individuals who "lack willpower". However the evidence base and available interventions had traditionally focussed on changing individual behaviour. The scale of the challenge in tackling both childhood and adult obesity required the whole system to work together.

A Healthy Weight Alliance had been established to develop a whole systems approach to addressing obesity and develop shared programmes of work. The Alliance had developed a delivery plan which described the actions, measures and anticipated outcomes required to reduce the prevalence of childhood and adult obesity as well as preventing obesity. The Board were presented with the plan that had seven priority areas:

a) Pregnancy and Early Years
b) School Aged Children and the Whole School Environment
c) Improving Access to Services for Target Groups
d) Providing Support for Healthy Weight in the NHS
e) Promoting Healthy Weight Environments
f) Building Capacity and Engaging Communities
g) Marketing and Public Health Campaigns

The plan had been informed by evidence of what worked, national guidance and the work of Active North Tyneside, which provided targeted interventions to improve healthy weight and increase access to physical activity. The Board were presented with a copy of the Active North Tyneside Annual Report 2018-19.

The Board highlighted the need for timescales and targets to be incorporated within the action plan so that progress could be monitored. Members of the Board also considered the extent to which genetics contributed to obesity and the need for social policy to tackle the obesogenic environments, poor diets and sedentary lifestyles which led to obesity. Reference was made to examples of effective local policies including the Council's supplementary planning policy restricting the development of hot food takeaways, the provision of nutritional breakfasts in Howdon and a partnership with Aldi to encourage healthy cooking at home.

Resolved that (1) the progress report in relation to delivery of the Board's Strategic Objective No. 3 "To tackle obesity across the life course" and the trends and current data on obesity be noted; and
(2) the North Tyneside Healthy Weight Alliance Action Plan be approved.

HW15/19 Multi Agency Safeguarding Arrangements

In accordance with national guidance, the Council, the Clinical Commissioning Group and the Police had published a plan to implement new Multi-Agency Safeguarding Arrangements (MASA).

The Board were presented with details of the new arrangements which would be subject to a phased implementation from September 2019 and replace the existing Local Safeguarding Children Board (LSCB) arrangements. The plan set out the proposed structure of the MASA, its vision and guiding principles. It was proposed that the existing LSCB and Children, Young People and Learning Partnership governance be integrated under the North Tyneside Strategic Partnership to strengthen partnership working and links with key forums, such as the Health and Wellbeing Board, Safer North Tyneside Partnership, and the Safeguarding Adults Board. An executive group would be formed comprising senior leaders and responsible for agreeing priorities, setting a budget, monitoring progress and agreeing scrutiny arrangements. Two new standing groups would replace the existing range of sub-groups in the LSCB governance: a Quality of Practice Group; and a Quality of Learning Group.

The potential to develop sub-regional safeguarding arrangements across a wider area had been explored to develop joint policies and procedures and a shared approach to peer review and challenge, performance analysis, and shared learning.

Over the next two months, a series of workshops and development sessions would take place to determine more detailed matters including an approach to involving children and young people, understanding local need and performance management, compiling a communications plan and determining the funding and support required.

In considering the proposals the Board paid particular attention to the benefits of sub-regional safeguarding arrangements, how the voluntary and community sector would be represented within the MASA and how senior leaders from the Council and CCG

would provide a link between the MASA's executive group and the Health & Wellbeing Board.

Resolved that (1) the intention to integrate the existing Local Safeguarding Children Board (LSCB) and Children and Young People's Partnership governance as part of the new Multi-Agency Safeguarding Arrangements, under the North Tyneside Strategic Partnership governance structure be approved;
(2) the proposed next steps outlined within the report be endorsed; and
(3) the Board receive further reports regarding implementation of the new arrangements between September 2019 and 2020, and regular quarterly update reports following full implementation.

HW16/19 Better Care Fund Plan 2019/20

The Board considered the Better Care Fund Plan for 2019-20. The plan set out how the £27.547m allocated to North Tyneside as part of the Better Care Fund would be used to deliver the Government's aim of delivering person-centred integrated care, with health, social care, housing and other public services working seamlessly together to provide better care. The plan had been prepared in accordance with the policy framework published by the Government.

The plan represented a natural progression from the 2017-19 plan with some changes to take into account progress that had been made. One key feature of the plan was the development of an Integrated Community Frailty Service for North Tyneside through the reconfiguration of Care Point, Care Plus, Jubilee Day Hospital and the intermediate care beds at Howden and Royal Quays. The key components of the planned model would be a single point of access, an Integrated Community Frailty Team, integrated community beds and reablement and integration with primary care networks and community services. The Newcastle Hospitals Trust were engaged in the process of redesigning the frailty pathway and there would be an equality of service across the borough.

The timetable for submitting the BCF plan was in advance of the timetable for agreeing a winter plan. Discussions with NHS and social care stakeholders had been organised by the Local Area Delivery Board (LADB) to prepare a Winter Plan for 2019/20. The BCF Partnership Board would liaise with the LADB, to determine the most appropriate use of the winter pressures element of the BCF (£1,031m). The Board acknowledged that the LADB was focussed on ensuring that there was resilience within the system to respond to pressures all year round and not just over the winter period. Whilst North Tyneside was resilient to these pressures the BCF plan would allow for the development of community services which would help to reduce the pressures.

Resolved that (1) the general principles of the use of the Better Care Fund, set out in the report be endorsed; and
(2) the Chair of the Health and Wellbeing Board be authorised to sign off any further revisions to the submission on behalf of the Board, before the deadline for submission to NHS England on 27th September 2019.

HW17/19 Future Care Programme

The Board received a presentation in relation to the role and structure of the Future Care Programme Board. The Future Care Programme represented the place based

tier of decision making within the context of the development of a sub regional Integrated Care Partnership and the regional Integrated Care System. It aimed to deliver a patient centered sustainable health and social care system in North Tyneside with a focus on:

- Self care and preventing ill health
- Resilient communities and families
- People living longer and with better quality of life
- People staying as independent and as well as they can for as long as possible
- Support and care for those at the end of life.

The Board were presented with details of the programme's overarching operational outcomes and an example of the more detailed project outcomes prepared for each project.

The Board explored the differences between the roles of the Programme Board and the Health & Wellbeing Board to ensure that there was no duplication. The priorities and work plans of the two bodies would however have to be aligned and this would be taken into account as part of the next review of the Health & Wellbeing Board's work plan. Reference was also made to how there would be accountability within the system through longstanding partnership working arrangements and by individuals being responsible to their own organisations and for committing their organisations to a collective direction of travel.

The Board considered the role of General Practitioners and the Primary Care Networks in delivering the transformation of services and discussed the challenge for local authorities to engage with delivery of NHS England's Long Term Plan. A workforce programme board would consider the impact of transformation for the workforce ensuring that partners worked together to prepare workforce plans, identify needs and new roles and deliver the required education and training programmes.

The Chair thanked officers for the presentation which had provided the Board with a better understanding of the role of the Future Care Programme Board and how it related to the wider health and social care governance structure.

North Tyneside
Health & Wellbeing Board Report
Date: 14 November 2019

Title: Childhood Accident Prevention in North Tyneside

Report from :	North Tyneside Council, North Tyneside CCG and Northumbria Healthcare Foundation Trust and Tyne and Wear Fire Service	
Report Authors:	Rachel Nicholson (Senior Public Health Manager)	(Tel 0191 6438073)
	Jo Connolly (Senior Manager 0-19 Children's Public Health Service)	(Tel 0191 6432379)
Relevant Partnership Board:	Children and Young People's Partnership Board	

1. Purpose:

To present an update on the strategic approach and action plan to reduce the rate of hospital admissions in children 0-14 years to the same or better than the rate for England.

2. Recommendation(s):

The Board is recommended to note the contents of the report and:

a) Acknowledge that the rate of hospital admissions for childhood accidents in the 0-4 age group is now similar to the England rate and while the 0-14 rate is still higher than the England rate, it is reducing and is better than the North East rate;
b) Agree that the multi-agency strategic approach is evidence based and proportionate, based on current system capacity and resources;
c) Agree that the Public Health team should continue to work with partners to routinely monitor the rates of childhood accidents and highlight any significant issues to the Health and Wellbeing Board, as appropriate; and
d) Agree that primary reporting arrangements on childhood accidents should be to the Children and Young Persons Strategic Partnership.

3. Policy Framework

Tackling Childhood Accidents relates directly to the delivery of the vision, objectives and priorities contained within the Joint Health and Wellbeing Strategy 2013-23, specifically:

- Improving the Health and Wellbeing of Families
- Addressing Premature Mortality to Reduce the Life Expectancy Gap
- Reducing Avoidable Hospital and Care Home Admissions

The specific success measure in the HWBB work plan 2018-2020 is the reduction in hospital admissions from accidents in children 0-14 years to the same or better than the rate for England (Public Health England Outcome Framework 2.7)

4. Information:

4.1 Background

Injury in children and young people is not inevitable. Accidents and the injuries that result from them are not chance events. Preventing accidents is part of our local approach to give children and young people the best start in life.

An in-depth report was presented at the 8 November 2018 Health and Wellbeing Board on behalf of the local multi-agency Childhood Accident Task and Finish Group outlining the prevalence and evidence base of what works to prevent accidents.

This report highlighted that North Tyneside had significantly higher rates of hospital admissions for unintentional and deliberate injuries in both 0-4 age groups and 0-14 age groups as measured by Hospital Episode Statistics (HES), when compared with the England rate. However, it was noted that there were large data gaps regarding HES and no information at ward level or detailed information regarding the types of childhood accidents.

The Health and Wellbeing Board requested that the multi-agency Childhood Accident Task and Finish Group follow up this report by:

1) Obtaining and analysing further data sets to better understand childhood accidents by ward, age, gender and type of injury through:

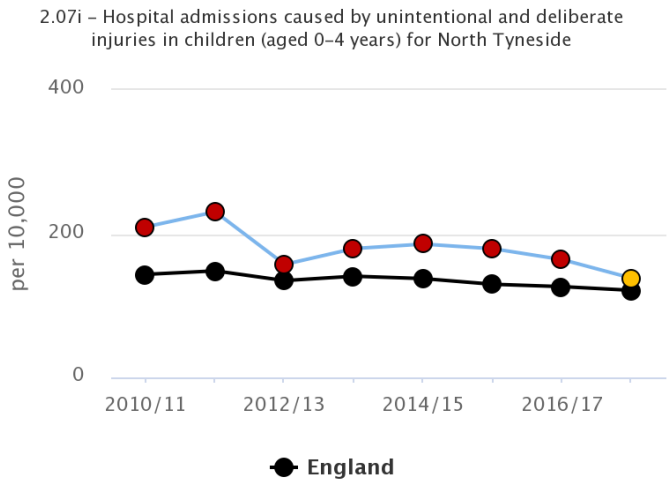
   - 111 contacts for childhood accidents for North Tyneside registered patients.
   - A&E attendance data for North Tyneside
   - Hospital admissions data for North Tyneside

2) Develop an action plan to reduce the rate of hospital admissions in children 0-14 years to the same or better than the rate for England.

4.2. Further local data analysis and update

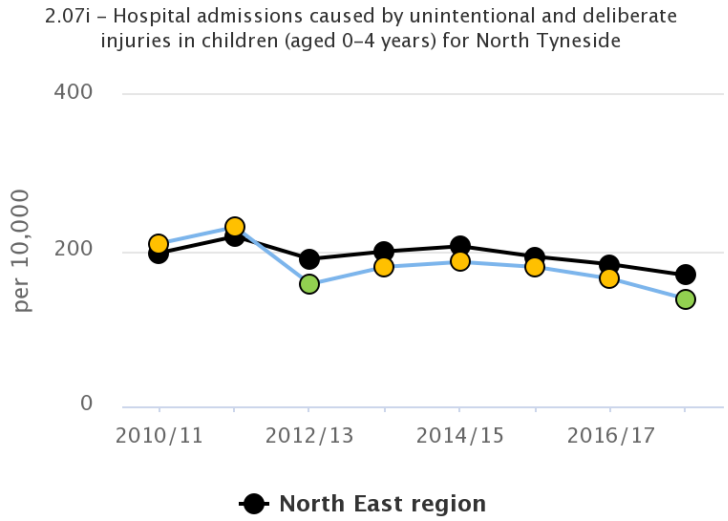
The Childhood Accident Task and Finish Group is pleased to report (Figure 1) that since the previous HWBB report the rate of Hospital Admissions caused by unintentional and deliberate injuries in children (aged 0-4 North Tyneside) has reduced to 138.1 per 10,000 (2017/18) and is not significantly different to the England rate (121.2 per 10,000). Figure 2 shows that North Tyneside's rate is better when compared with the North East regional benchmark.

Figure 1: Hospital Admissions caused by unintentional and deliberate injuries in children (aged 0-4 North Tyneside compared with England)



Source: Public Health England

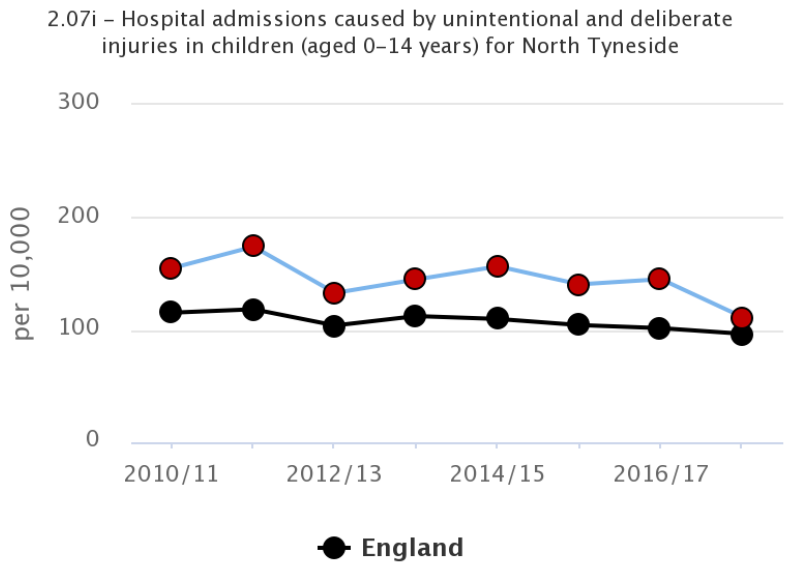
Figure 2: Hospital Admissions caused by unintentional and deliberate injuries in children (aged 0-4 North Tyneside compared with North East Region)



Source: Public Health England

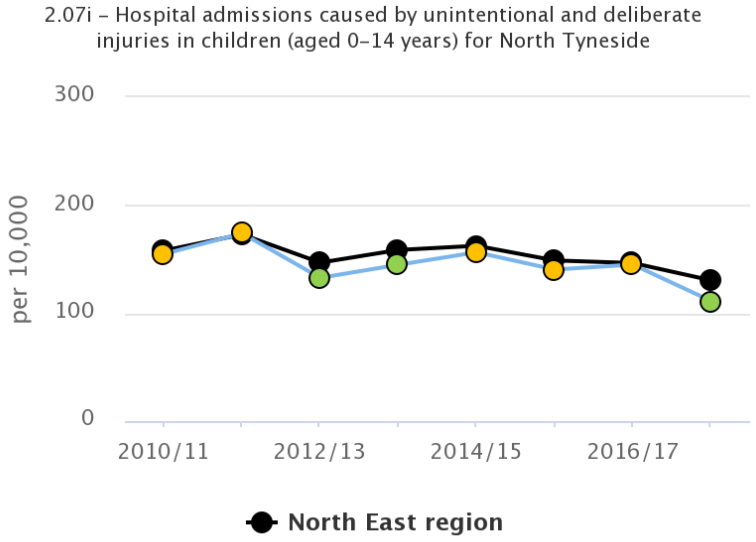
While the hospital admission rate (111.3 per 10,000) for children aged 0-14 in North Tyneside (Fig 3) is still higher than the England rate (96.4 per 10,000) the trend shows a reduction on the previous year. When compared to regional benchmarking data, North Tyneside's rate is lower than our regional neighbours (Fig 4).

Figure 3: Hospital Admissions caused by unintentional and deliberate injuries in children (aged 0-14 North Tyneside compared with England)



Source: Public Health England

Figure 4: Hospital Admissions caused by unintentional and deliberate injuries in children (aged 0-14 North Tyneside compared with North East)



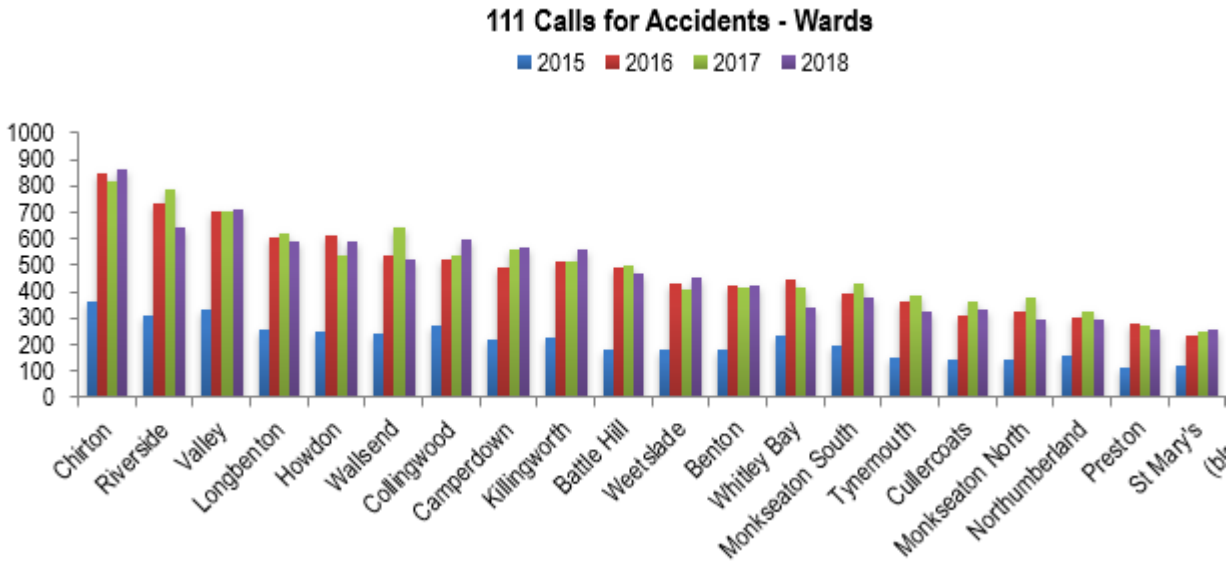
Source: Public Health England

Further data was obtained via NHS North of England Commissioning Unit (NECS) on 111, A&E data and hospital admissions and was analysed (2015 – 2018). Unfortunately, the coding of 91% of the diagnosis descriptions were ''blank' or 'not classifiable' in the data sets and gender and ethnicity codes were also incomplete. However, noting these data limitations there were some broad findings as noted below.

111 Data

Between 2015 to 2018 there have been a total of 33,282 111 Calls for Accidents in children aged 0-18 from North Tyneside. The majority of the 111 Calls for Accidents came from the Chirton Ward, followed by Riverside (Fig 5)

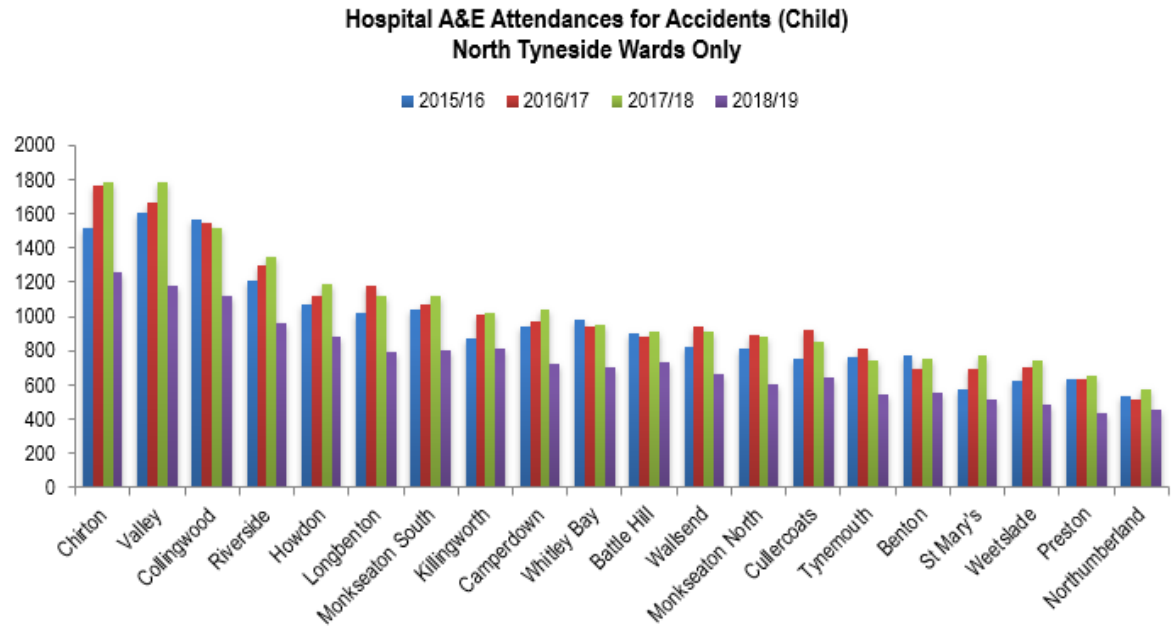
Figure 5: 111 Calls for accidents by ward (2015-18)



Hospital A&E Attendances for Accidents

Between 2015/16 and 2018/19 there were a total of 80,963 hospital A&E attendances for accidents at Northumbria Specialist Emergency Care Hospital. 74,885 were from North Tyneside Wards. Most of the hospital A&E attendances for accidents were from Chirton ward, followed by Valley (Fig 6)

Figure 6: A&E attendances for child accidents – North Tyneside Wards



It should be noted that it was not possible to obtain the A&E data for North Tyneside Residents attending the Royal Victoria Infirmary and again this is a data gap.

Types of injury

Nationally 5 causes account for 90% of unintentional injury hospital admissions for under 5s and are a significant cause of preventable death and serious long-term harm. These are choking, suffocation and strangulation; falls; poisoning; burns and scalds; and drowning; therefore, taking action in these areas will make a significant difference.

As noted above there were significant data gaps in coding of classifications. However, the data highlighted that falls are the most frequent accident and reported in North Tyneside children aged 0-5 and 0-14.

Action Plan: Strategic Approach

North Tyneside's local action plan is presented in Appendix 1, delivered by a range of partners. The strategic approach to preventing childhood accidents is based on the evidence of what works and specifically:

- NICE guidance PH29: Unintentional injuries: prevention strategies for under 15s

This guideline covers strategies, regulation, enforcement, surveillance and workforce development in relation to preventing unintentional injuries in the home, on the road and during outdoor play and leisure.

- NICE guidance PH30: Unintentional injuries in the home: interventions for under 15s

This guideline covers home safety assessments, supplying and installing safety equipment and providing education and advice. It aims to prevent unintentional injuries among all children and young people aged under 15 but, in particular, those living in disadvantaged circumstances.

National research indicates there are inequalities in unintentional injuries, with those from more deprived areas more likely to suffer injury, which is corroborated by the local data geographical analysis as outlined above.

Therefore, while there is a universal offer e.g. 0-19 Children's Public Health Service includes accident and injury prevention as part of their remit in line with the national Healthy Child Programme guidance, the local action plan targets preventative interventions to children and young people living in our most deprived areas to help to address these inequalities.

Highlights of accident prevention activity carried out in 2018/19 include:

- Delivered borough wide evidence-based campaigns on accident prevention across community settings
- Tyne and Wear fire service carried out SafetyWorks accident prevention to 1914 North Tyneside School Children
- Funding obtained to pilot additional safety equipment for families living in Chirton and Riverside which have highest incidence of accidents.

Next steps include

- Continue to prioritise support to communities and households at greatest risk in order to reduce the inequalities in incidence seen in North Tyneside
- Health Visiting targeted 'Ready for School Programme' to include comprehensive injury and accident prevention component from January 2020
- Evaluate the Riverside and Chirton home safety equipment scheme
- Continued maintenance of safety standards in outdoor play and leisure
- Work with the RNLI to co-ordinate messages around water safety

5. Decision options:

The Board is recommended to note the contents of the report and agree that the multi-agency strategic approach is evidence based and proportionate, based on current system capacity and resources.

The Board is asked to agree that the Public Health team should continue to work with partners to routinely monitor the rates of childhood accidents and highlight any significant issues to the Health and Wellbeing Board as appropriate

6. Reasons for recommended option:

The reason for the recommended decision option is that the rate of hospital admissions for childhood accidents in the 0-4 age group is now similar to the England rate and while the 0-14 rate is still higher than the England rate, it is reducing and is better than the North East rate.

7. Appendices:

Appendix 1: North Tyneside Childhood Accident Prevention Action Plan : 2018 - 2020

8. Contact officers:

Jo Connolly: Senior Manager 0-19 Children's Public Health Service, North Tyneside Council Tel: 0191 6432379

Steve Rundle; Head of Planning & Commissioning, NHS North Tyneside Clinical Commissioning Group Tel: 0191 2931158

Anna Telfer: Modern Matron, Acute and Emergency Paediatrics, Northumbria Healthcare NHS Trust Tel: 0191 6072848

Ian Warne, Prevention and Education Manager, Tyne and Wear Fire Service, Tel: 0191 444 1661

9. Background information:

The following background documents have been used in the compilation of this report and are available from the author:-

- Public Health England: Child and Maternal Health Profile
- Public Health England (2017) Preventing unintentional injuries: A guide for all staff working with children under five years.
- Annual Report of the Chief Medical Officer (2012): Our Children Deserve Better - Prevention Pays
- North Tyneside Council (2018) North Tyneside Road Safety Travel Plan
- NICE Guidance PH31: (2010) Preventing unintentional road injuries among under-15s: road design
- NICE Guidance PH29: (2010) Strategies to prevent unintentional injuries among under-15s
- NICE Guidance PH30: (2010) Preventing unintentional injuries in the home among children and young people aged under 15
- Road Safety and Public Health (2014)
- Child Accident Prevention Trust http://www.capt.org.uk/
- Royal Society for the Prevention of Accidents http://www.rospa.com/
- Healthy child programme - high impact area for early years and health visiting professionals.

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

Preventing unintentional injuries does not require major new investment; much can be achieved by mobilising existing services, building on strengths and developing capacity and incorporating unintentional injury prevention within our local plans and strategies for children and young people's health and wellbeing.

National Institute for Health and Clinical Excellence (NICE) guidance estimates that interventions such as installing home safety equipment can lead to considerable cost savings in terms of, for example, reductions in overall hospital admissions or A&E attendances for unintentional injuries.

11 Legal

If a child is injured as a result of the negligent act of somebody else, their family may be entitled to bring a claim on their behalf. For example, it is possible to be sued for negligence if the relevant authority failed to take reasonable care to ensure playgrounds are safe and an accidents that happened could reasonably have been foreseen could happen. An example would be an accident which occurred from failing to maintain the protective surface which had been provided under equipment.

12 Consultation/community engagement

There has been no consultancy or community engagement to date. If further data analysis highlights particular issues or injuries it may be appropriate to consult with families to ensure that accident prevention messages are relevant to all communities.

13 Human rights

There are no human rights implications directly arising from this report

14 Equalities and diversity

Childhood injuries are a key indicator of health inequalities and children from deprived backgrounds or living in urban areas are more likely to suffer injury than children from more affluent backgrounds, or those living in rural areas. The local data analysis supports the national evidence and is the rationale for having a targeted approach with the pilot safety equipment provision in the 0-19 Service, in addition to the targeted approach taken by the Fire Service.

15 Risk management

No risk assessment has taken place. Any risks identified (e.g. point 11) can be managed following the Council's existing risk processes.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Chair/Deputy Chair of the Board	X
Director of Public Health	X
Director of Children's and Adult Services	X
Director of Healthwatch North Tyneside	X
CCG Chief Officer	X
Chief Finance Officer	
Head of Law & Governance	X

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North Tyneside Childhood Accident Prevention: Action Plan : 2018 - 2020

Strategic Priority	Action(s) required	Lead	Timescales	Progress
Understand local need through further data analysis	• Request data from North East Commissioning Unit (NECS) re 111 data, A&E data, Hospital Admissions • Request fire service data • Implement lessons learnt and recommendations from CDOP annual reports • Analyse data for trends	SR RN	March 2019 August 2019	Complete
Training and workforce development	• 0-19 PH access Institute for Health Visiting Training	JC	Annual programme	Complete
Local accident and injury prevention campaigns	• Systematic promotion of NHS Child Health App which has a range of excellent information on childhood illnesses and accidents. • 'Risk of rolling' information sheet handed out baby clinics • Improve use of social media to get messages out. • Co-ordinated campaigns and communications across North Tyneside all settings e.g. voluntary, community and family services to raise awareness of the risks of child accidents and how they can be prevented, specifically - Safer Sleep Week 11 -17 March 2019 and 9-15 March 2020 - Child Safety Week 3 – 9 June 2019 and 1-7 June 2020	Public Health 0-19 Assistants /Support officers and Comms. Early Help Team	Annual Programme March 2019/20 June 2019/2020	Complete 2019. Focus on the priority issues of falls and safe sleep in 2020
Targeted home safety visits/equipment schemes.	• Home Safety Check visit to targeted homes by Fire and Rescue Service • Promote Baby Equipment Loan Service that provides safety equipment to families via Howdon Community Service. • Pilot additional Home Safety Equipment loan service through Health Visitors : Riverside Children's Centre	Tyne and Wear Fire Service Public Health 0-19 Service	Annual Programme Nov 2019 – April 2020	<table><tr><th></th><th>No of HSCs delivered</th><th>No of smoke alarms fitted</th></tr><tr><td>2018/19</td><td>4027</td><td>2242</td></tr><tr><td>2019 to date</td><td>3011</td><td>2116</td></tr></table>
Support to families	• Children's centres deliver first aid courses to families • 'Save a Baby's Life' first aid skills workshop • Promote Solihul Online Parenting Courses • Health Visitors : Ready for school 6 week programme – accident prevention	Public Health 0-19 Service Early Help	Annual programme Rolling from Jan 2020	Delivered 2018
Education and prevention	• Promote Safety Works – to all schools • Juvenile Firesetters Programme	Tyne and Wear Fire Service	Annual programme	1914 CYP attended 4 NT CYP attended
Community, active travel and play spaces	• Regular inspections of all NT Council play areas and Skate Parks • Bikeability – ensure CYP cycle safely and with confidence • Promote Safe school travel • Monitor introduction of 20mph zones in appropriate places.	Env Housing Leisure	Annual programme	Complete Bikeability offered through schools

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North Tyneside
Health & Wellbeing Board Report
Date: November 2019

Title: Healthwatch North Tyneside Update and Insights

Report from: **Healthwatch North Tyneside**

Report Author: **Paul Jones, Director** **Tel: 0191 2635321**

1. Purpose:

The purpose of this report is to provide a progress update on the work of Healthwatch North Tyneside and highlight the key issues local people have been raising with Healthwatch.

2. Recommendation(s):

The Board is recommended to: -

a) Endorse the work undertaken to date;
b) Promote the new mental health resources across North Tyneside and consider funding of future print runs – section 2.1;
c) Note the progress in understanding 'What people in North Tyneside Do When They Feel Ill' – section 2.2;
d) Note the recommendations included in the Emergency Care report and encourage members to work together to address the issues raised – section 2.3 and Annex 1;
e) Note the recommendations included in the Stroke issues paper and encourage members to work together to address the issues raised – section 2.4 and annex 2;
f) Note the emerging issues – section 3 and encourage all members to work together to better coordinate service user and community engagement so as to maximise opportunities for people's voices to be heard in decision making processes;
g) Support Healthwatch North Tyneside by promoting their new information and annual survey campaigns to service users and their staff teams; and
h) Share the report with partners.

3. Policy Framework

This item relates to Objective 4 of the Joint Health and Wellbeing Strategy 2013-2023:

"To engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed".

4. The report:

1. Provides an update on the activities of Healthwatch North Tyneside during the first half of 2019/20
2. Highlights the key pieces of work being undertaken
3. Highlights the feedback we have received during this period
4. Previews our key activities for the next 6 months

5. Decision options:

This report provides information about what local people have said about health and social care services to Healthwatch North Tyneside. Individual recommendations suggested service improvements are made to commissioners and providers directly.

6. Appendices:

Appendix A – Health North Tyneside Updates and Insights November 2019.

7. Contact officers:

Judy Scott, Chair, Healthwatch North Tyneside

Paul Jones, Director, Healthwatch North Tyneside

8. Background Information:

The following background documents have been used in the compilation of this report and are available from the author:

- Healthwatch North Tyneside uses information gathered from general and specific engagement events, annual survey and the data from our Feedback Centre as the basis for this Trends Report.
- Healthwatch North Tyneside writes reports in relation to specific themes of work which are then shared with providers and commissioners for comment. The Healthwatch Board also receives regular reports including summaries of issues we hear from residents of North Tyneside. All finalised reports are made public on our website www.healthwatchnorthtyneside.co.uk

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

There are no known financial implications identified in this report.

11 Legal

There are no legal implications directly arising from this report.

Healthwatch North Tyneside operates under the terms of Section 221 of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012) to, among a range of duties, promote and support the involvement of people in the commissioning, provision and scrutiny of local health and care services.

12 Consultation/community engagement

Community engagement is at the core of Healthwatch North Tyneside. Feedback from North Tyneside residents is received as part of our day to day function and comes to us via e-mail, telephone, post and face to face. Local people can provide feedback about specific services through our Feedback Centre by either reviewing the service online, completing a form or talking to us. We also carry out regular engagement activities where residents can talk to us about their experiences. Healthwatch North Tyneside receive comments which include, concerns, points of view, compliments or complaints. When a resident wishes to formally complain about a service a member of the Healthwatch North Tyneside team directs the resident to the most appropriate support. This report includes a record of findings from community engagement and feedback during the period.

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

There are no equalities and diversity implications directly arising from this report.

15 Risk management

A risk assessment has not taken place.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Chair/Deputy Chair of the Board	X
Director of Public Health	X
Director of Children's and Adult Services	X
Director of Healthwatch North Tyneside	X
CCG Chief Officer	X
Chief Finance Officer	
Head of Law & Governance	X

Appendix A

healthwatch North Tyneside

Updates and Insights November 2019

www.healthwatchnorthtyneside.co.uk

0191 263 5321

Our year so far - April to Sept 2019

It's been a busy six months and we are on course to talk to more people in a year than ever before. We do our best to hear from all sections of the community in North Tyneside.

We are a small staff team currently at 3.2 FTE. We have a fantastic team of volunteers, who have dedicated approximately 1,650 hours of volunteering time between April and September. Our volunteers help us by supporting Engagement events, interviewing people about their experiences of services, administrative support in our office, running focus groups and being our Trustees. Without them we would not achieve what we do.

1236 people told us their experiences of health and social care

1148 people talked to us at **37** events across North Tyneside

We received 1322 pieces of feedback about local services

825 people have completed our first GP access survey so far

We signposted people to 48 organisations for advice and support

Our mental health work was recognised at national awards

healthwatch Network Awards 2019 Highly commended

2. Key areas of work

2.1 Mental health

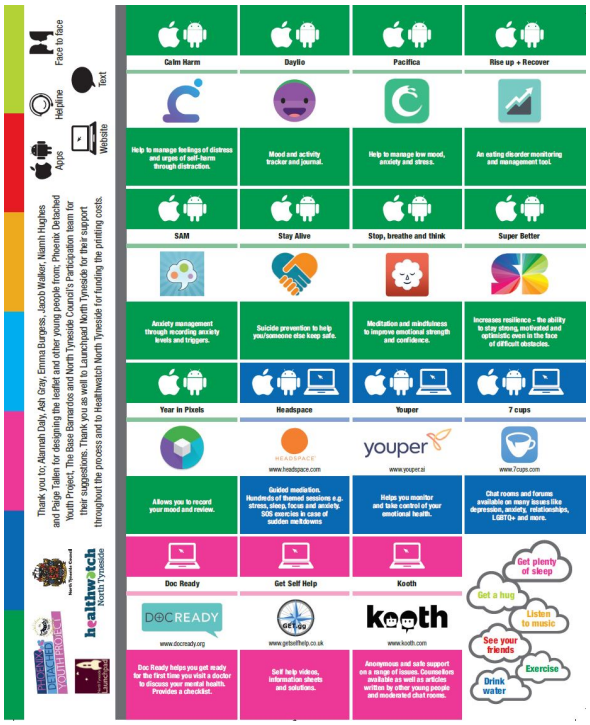
Our work on improving local mental health services was recognised with a highly commended award at the Healthwatch Network Awards in October 2019.

Thanks to local people for sharing their experiences, our voluntary sector partners, particularly Launchpad North Tyneside, and our system partners North Tyneside CCG, Cumbria, Northumberland, Tyne and Wear NHSFT, Northumbria Healthcare NHSFT and North Tyneside Council for their support and willingness to listen and respond to local people's views.

New mental health resources

We have worked with others to produce two new mental health resources for the people of North Tyneside.

Helping young people to 'help yourself'



Young people came together to work on this new resource from Phoenix Detached Youth Project, Barnardo's The Base, North Tyneside Council's Participation team, Launchpad North Tyneside, CAMHS and other organisations.

Young people identified the services that they used and they found helpful. The young people helped to design the leaflet so that it would be useful to their peers. The project was led by Phoenix.

Healthwatch North Tyneside funded the printing of 10,000 of these and we are helping to distribute to schools, GP practices, young people's organisations and services.

Please let us know if you would like copies to share.

Updated Mental Health in North Tyneside leaflet

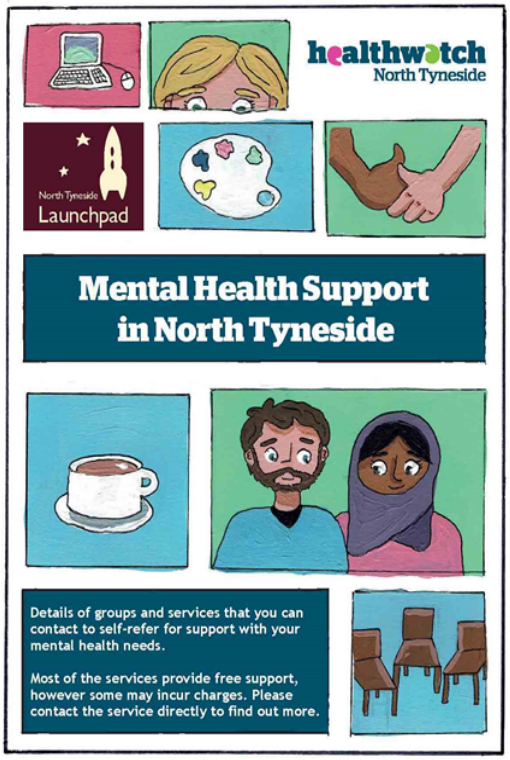
Working with the Service User and Survivors Forum and Launchpad North Tyneside, we have produced a resource for people needing mental health support.

The leaflet provides details of the services that people can self-refer to get the support they need. Most of the sources of support included are free to use but some may charge for some services.

People with lived experiences have been involved in deciding what services are included and choosing the new cover illustration following a competition for North Tyneside residents.

This is the third printed version of this leaflet. So far over 5,000 have been distributed to local services and community venues across the Borough. They have been very well received by professionals and users alike.

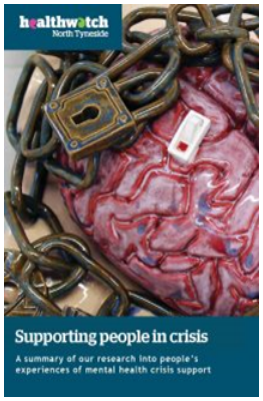
Whilst the costs for printing these are small they are still a challenge for our charity. We will be looking for funding to cover the costs of printing the next version – please let us know if you can help with this.



Mental Health in later life

We are working closely with the Mental Wellbeing in Later Life Board to better understand older people's experience of memory and mental health services. We are currently gathering views of service users and their families and carers. We will identify what's working well and what could be improved. By working with the Mental Wellbeing in Later Life Board we hope that people's experiences will contribute to the planned pathway review and help shape future commissioning activity. We expect this work to be concluded early in the new year.

Mental health crisis support



Following the publication of our Supporting People in Crisis report in November 2018, there has been some real progress towards the recommended actions we suggested. These actions are overseen by the Working Age Adults Mental Health Board.

In addition to the 'Together in a Crisis' service being commissioned in January 2019, the different service providers have been working towards better coordination and information sharing between services and hope to have a unified referral system in place in the next 12 months. Further updates will come via the Board's reporting.

2.2 What people in North Tyneside do when they feel ill

A priority piece of work for us is to get a better understanding of what local people do when they feel ill. We chose this as we heard that people were confused about where to go to get the care they need and some people found getting access to GP services difficult resulting in them needing to go elsewhere for support.

This research project is expected to take a total of 18 months to complete, we expect to finish this in April 2020. It involves:

- Engaging with people in the waiting area in the **Emergency Department at NSECH** – completed November 2018 and report below.
- Engaging with people at the **Urgent Treatment Centre at North Tyneside General Hospital** – completed in February and report being reviewed by Northumbria Healthcare NHSFT and North Tyneside CCG.
- Engaging with people at the **Emergency Department at the Royal Victory Infirmary** – planned before Christmas in partnership with the RVI, Newcastle CCG and Healthwatch Newcastle.
- Surveying local residents about their experiences of accessing **GP practices** and use of **NHS111**- ongoing. In addition, interviewing services users in GP practices waiting areas – ongoing. We expect to begin reporting back to practices before Christmas and produce an overarching report in March 2020.

We will produce separate reports about each phase of this work and then an overarching report pulling together the key themes, issues and recommendations.

2.3 Experiences of the Emergency Department at NSECH

Annex 1 includes the recently published report. Working in partnership with Healthwatch Northumberland and Northumbria NHSFT, we heard from 309 people over 14 three-hour sessions in the waiting area in the Emergency Department and Paediatrics Emergency Department in November 2018. People told us why they were attending the Emergency Department, what other services they had/tried to access and what they thought could make their experiences of accessing care better.

Based on what we heard from people who were attending the Emergency Department independently, we produced a number of recommendations that focus on the following:

Key issues	Next steps
System wide opportunities to better support people to get the care they need through communications and helping people to navigate themselves through the system.	We suggest that a system wide approach is needed to review the information and advice for local people. We would recommend that this review is undertaken once Healthwatch have complete their engagement work around the other urgent and emergency care and GP services North Tyneside residents use – likely to be in April 2020.
Transport issues – particularly public transport access to The Northumbria Hospital, Cramlington.	We suggest that a system wide approach is needed to review the transport issues people have highlighted. This should be led by Northumbria Healthcare NHSFT but will require the input of North Tyneside Council and others.
Changes to the waiting room environment to improve experience and accessibility	Mainly for Northumbria Healthcare NHSFT to review and address.

The key issues identified have been reviewed and considered by Northumbria Healthcare NHSFT, North Tyneside and Northumberland CCGs and NEAS NHSFT. Northumbria Healthcare NHSFT are working through these actions and have developed an action plan as indicated in their formal response.

2.4 People's experiences of stroke support

We are beginning to produce focused issues papers based on local people's experiences of particular themes, issues or services. The first of these focuses on the experiences of people who have had a stroke and their carers and is attached in Annex 2.

The paper makes six key recommendations and makes reference to NICE guidelines, identifying apparent gaps between the guidelines and what people have told us about their experiences. The recommendations focus on:

- Communications and the need for all service providers to be aware of communications needs.
- The provision of person centered follow up support.
- Mental health and emotional support for the individual experiencing stroke and their family/carers.
- Access to social activities – better information about what's available and transport provision to activities.

This report was circulated to North Tyneside CCG, North Tyneside Council and Northumbria Healthcare NHSFT at the end of October 2019 for consideration. We look forward to hearing their reflections and responses.

2.5 NHS Long Term Plan

NHS England and NHS Improvement funded the Healthwatch network to work with communities across the country to establish how the NHS Long Term Plan should be

implemented locally. More than 30,000 people from across England shared their views about how the NHS can better support their overall health and how it can improve care for specific conditions too.

Staff and volunteers from all 151 Healthwatch also ran more than 500 focus groups across England, bringing together people from all sections of the community to share how they would improve local NHS services.

Healthwatch North Tyneside's engagement fed into the combined **Northumberland, Tyne and Wear and Durham report. Read the full report at** https://healthwatchnorthtyneside.co.uk/nhs-long-term-plan/

In North Tyneside, we heard from over 150 people through our surveys and focus groups. They told us about:

- Access to services when needed being a key area of concern, particularly in relation to access to GP appointments.
- The importance of joint decision making processes when receiving health treatment and care.
- Positive experiences of quality of care when using cancer health and care services.
- Difficulties in accessing appropriate services when using NHS mental health services.

We are shared a more detailed version of this report which focused on the views of North Tyneside residents with the CCG.

3. Emerging issues

3.1 Transport

We are increasingly hearing about issues with transport to health and social care services. This is a wide ranging issue and we have heard people having difficulties in:

- Getting to their medical appointments or having multiple medical appointments that require transport.
- People needing care getting to the support services that have been identified as beneficial to them.
- Families and carers struggling to get transport to accompany someone receiving care.
- Families, friends and carers experiencing transport issues when visiting people. There are particularly issues with both public transport and hospitals.
- Older people, many of whom have limited budgets, relying heavily on private taxis to attend multiple appointments resulting in potential financial hardship.
- NHS commissioned patient transport services.
- The lack of community transport solutions and volunteer schemes in North Tyneside.

Transport issues have been highlighted in both our NSECH and Stroke papers attached. Healthwatch England have recently highlighted this issue at a national level. We plan to continue to investigate and report transport issues relating to different services and would welcome a discussion at a strategic level about improving public transport access in particular.

3.2 Prescriptions

We are beginning to hear more about people's experiences of getting prescriptions. Whilst people are generally very pleased with the support and range of services provided by pharmacists, we are hearing that some people are having issues with the electronic prescription system, particularly:

- delays in prescriptions being sent from the GP practice to pharmacy
- not knowing when prescriptions have been sent/are ready resulting in multiple visits to collect.
- In a very small number of cases we hear of the wrong medicines being given - either the GP prescription being incorrect (identified by pharmacy or individual) or the Pharmacy giving the wrong medicine.
- a sense from some that the individual has to resolve issues themselves.

We are gathering more information about this issue in our GP practice interviews and will analyse people's views once all data has been collected and have a better idea of the scale of the issue.

3.3 Hearing loss

Through our work when talking to older people, we have picked up some dissatisfaction with the support available for hearing loss. People have told us how they feel increasingly isolated as they lose their hearing and this has a wider impact on the people they live with and their families. This is particularly an issue for people with other health conditions such as cognitive impairments or dementia. We continue to gather evidence on this issue through our current work.

3.4 Working together on engagement

There is a need and opportunity for members of the Health and Wellbeing Board to better coordinate the different engagement activities around Health and Social Care issues they are doing. This will enable all partners to understand: what other partners are doing; the impact that is intended; and will prevent duplication and maximise the opportunities for local people to have their voices heard.

This opportunity has emerged through discussions with the CCG and Northumbria Healthcare NHSFT and would welcome the Health and Wellbeing Board's support in better coordinating involvement and engagement activities.

4. What else is coming up

4.1 New Healthwatch North Tyneside information

We are distributing our new publicity information, posters and feedback forms across services and community facilities in the Borough. We encourage all members of the Health and Wellbeing Board to support our work by displaying these and encouraging their services to do so. At the same time we will be delivering the new mental health resources.

4.2 Healthwatch North Tyneside Annual Survey

We launched our 2nd Annual Survey at the end of October. Our aim is to gather the views and experiences of as many people from across North Tyneside as possible. We use this information to shape our priorities for the coming year and as a key source of feedback for services. Please encourage as many people as possible to complete this survey and they will be entered into our prize draw. The survey will close in December.

4.3 Young voices fund

In May 2019, we awarded a total of £5,420 in small grants to local voluntary sector organisations to gather and/or respond to the health and wellbeing needs of young people in North Tyneside. The following projects are currently being delivered and we will update the board on the outcome of this work.

- Phoenix Detached Youth Project to: 1) work with others to create a young people's mental health resource similar to Support Groups leaflet (complete, see above) 2) Work with young people to produce a film for GPs and other healthcare professionals about talking to young people about their mental health.
- North Tyneside Carer's Centre to complete an action research project with young carers about their experiences of health and social care.
- DePaul to deliver a mental health event with young homeless people to understand their health issues and support services.
- Barnardo's The Base to work with LGBTQ+ young people to create resources and a campaign about mental health and self-acceptance.

These projects will be delivered over the next 12 months.

4.4 Customer experience in Adult Social Care

North Tyneside Council have commissioned us to help better understand people's experiences of adult social care service, focusing particularly on customer service. This is in addition to our Healthwatch contract. Our work on this will begin shortly and we have recruited a new member of the team, Helen Bedford, to deliver this work.

4.5 Residential and nursing care

Our volunteers will be visiting care homes to provide a lay person's view of having a meaningful daily life within each care home. This is part of a separately contracted piece of work for North Tyneside Council.

healthwatch Northumberland

healthwatch North Tyneside

Understanding people's experiences of attending the Emergency Department at the Northumbria Specialist Emergency Care Hospital

What we did

During November 2018 the Healthwatch teams from Northumberland and North Tyneside heard from 309 people attending the Northumbria Specialist Emergency Care Hospital (NSECH) in Cramlington. We asked people to complete a questionnaire with us about their experience whilst in the waiting area of The Northumbria. 75% of the people we spoke to were attending the Adult Emergency Department and 25% were parents or carers visiting the Paediatric Emergency Department with their child. The people we spoke to were those who independently visited the emergency department and therefore views from those who arrived by ambulance are not included within this report.

We talked to people over 14 three-hour sessions between 9am to 9pm, covering both weekdays and weekends, over various times of the day to understand any common themes in experience.

We wanted to know about people's treatment journey not just their experiences of using NSECH, therefore, findings and actions often relate to system-wide issues which need to be addressed through a multi-agency approach. Considering the responses, we recommended actions for consideration by Northumbria Healthcare NHS Foundation Trust (NHFT) and Northumberland and North Tyneside Clinical Commissioning Groups (CCGs) either separately or jointly according to each organisation's responsibilities.

Key issues identified

Access to, and understanding of other services

A key reason people gave for their use of The Northumbria was the availability of other services.

Access to **GP services** were heighted as an issue, particularly at weekends and evenings. 35% of people told us they had contact with their GP practice and been advice to attend, only 3% told us they had tried to contact their practice but were unable to access. People told us that they did not try to contact their GP because they either thought the practice was closed when they needed it or felt they 'wouldn't have got a GP appointment'.

NHS 111 was used by 20% of the respondents from North Tyneside and 18% in Northumberland. Most considered their experience to be positive.

People told us they were often **uncertain about where to go for treatment**. This included:

- What services are available at different sites e.g. **'I'm not sure if Rake Lane has an x-ray so came here for my sprained ankle'** or
- Unsure what services are where – e.g. **'maybe a walk-in centre if I knew where there were' and 'I thought this was a walk-in centre'**
- Thought they would be referred here anyway – e.g. **'I could have been treated at Wansbeck (General Hospital), but I thought they would send me here anyway so coming here 'cuts out the middle man'.**
- Some people told us that they had been to other UTC or Walk -In services but they were given the option to come to the Emergency department due to waiting times or felt it likely they would be referred here anyway.

When people talked to us, they also indicated that they didn't understand language used for different services including 'Urgent Treatment Centre'.

We also identified that it was common for people to make their decision on the choice of going to their GP or going to hospital rather than seeing a range of different services based on levels of need.

Paediatric care

We spoke to 76 parents and families attending Paediatric Emergency Department at the Northumbria with a child. People discussed positive experiences of using the services including, friendly staff approach and past experiences of quality care. There was a consensus that The Northumbria was the appropriate place for care for children. It appeared that other services often referred children to The Northumbria by default, this seems to include NHS 111, primary and urgent care services. Services sometimes signposted people directly or following being seen by their service initially, which meant people had to wait for both services.

Use by the local community

We identified that some patients using The Northumbria were visiting due to it being the closest hospital and not necessarily the one most suited to their health needs. Local people indicated that they have 'a great hospital on their doorstep' and they would 'be draft to drive past this place to go somewhere else'.

Alternative place of treatment

50% of respondents told us they would have preferred to be treated elsewhere. This including 19% say they thought they could have been treated at their GPs.

If they were advised by GP, NHS111 or other, to go to the Emergency Department, some people felt they should have been able to be treated more locally or given a choice of where to attend.

Getting to The Northumbria Hospital

80% of the people we spoke to had arrived at The Northumbria by car, the second highest mode of transport used was taxis (7%). People spoke to us about significant issues relating to getting to and from the hospital. The key concerns identified related to:

- The lack of public transport available, particularly overnight and issues around connectivity from certain areas (especially from Northumberland and the southern parts of North Tyneside)
- Poor signage for both public transport services and the hospital often meant people were unsure of when and where to get off buses
- The lack of public transport meant that often people relied on a friend or family member to drive, if people were unable to do so they often had to get a taxi which was costly
- Car parking at The Northumbria was commented on both positively and negatively, this often depended on busyness of the car park when people attended. People were happy with the low costs (at the time it was fixed at £1) but also discussed issues around capacity

Our reflections on access and the waiting environment

We also made the observations below about opportunities to improve the service user experience of the Emergency Department waiting area. We have shared this information with Northumbria FHT, and they have begun to address several of the recommended actions.

Overall, our team found the area very clean, well maintained, pleasant and calm, and identified the following issues:

- Potential accessibility issues for people with physical impairments
- Accessibility issues for people with hearing impairments.
- Limited access to refreshments after 7pm
- Lack of facilities for people needing to charge phones to keep in contact
- Regular updating of triage times to keep patients informed
- Transaction charges for the charge machine being a barrier for those who need to travel by taxi/public transport, or those people who have long waits and need to purchase refreshments
- Regular updating of the bus timetable and availability of bus info when the reception has closed
- Lack of signage and directions to and from the bus stops
- Lack of car parking capacity at busy times

Overview of recommended actions

We have recommended a number of actions for consideration by Northumbria Healthcare NHS Foundation Trust (NHFT), North East Ambulance Service (NEAS) and Northumberland and North Tyneside Clinical Commissioning Groups (CCGs) either separately or jointly according to each organisation's responsibilities.

1. **Communications and navigating services**

a) CCGs and Northumbria FNT to work with NHS111, GPs and service providers to ensure messages about pathways and what services are available where are clearly communicated based to the public. This should also involve increasing awareness about GP appointment availability and out-of-hours support. Healthwatch and Patient Participation Groups/Patient Forums should be involved in this.

b) Review messages from staff to patients across the system to ensure people are receiving the best advice for them.

c) Talk to local people to better understand the language they use about services so that future communications can be tailored to be accessible and make sense to those who use services.

d) Review communications about paediatrics services so that staff, other services (GPs & NHS 111) and the public better understand what services are available where.

e) Northumbria FHT and Northumberland CCG review how best to manage patients who live locally rather than trying to stop them from coming.

2. **Transport**

a) Further explore what public transport is currently available from different local areas to The Northumbria Hospital and consider working with bus companies to increase the number of services from across the catchment.

b) Work with bus companies to pull into the hospital grounds (rather than passing by) and review messages on buses and bus stop signage so people know when they are close to The Northumbria Hospital.

c) Review current provision of public transport information within hospital. This should include ensuring bus timetables and information is available 24 hours a day in entrance lobby.

d) Review car parking strategy at peak times and explore the potential to extend to make additional spaces available.

3. **Facilities and environment**

a) Conduct a full access audit of the Emergency Department conducted by experienced team and follow up actions implemented.

b) Provide a water fountain in the waiting area or similar so that people can access drink when shop/café is closed.

c) Provide vending machines or similar so that people waiting in the evening can access food. Alternatively, identify a way that people will not miss their appointment when using the

facilities downstairs.

d) Consider providing a charging station or similar for mobile phones.

e) Update waiting times regularly to keep users informed.

f) Investigate a free or lower charging cash machine.

Next Steps

Healthwatch North Tyneside is using this, along with similar research at the Urgent Treatment Centre, GP practices and the RVI to understand what people in North Tyneside do when they feel ill.

Healthwatch Northumberland is continuing to gather experiences of people using primary and urgent care services in the county as these services continue to develop.

Stakeholder responses

Northumbria Healthcare NHS Foundation Trust

We would like to thank both Healthwatch Northumberland and North Tyneside for undertaking this important piece of research - in the waiting areas of the emergency department at The Northumbria hospital, Cramlington - where they spoke to those people who had attended independently.

At Northumbria, we value the views of our patients and their experience and this, alongside providing high quality, safe and caring services, is integral to our values and vision and helps us to continually improve.

We have welcomed this feedback by Healthwatch and their suggested actions, which have been discussed at executive level and with our partners across the health system. Some of which have already been actioned such as ensuring the bus timetable screen is always on 24/7, regularly updating waiting time information and implementing changes to the car park.

We are in the process of commissioning an independent charity to conduct a full access audit of the emergency department and looking at access and signage of our facilities. Our staff are fully supportive if anyone attends the department that has carer needs or requires any extra support or assistance and will always provide that extra help.

We have looked to see how we can further improve the environment of the waiting area and whilst we can't provide a free cash machine or install food and drink vending machines, we are looking at installing a water cooler, a charging station for phones and iPad and introducing a vibrating alert if people need to get food from the restaurant downstairs, which is open 24/7.

We will continue to work with our partners to improve communication and to ensure there are clear messages about the services available at The Northumbria especially about when

you should attend the emergency department or where contacting another service is more appropriate.

North East Ambulance Service NHS Foundation Trust

We use the same system, and in many cases the same people, to assess 111 and 999 calls. NHS 111 will only direct a patient to a service which is clinically appropriate for their symptoms. When the outcome is to send an ambulance or advise the patient to attend an emergency department, this is because we cannot rule out a clinical need without them being seen by an ambulance or hospital clinician.

Where it is appropriate, patients calling 111 are offered appointments in their own GP practice or appointments in a nearby extended hours GP practice. All these health services are listed on a directory which is kept up-to-date by the clinicians and operational management working in the service itself. So, if a patient is asked to attend a service further away than they expected, it may be that their nearer healthcare centre is unable to provide the care they need at that time.

North Tyneside Clinical Commissioning Group

The paper has been discussed and reviewed by North Tyneside CCG and its formal response will be published in due course

Northumberland Clinical Commissioning Group

The paper has been discussed and reviewed by Northumberland CCG and its formal response will be published in due course.

Annex 2

Issues Paper: Stroke survivors' experiences of using health and social care services in North Tyneside

Summary

We spoke to 19 people who had experienced stroke or supported someone who had. People told us about their experiences of using health and social care services during and following stroke.

People shared positive experiences of the equipment service and some good examples of care received by hospital staff, their GP and social care staff. People highlighted areas for improvement in relation to the follow-up support post hospital discharge, the consideration of mental wellbeing as well as physical and the use of accessible communication by healthcare staff. People also noted the importance of support groups and social activities but noted several barriers to accessing such support.

We have also highlighted gaps between what people told us about their experience and the National Institute for Health and Care Excellence (NICE) guidelines.

Background

Healthwatch North Tyneside is the independent champion for local people using health and social care services. We gather feedback about services from the general public and through targeted engagement with specific groups of people.

We understand that people who experience long-term health conditions will have unique experiences of using health and social care services. We are talking to groups of people who have different long-term conditions and common experiences to understand the issues they face.

There are more than 1.2 million stroke survivors in the UK and stroke is one of the leading causes for disability for those leaving hospital (Stroke Association, 2017). As part of the NHS Long Term Plan stroke has been identified as a key clinical priority. In North Tyneside, we have higher prevalence of stroke on average in comparison to the national average.

1. What we did

In August 2019, we spoke to 14 people who had experienced stroke and 5 carers or family members. 11 of the people we spoke to were male and 8 were female. Of those we spoke to some people had experienced stroke within the last year and for some it was several years prior.

2. Key issues

People talked to us about a range of good experiences of using services and several areas where their experiences could be improved. The key issues we heard about are outlined below.

What worked well?

a. The timeliness of **aids and adaptions** being put in their home to support them to live independently following their stroke. A number of people told us that the appropriate equipment, such as stair banisters and bath seats, were arranged quickly and put in place before they came home from hospital which they found very useful.

b. Care given when they were first in **hospital.** They were often initially treated at Northumbria Specialist Emergency Care Hospital (NSECH) before being transferred to North Tyneside General Hospital (NTGH). People felt they were happy with the care received at NTGH commenting positively about staff and the food.

c. Quality of care received from **care staff** once they had left hospital. A person described having had 3 visits a day for 10 weeks after their first stroke, another said they were given a care worker for 6 weeks and they were “brilliant”. One person described their GP organising Care Plus who they found “pretty good”. Generally they described the care support being gradually reduced over a period of time which helped to ease the process of discharge from services.

d. Positive experience of some of the services they had encountered for their **other health needs**. One person told us about having easy access to GP appointments and that their GP would often come to do house visits which was very useful. Another noted an experience whereby their GP referred them to NTGH and on arrival were seen straight away – “didn’t have time to sit down” – they felt the treatment and staff approach was very good. However, people’s experiences were varied, and people felt that some services were challenging to access because of poor information and transport issues.

e. Overall, the people we spoke to who had more recent experiences of stroke tended to have more positive experiences of using health and social care services, which highlights improvements in the way services support people who experience stroke.

What could be improved?

Stroke services:

a. **Follow up care** - A key issue people discussed was the inconsistency and limited nature of follow-up support provided when they left hospital. People felt suddenly on their own with no contact from different services such as their physio and their district nurse team. One person discussed only having two visits by their speech therapist. Another person said that their contact was infrequent and unpredictable and has now ended. Of those we spoke to, no one mentioned being offered or receiving either a mental wellbeing or carer’s assessment following discharge. Experiences post-discharge were often variable, and many people felt isolated and abandoned - "It was like falling off the edge of a cliff".
People who had experience of other long term conditions, including diabetes and heart conditions, described the follow up support for these conditions as much better than

what they had received following their stroke. The lack of follow-up support was particularly notable in relation to the support offered through their GPs. The majority of people we spoke to reported limited experiences of support from their GP practice (even annually) unless they had another health condition.

b. **Psychological and emotional support** - When considering the support offered for people's recovery, most people discussed receiving some level of support for their physical recovery such as their speech and mobility, however no support was offered for their mental wellbeing following stroke. One person discussed experiencing poor mental health when coming to terms with the impact on their mobility: they were given the number for talking therapies to ring but no further information.

c. **Access to social activities** and sessions to support both people's physical and emotional wellbeing was deemed as important, but often challenging. This was due to both limited information being given about what activities are available and issues relating to transport to activities. Transport difficulties meant that sometimes activities and support was missed out on. For example, one person told us that they were offered access to a hydro-pool for a year but were unable to find a way that they could get transport there. Another person relied on their family to transport them to exercise classes or experienced long waits to get transport to supported activities.

d. **Communication** - The majority of those we spoke to had communication difficulties following stroke. One carer told us about having to repeatedly advocate on their family member's behalf in order to ensure they were showered and cared for when they went into hospital following a fall. Another person described being verbally asked what they wanted for lunch when they were an in-patient at hospital. The staff then complained that they couldn't understand what the person had requested. To ensure people can meaningfully engage in decisions about their care and preferences other communication methods need to be available. In this case, a visual menu would have enabled the person to independently communicate their preference.

e. **Need for support when accessing services** - A key concern for a family member we spoke to was the lack of basic care received in hospital and the constant struggle to advocate for their family member's care to be addressed, often due to a person not being able to express or communicate their needs. A support worker echoed these concerns when stating that they
felt the people they supported were treated better when the support worker was present. Family members felt that due to their family member's communication difficulties, their needs were not adequately addressed without the input of the family member.

Other services

When people were engaged with their **GP**, they discussed experiencing long waiting times, such as waiting a month for an appointment.

Podiatry services were highlighted as an area for improvement. One person had a District Nurse visit to cut toenails, which was later discontinued. Another person experienced delays due to it being really busy and this meant that toenails had been catching on bed sheets.

People's experiences of using **dentists** were mixed. One person who had recently been to dentist said they were "in and out" quickly. Although they also noted that the practice had removed the magazines and TV screen which was not helpful as they got anxious whilst awaiting an appointment.

Although people told us about some positive experiences of treatment at hospital, there were also concerns raised about the care they received when going to **hospital for other health issues**.

3. Suggestions for providers and commissioners

This issues paper presented an overview of experiences from 19 stroke survivors and carers. Although the number of people we spoke to was limited there were a number of common issues that service providers and commissioners should consider to best support people recovering from stroke.

NICE Stroke rehabilitation in adults guidelines have been included to reflect how such suggestions relate to national good practice.

A. Communication

NICE Guideline 1.8.12 states "Help and enable people with communication difficulties after stroke to communicate their everyday needs and wishes, and support them to understand and participate in both everyday and major life decisions".

Suggested action 1: All health and social care services should work to ensure all staff are trained in accessible methods of communicating for those who need to communicate non-verbally. Particularly in emergency settings or services which people don't have regular contact with. Staff should also be aware that they need to be more proactive in establishing communication as often the person may be unable request support when they need it.

B. Follow-up support

NICE Guideline 1.11.5 states "Review the health and social care needs of people after stroke and the needs of their carers at 6 months and annually thereafter. These reviews should cover participation and community roles to ensure that people's goals are addressed".

Suggested action 2: Follow-up support for people experiencing stroke is a key issue as often people experience it as limited and inconsistent. Providers and commissioners should look at ways to holistically improve follow up support across the system. GPs play a key role in this and should ensure that NICE guidelines are followed as a minimum.

Suggested action 3: Patients and carers should be offered both a mental health assessment and a carer's assessment prior to leaving hospital, as part of their discharge plan.

C. Mental and emotional support

NICE Guidelines 1.5.2 and 1.5.3 state "Support and educate people after stroke and their families and carers, in relation to emotional adjustment to stroke, recognising that psychological needs may change over time and in different settings.

When new or persisting emotional difficulties are identified at the person's 6-month or annual stroke reviews, refer them to appropriate services for detailed assessment and treatment".

Suggested action 4: Follow-up support often only focuses on a person's physical recovery; however people's mental health and wellbeing can also be significantly impacted. Services and pathways should be reviewed to ensure psychological support needs are identified and met.

D. Access to social activities

NICE Guideline 1.11.3 states "Encourage people to focus on life after stroke and help them to achieve their goals. This may include:

- facilitating their participation in community activities, such as shopping, civic engagement, sports and leisure pursuits, visiting their place of worship and stroke support groups

- supporting their social roles, for example, work, education, volunteering, leisure, family and sexual relationships

- providing information about transport and driving"

Suggested action 5: Work with local support groups and the statutory services to identify what support services and activities are available and improve how people are informed about the support that is available. People told us that access to both information about what activities are available and access to such activities was very important in supporting their wellbeing.

Suggested action 6: Ensure travel and access issues are discussed when a referral to a support service is made. Support individuals to understand what transport support there is to access other services and action is taken so that users can access the services they need.

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North Tyneside
Health & Wellbeing Board Report
Date: 14 November 2019

Title: North Tyneside Health Protection Assurance Report 2019

Report from : North Tyneside Council

Report Author: Heidi Douglas, Public Health (Tel: 0191 643 2120)

1. Purpose:

Present an overview of the health protection system and outcomes for North Tyneside as part of the Director of Public Health's responsibility to provide assurance to the Health and Wellbeing Board that the current arrangements for health protection are robust and equipped to meet the needs of the population.

2. Recommendation(s):

The Board is recommended to: -

a) Note the report;
b) Endorse the areas that require improvement; and
c) Agree that the report provides assurance that the local health protection arrangements are robust and work well.

3. Policy Framework

This item relates to the health and wellbeing priorities as outlined in the Joint Health and Wellbeing Strategy 2013-23 with particular relevance to:

- Addressing Premature Mortality to Reduce the Life Expectancy Gap: Focusing on key interventions at a community and primary care level to reduce the difference in life expectancy within the borough
- Improving Healthy Life Expectancy: Focusing on key interventions at a community and primary care level to reduce the difference in life expectancy within the borough
- Reducing Avoidable Hospital and Care Home Admissions: Focusing on interventions in primary care, community and hospital settings to improve self-management, personalised support and independence

4. Information:

Health protection is the domain of public health action that seeks to prevent or reduce the harm caused by communicable diseases, and to minimise the health impact of environmental hazards such as chemicals and radiation, and extreme weather events.

The Director of Public Health (DPH) employed by North Tyneside Council, is responsible for the Council's contribution to health protection matters and exercises its functions in planning for, and responding to, emergencies that present a risk to public health. The DPH is also responsible for providing information, advice, challenge and advocacy to promote health protection arrangements by relevant organisations operating in the Local Authority area. This report forms part of those arrangements.

North Tyneside has robust systems in place in the management of existing and emerging health protection issues. These systems are shared across health, social care, environmental health and public protection and transport and planning this framework is outlined in Appendix 2.

An analysis of the data regarding health protection outcomes for screening, immunisation, communicable diseases and air quality has highlighted that there are areas that require improvement and these form the priorities for 2019/20. An in depth presentation of data is attached in Appendix 1.

These include:

- Uptake of cancer screening programmes is generally very good. However, there is evidence of variation at a local level in uptake of all of the cancer screening programmes and a decline in uptake of the cervical screening programme.

- Childhood immunisation programme in North Tyneside performs better than the regional and England average; however, there is a decline in the number of five year olds who receive two doses of the measles, mumps and rubella (MMR) vaccination 93.6% in 17/18 compared to 98.6% in 15/16 and the WHO target of >95% population coverage is not being achieved. Although more recent data for (Q1-3 2018/19) indicate that MMR2 coverage is over the 95% heard immunity threshold (95.2%), however this will require ongoing monitoring.

- There had been a decline in the numbers of girls receiving the Human Papilloma Virus (HPV) vaccination. However, North Tyneside has now improved coverage compared to England. Uptake of the HPV vaccine and booster is now over the 90% standard for two doses at year nine. This is a positive result, from September 2019 the HPV vaccination programme will be extended to boys in year eight.

- The uptake of the influenza vaccination for clinical risk groups, pregnant women and frontline staff requires improvement. The school-based element of the childhood seasonal influenza vaccination programme is achieving significantly higher coverage in North Tyneside compared to the England Average and exceeds the national standard.

- The formation of a joint local screening and immunisation oversight group (SIOG) for North Tyneside and Northumberland has now been established and provides strategic oversight for the delivery of screening and immunisation programmes in North Tyneside as well as addressing any issues relating to variation and decline in uptake.

- As part of the antimicrobial resistance work Public Health in partnership with the CCG and the wider local health economy need to be assured that NICE Guidance 63 - Antimicrobial stewardship: changing risk-related behaviours in the general population is implemented in North Tyneside.

- Improving and monitoring air quality in North Tyneside will bring together public health, environmental health and transport.

- Local and national planning for Brexit will need to consider the implications for environmental health and port health functions.

5. Decision options:

The Board may: -
a) Note the report
And
b) Endorse the areas that require improvement
And
c) Agree that the report provides assurance that the local health protection arrangements are robust and work well.

6. Reasons for recommended option:

The recommended option is that the Board endorses all of the above decision options and agrees that the health protection arrangements in North Tyneside are robust equipped to meet the needs of the population.

7. Appendices:

Appendix 1: Health Protection Annual Assurance Report 2019
Appendix 2: Framework for Health Protection Arrangements 2019
Appendix 3: Immunisation Schedule UK 2019

8. Contact officers:

Heidi Douglas: Consultant in Public Health North Tyneside Council Tel: 0191 643 2120

9. Background information:

The following background documents have been used in the compilation of this report and are available from the author: -

- Public Health Outcomes Framework: available at PHE Fingertips 2019
- Local Authority Assurance Report: section 7a Services 2019
- North East Seasonal influenza vaccination coverage 2018/19
- PHE: Protecting the population of the North East from communicable disease and
- other hazards. Annual Report 2019
- PHE: Spotlight on sexually transmitted infections in the North East 2017/18 data
- Antimicrobial Resistance (AMR) Local indicators North Tyneside: available at PHE
- Fingertips 2019
- North Tyneside Council: 2019 Air Quality Annual Status Report

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

There are no direct financial and resource implications arising from this report.

11 Legal

There are no legal implications arising directly from this report

12 Consultation/community engagement

There has been no consultation or community engagement

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

A key priority emerging from this report is to reduce the variation of uptake for the cancer screening programmes in North Tyneside. Certain groups are less likely to engage in screening and this includes:

- Socioeconomically deprived communities
- Black and Ethnic Minority Communities
- People with Learning Disabilities
- And;
- Younger women (cervical cancer screening)

The actions arising from this report will directly impact upon health inequalities in North Tyneside and reduce the gap in life expectancy and healthy life expectancy in North Tyneside through the earlier identification of cancer, which will enable quicker access to treatment and improved survivorship.

15 Risk management

There is a risk to reputation for the Local Authority, the CCG and the NHS acute trusts; both regionally and nationally if North Tyneside does not protect the population from existing and emerging health protection threats

16 Crime and disorder

There are no crime and disorder implications directly arising from this report

SIGN OFF

Chair/Deputy Chair of the Board	X
Director of Public Health	X
Director of Children's and Adult Services	X
Director of Healthwatch North Tyneside	X

CCG Chief Officer	X
Chief Finance Officer	
Head of Law & Governance	X

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Appendix 1

Health Protection Assurance Report 2019

Executive Summary

1. North Tyneside has robust systems in place in the management of existing and emerging health protection issues. These systems are shared across health, social care, environmental health and public protection and transport and planning this framework is outlined in appendix 2.

2. An analysis of the data regarding health protection outcomes for screening, immunisation, communicable diseases and air quality has highlighted that there are areas that require improvement, and these form the priorities for 2019/20. These include:

- Uptake of cancer screening programmes is generally very good. However, there is evidence of variation at a local level in uptake for all of the cancer screening programmes and a decline in uptake of the cervical screening programme[1].

- Childhood immunisation programme in North Tyneside performs better than the regional and England average; however there is a decline in the number of five year olds who receive two doses of the measles, mumps and rubella (MMR) vaccination: 93.6% in 17/18 compared to 98.6% in 15/16[2] and the WHO target of >95% population coverage is not being achieved.

- There had been a decline in the numbers of girls receiving the Human Papilloma Virus (HPV) vaccination. However, North Tyneside has now improved coverage compared to England. Uptake of the HPV vaccine and booster is now over the 90% standard for two doses at year nine[3]. This is a positive result, from September 2019 the HPV vaccination programme will be extended to boys in year eight.

- The uptake of the influenza vaccination for clinical risk groups, pregnant women and frontline staff requires improvement. The school-based element of the childhood seasonal influenza vaccination programme is achieving significantly higher coverage in North Tyneside compared to the England average and exceeds the national standard.

- The formation of a joint local screening and immunisation oversight group (SIOG) for North Tyneside and Northumberland has now been established and provides strategic oversight for the delivery of screening and immunisation programmes in North Tyneside as well as addressing any issues relating to variation and decline in uptake.

- As part of the antimicrobial resistance work Public Health in partnership with the CCG and the wider local health economy need to be assured that NICE Guidance 63 - Antimicrobial stewardship: changing risk-related behaviours in the general population[4] is implemented in North Tyneside.

- Improving and monitoring air quality in North Tyneside will bring together public health, environmental health and transport.

- Local and national planning for Brexit will need to consider the implications for environmental health and port health functions.

Introduction

3. The Director of Public Health (DPH) has a statutory responsibility for the strategic leadership of health protection for North Tyneside Council[5]. The DPH, on behalf of the Council, should be assured that the arrangements to protect the health of their local communities are robust and are implemented appropriately. Guidance suggests that, through their DPH, Health and Wellbeing Boards will wish to be assured that acute and longer term health protection arrangements properly meet the health needs of the local population[6]. Accordingly, this report is to inform the Health and Wellbeing Board about arrangements and outcomes for health protection in North Tyneside.

4. The data presented in this report is based upon the most recent available data.

Programme	Time Period
Cancer and Non-Cancer Screening	2017/18
Routine Childhood Immunisation Programme	2017/18
At Risk Immunisation Programme	2017/18
School Based Immunisations Programme	Sep 2017 – August 2018
Seasonal Flu Vaccination	Oct 2018 – March 2019
Environmental Health and Food Safety	2018/19
Port Health	2018/19
Statutory Notifiable Diseases	2018
Health Care Associated Infections	2018/19
Excess Winter Deaths	2016/17

Background

5. Health protection is the domain of public health action that seeks to prevent or reduce the harm caused by communicable diseases, and to minimise the health impact of environmental hazards such as chemicals and radiation, and extreme weather events.

   This broad definition includes the following functions within its scope, together with the timely provision of information and advice to relevant parties, and on-going surveillance, alerting and tracking of existing and emerging threats:

   - National programmes for screening and immunisation which may be routine or targeted;

   - Management of environmental hazards including those relating to air pollution and food;

   - Health Emergency Preparedness Resilience and Response (EPRR), the management of individual cases and incidents relating to communicable disease (e.g. meningococcal disease, tuberculosis (TB), influenza) and chemical, biological, radiological and nuclear hazards;

   - Infection prevention and control in health and social care community settings and in particular, Healthcare Associated Infections (HCAIs);

- Other measures for the prevention, treatment and control of the management of communicable disease (e.g. TB, blood-borne viruses, seasonal influenza).

6. The DPH employed by North Tyneside Council, is responsible for the Council's contribution to health protection matters and exercises its functions in planning for, and responding to, emergencies that present a risk to public health. The DPH is also responsible for providing information, advice, challenge and advocacy to promote health protection arrangements by relevant organisations operating in the Local Authority area. This report forms part of those arrangements.

Health protection is a multi-agency function

7. Local Authorities are responsible for providing independent scrutiny and challenging the arrangements of NHS England (NHSE), Public Health England (PHE) and providers. The responsibility for the provision of the health protection function is spread across the following organisations:

8. **North Tyneside Council** through the leadership role of the DPH, has a delegated health protection duty from the Secretary of State to provide information and advice to relevant organisations to ensure all parties discharge their roles effectively for the protection of the local population[5]. This leadership role relates mainly to functions for which the responsibility for commissioning or coordinating lies elsewhere. The Council also provides local support for the prevention and investigation of local health protection issues through the Public Protection Environmental Health (EH) function.

9. **Screening and Immunisation Teams** (SITs) are employed by PHE and are embedded in NHSE. The SITs provide local leadership and support to providers in delivering improvements in quality and changes in screening and immunisation programmes. The SITs are also responsible for ensuring that accurate and timely data is available for monitoring vaccine uptake and coverage.

10. **PHE** brings together a wide range of public health functions and is responsible for delivering the specialist health protection response to cases, incidents and outbreaks; and provides expert advice to NHSE to commission immunisation and screening programmes, as well as several other responsibilities relating to surveillance and planning.

11. **NHS North Tyneside CCG** commissions treatment services (e.g. hospital inpatient treatment, nurses working with specific infections, such as TB) that comprise an important component of strategies to control communicable disease.

12. Emergency preparedness, resilience and response functions are provided by all category one responders; this includes the Local Authority, PHE, NHSE, Emergency Services and NHS Foundation Trusts. All of these agencies are represented on the Local Health Resilience Partnership (LHRP) and the Local Resilience Forum (LRF).

Screening

13. Screening is a strategy used in a population to identify the possible presence of an as-yet undiagnosed disease or increased risk of disease in individuals without signs or symptoms. The purpose of screening is to identify and intervene early to reduce potential harm. Each programme is underpinned by rigorous quality assurance and monitoring arrangements to

ensure that the target population benefit from the service and those individuals are not exposed to potential harms (e.g. failures to correctly identify individuals requiring further tests).

14. The screening programmes, commissioned by NHSE for which the DPH has an assurance role are:
    - Cancer screening programmes (breast, bowel and cervical)
    - Diabetic Retinopathy
    - Abdominal Aortic Aneurysm (AAA)
    - Antenatal and newborn screening programme

15. The most recent data for the adult and the ante-natal and newborn screening programmes are for 2017/18[2,7]. In these circumstances, assurance for North Tyneside is limited to the overall assurance we have in respect of the programme or the period for which we have data.

16. There are two key indicators that can be used as measures of assurances that can be used alongside the national uptake of screening programmes, these are:
    - National baseline indicators based upon the 2017-18 Public Health Function agreements
    - Clinical standards that are required to ensure patients safety and control disease.

17. Generally coverage of the cancer screening programmes are within the national standards. There is variation at a GP level and this does reflect the social gradient with GP practices serving more deprived areas having a lower population coverage rates. For all three of the cancer screening programmes coverage has remained stable compared to 2016/17. However there has been a noted decline nationally in the cervical screening programme, in particular amongst younger women.

18. Uptake of the AAA and cancer screening programmes in North Tyneside continues to be either similar or above the national average. The table below presents coverage for all of the adult screening programmes and highlights the variation at a GP practice level of uptake. The only programme operating below the national standard is cervical cancer screening.

19. Data for the Diabetic Eye Screening Programme is unavailable at a North Tyneside level. Performance, reported at North of Tyne and Gateshead area level, suggests that uptake exceeds the acceptable threshold of 75%. The SITs are also aware of inequalities in the uptake of the service, with lower uptake amongst younger age groups and those from more deprived socioeconomic areas.

Table 1: Adult Screening Programme Coverage 2017/18[1]

Screening Programme	Standard		% Coverage (2017/18)		North Tyneside Range	
	Acceptable	Achievable	England	North Tyneside	Highest GP	Lowest GP
Cervical Cancer (25-64 years)	75%	80%	71.4%	76.4%	82.9%	69.2%
Breast Cancer (50-70 years)	70%	80%	74.9%	77.4.5%	83.3%	57.2%
Bowel Cancer (60-74 years)	55%	60%	57.4%	59.9%	67.3%	48.2%
AAA (men 65 years)	75%	85%	80.8%	82.2%	NA	NA
Diabetic eye screening*	75%	85%	82.7%	81.9%*	NA	NA

*North of Tyne and Gateshead diabetic eye screening programme data (2017/18)

20. The Antenatal and Newborn screening programme covers six areas:
    - Fetal anomaly
    - Sickle cell and thalassemia
    - Infectious diseases in pregnancy
    - Newborn infant physical examination
    - Newborn hearing screening
    - Newborn bloodspot screening

21. Data on the coverage of the entire Ante-Natal and Newborn screening programme is not available at a North Tyneside level and is presented for 2017/18.

22. In Northumbria Health Care NHS Foundation Trust 99.1% of eligible babies received the newborn infant physical examination (NIPE) within 72 hours of birth in 2017/18 and 94% at Newcastle upon Tyne Hospitals NHS Foundation Trust. (England 95.4%).

23. Newborn bloodspot coverage across the North Tyneside CCG area continues to be high at 98.9% for 2017/18 (England 96.7%).

24. Antenatal and newborn screening coverage for North Tyneside is within the national standards. The only exception is the NIPE coverage for babies born in Newcastle NHS Foundation Trust; which is just below the lower threshold of 95%.

Table 2: Antenatal and newborn screening coverage[1]

Screening programme	National Standard		% Coverage (2017/18)	
	Lower	Standard	England	North Tyneside
Infectious Diseases in Pregnancy (HIV Coverage)	≥95%	≥99%	99.6	99.4
Sickle Cell and Thalassaemia	≥95%	≥99%	99.6	99.6
Newborn Blood Spot Screening	≥95%	≥99%	96.7	98.9
Newborn Hearing Screening	≥98%	≥99.5%	98.9	98.8
Newborn and Infant Physical Examination Screening	≥95%	≥99.5%	95.4	99.1* 94.0**

*Data for Northumbria Healthcare NHS FT ** Data for Newcastle upon Tyne Hospitals NHS FT

Immunisation and vaccination

25. Immunisation remains one of the most effective public health interventions for protecting individuals and the community from serious diseases. The national routine childhood immunisation programme currently offers protection against 13 different vaccine-preventable infections (a full schedule is attached in appendix 3). In addition to the routine childhood programme, selective vaccination is offered to individuals reaching a certain age or with underlying medical conditions or lifestyle risk factors.

26. NHSE is responsible for commissioning local immunisation programmes and accountable for ensuring local providers of services will deliver against the national service specification and meet agreed population uptake and coverage levels as specified in the Public Health Outcomes Framework and Key Performance Indicators[7].

Routine childhood immunisation programme

27. Uptake in North Tyneside for the routine childhood programme remains among the highest in England: In 2017/18 coverage for routine childhood immunisation programme in North Tyneside is presented in table 3 below.

28. Achieving population coverage of >95% is important as this is the point at which the entire population is protected, including the 5% that are not vaccinated. This is referred to as herd immunity.

Table 3: Coverage routine childhood immunisation programme North Tyneside 2017/18[1,7]

Vaccine and booster programme	Age cohorts					
	12 months		24 months		5 years	
	England	NT	England	NT	England	NT
Diphtheria, tetanus, pertussis, polio, haemophilus influenza type b (DTaP/IPV/Hib)	93.0%	96.8%	95.2%*	98.7%*	95.9%	97.5%
Men B	92.6%	96.6%				
Rotavirus	90.3%	95.8%				
PVC	93.5%	97.8%	91.2%*	97.1 %*		
MenC/Hib			91.3%*	97.1%*	92.9%	96.2%
Measles, mumps and rubella (MMR)			91.0%	96.8%	87.4%**	93.6%**
DTaP/IPV*					86.1%	92.7%

*Boosters
** Two doses MMR

<90% Coverage | 90% to 95% Coverage | ≥95% Coverage

29. North Tyneside achieves a coverage rate of >95% for all of the childhood immunisation programmes, with the exception of two doses of MMR at 5 years of age and the DTaP/IPV booster. A programme of work was undertaken in 2018 to improve MMR2 coverage in North Tyneside and early indications (Q1-3 2018/19) indicate that MMR2 coverage is over the 95% heard immunity threshold (95.2%).

Table 4: HPV and Td/IPV Booster September 2017 – August 2018 [3,8]

Vaccine and booster programmes	Age Cohorts							
	Year 8 - HPV Year 9 - Td/IPV and MenACWY				Year 9 - HPV Year 10 Td/IPV and MenACWY			
	England		NT		England		NT	
HPV (females)	**86.9%***	**NA**	**83.7%***	**79.8%****	**89.1%***	**83.8%****	**89.2%***	**92.8%****
Td/IPV	**85.5**		**91.1%**		**82.9**		**89.5%**	
MenACWY	**85.8%**		**92.9%**		**84.3%**		**90.0%**	

* 1 dose HPV
**2 doses HPV

30. All girls aged 12 to 13 are offered HPV (human papilloma virus) vaccination as part of the childhood vaccination programme. The vaccine protects against cervical cancer. It's usually given to girls in years 8 and 9 within schools in England with a second dose administered within 6 to 12 months (this can also occur in either year 8 or year 9). In North Tyneside the coverage for the full two doses at year 8 and 9 respectively was 79.8% and 92.8% compared to 89.2% (year 9 only) in England (2017/18). Coverage in North Tyneside is better than the England rate, and coverage rate at year 9 in North Tyneside is above the national standard of 90%.

31. In September 2019 the HPV vaccination programme will be extended to all pupils in year 8, including boys. It is important to highlight that any individual who missed their HPV vaccination in school Year 8 can continue to have the vaccine up to their 25th birthday.

32. Td/IPV (tetanus, diphtheria and polio) teenage booster is the final dose of the routine childhood immunisation programme. Nationally many areas give the Td/IVP booster in school year 10. The national plan is to provide the Td/IPV booster in year 9 alongside the final MenC booster. At present data is presented for both year 9 and year 10 to reflect the current system. North Tyneside has a higher coverage rate than England, at year 9 and 10, and year 10 coverage is above the national standard of 90%.

33. Significant changes to the immunisation programme for meningitis were introduced in 2015. The MenACWY immunisation was added to the national immunisation programme in August 2015 in response to the rising number of meningococcal W (MenW) cases in teenagers and young adults. Catch-up campaigns were arranged to reach older teenagers and “freshers” at university.

34. In North Tyneside, from September 2017 up to Aug 2018, 92.9% (85.8% England) of Year 9 students (aged 13-14) received the MenACWY vaccination and 90% of year 10 students (84.3% England)[9].

At risk immunisation programme

35. The at risk immunisation comprises the following:
- Pneumococcal (PPV) vaccine single dose at 65 years
- Shingles vaccine single dose at 70 years (catch up for 78 and 79 year olds)

Table 5: Pneumococcal (PPV) and Shingles immunisation coverage 2017/18[2]

Vaccination	National Standard	England	North Tyneside
PPV	68.8%	69.5%	70.9%
Shingles (70 years old)	NA	44.4%	42.6%
		Below min standard	Acceptable range

36. The coverage rate for the PVV adult immunisation programme in North Tyneside is similar to the England rate. Although there is no national standard for shingles vaccine coverage, only 42.6% of 70-year olds received this is in North Tyneside, this is similar to the England coverage (2017/18).

Seasonal flu vaccine programmes

37. In 2018/19 seasonal flu vaccine offered annually to:

- Those aged 65 years and over
- Those aged six months to under 65 in clinical risk groups
- All pregnant women
- All two, three, and four year olds
- All children in school years: reception to year 5
- Those in long-stay residential care homes or other long stay care facilities
- Carers
- Frontline health and social care workers

38. Targets for uptake in the adult population were 75% of the eligible population. Ambitions for uptake amongst children were 40-65% of those eligible. The table below presents the data that is available on the seasonal flu vaccine.

Table 6: Seasonal flu Vaccination Coverage North Tyneside 2018/19[10]

Adult Seasonal flu Vaccination			
	National Standard	England	North Tyneside
Aged 65+	75%	72.0%	73.9%
Clinical risk groups	75%	48.0%	49.2%
Pregnant women	55%	45.2%	49.1%
Front-line staff (NHS FT)	75%	70.3%	67.2%
Children Seasonal flu Vaccination – Not in a clinical risk group			
Age	National Standard	England	North Tyneside
2yrs	40 – 65%	43.6%	43.9%
3yrs		45.5%	47.2%
4 - 5yrs		63.9%	78.2%
5 - 6yrs		63.4%	79.2%
6 - 7yrs		61.4%	75.6%
7 - 8 yrs		60.2%	74.3%
8 – 9 yrs		58.0%	73.9%
9 – 10 yrs		56.2%	68.0%

Below min standard	Within standard range	Exceeds standard

39. North Tyneside has higher coverage rate than England across all aspects of the seasonal flu vaccination programme, with the exception of the NHS frontline staff vaccination programme. The adult programme falls below the expected minimum standard and the childhood programme provided in primary care is performing within the expected range, it is only the school based flu vaccination programme that consistently exceeds the national standard.

Surveillance and communicable diseases

40. Effective surveillance systems ensure the early detection and notification of particular communicable diseases. PHE Health Protection Team obtains data from a wide variety of sources, including healthcare staff, hospitals, microbiology laboratories, sexual health services, local authority environmental health teams, care homes, schools and nurseries. This information is closely monitored to make sure that individual cases of disease are effectively treated and prevented from spreading, and that outbreaks of infections are monitored, analysed and controlled.

Environmental health and food safety

41. North Tyneside Council's Environmental Health team are an important resource in identifying and investigating cases and outbreaks of, especially, foodborne infections, including food poisoning.

42. In 2018/19 there were 405 cases of foodborne and environmental infections which were notified to the Food Safety team during the year, these included cases of legionnaires disease, listeriosis and vibrio cholera, as well as more common food poisonings and parasitic infections.

43. The team also investigated an outbreak of gastroenteritis affecting guests at a wedding reception. The wedding was attended by over 80 friends and family and, of the 29 guests suffering from symptoms, 19 were found to be infected by Norovirus. Investigations at the wedding venue failed to identify a specific cause for the outbreak.

44. North Tyneside food safety team received 331 food hygiene and food standards complaints in the period 2018/19. All complaints were investigated in a timely manner and action taken where appropriate. Consumers concerns varied and related to discovery of extraneous material in food and hygiene issues reported after visits to food establishments. Complaints regarding food standards included labelling issues, false claims regarding the nature, substance or quality of food and the origin of ingredients as well as illegal health claims.

45. A complaint was made against a food business that allegedly served a meal containing nut powder which resulted in the customer having to be treated in a local hospital for an allergic reaction. Failings were identified in the way the business was handling its allergenic food ingredients. The matter is still under investigation.

46. Over 900 food businesses were inspected during the year as part of a programme of food hygiene and food standards interventions. The majority of businesses were found to be compliant with food safety legislation however deficiencies were reported on 5% of the premises visited. The non-compliances ranged from issues of cleanliness and structural defects to cross contamination risks. Enforcement action was taken against a proportion of the businesses to secure compliance, this included emergency closure of three businesses with water supply issues.

47. North Tyneside food safety team conducts a food sampling programme. In 2018/19 686 samples were obtained from 102 food establishments. The majority of samples are taken for microbiological examination and results are used to monitor the hygiene and food safety standards at food premises often in conjunction with programmed inspections. A significant number of microbiological samples are part of national and local coordinated studies. One particular study identified a problem with the hygiene of re-usable food containers at hot food take-away businesses with the potential for cross contamination of stored food ingredients. This highlighted the importance of providing separate containers for raw and cooked foods.

Control of specific diseases

48. Early diagnosis by clinicians, prompt treatment of cases and early reporting by microbiologists and clinicians to the PHE Health Protection Team are essential in enabling prompt public health action for diseases such as meningococcal infection. For other diseases such as gastrointestinal infections, initial reporting may be through local authority environmental health officers.

49. The tables below present data on the notifications received for specific communicable diseases. It is important to note that at a local authority level and at a regional level often the numbers of reported diseases are very low, and this can mean that there is significant variation from year to year as the rate is affected by a slight increase or decrease.

Table 7: Measles, mumps, meningococcal disease and whooping cough notifications 2018[11]

Area	Disease									
	Measles		Mumps		Rubella		Meningococcal disease		Whooping cough	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
England and Wales	2599	4.4	6735	11.5	284	0.5	268	0.5	2613	4.4
North East	193	7.3	507	19.2	15	0.6	67	2.5	177	6.7
North Tyneside	15	7.3	53	25.9	*	0.5	*	1.5	12	5.9

Rate per 100,000 population estimates 2017 (ONS) *data suppressed due to small numbers

50. In 2018 notifications for rubella and whooping cough in North Tyneside were similar to the England and North East rate. There were higher rates of notifications for measles, mumps and meningococcal for both North Tyneside and North East.

Table 8: Foodborne and waterborne infectious disease notifications 2018[13]

Area	Disease									
	E. coli O157		Salmonella		Campylobacter		Cryptosporidium		Legionellosis	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
England and Wales	555	1.0	9935	16.9	60109	102.3	5,201	8.9	373	0.6
North East	61	2.3	375	14.2	3361	127.1	376	14.2	30	1.1
North Tyneside	7	3.4	33	16.1	295	144.3	29	14.2	*	2.0

Rate per 100,000 population estimates 2017 (ONS) *data suppressed due to small numbers

51. North Tyneside has higher rates for E. coli O157, campylobacter and cryptosporidium when compared to England, however these rates are similar to the North East.

Table 9: Hepatitis and Tuberculosis notifications 2018[13]

Area	Disease									
	Hepatitis A		Hepatitis B		Hepatitis C		Hepatitis E		TB	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
England and Wales	741	1.3	4413	7.9	6057	10.9	1368	2.5	4668	8.4
North East	8	0.3	199	7.5	599	22.6	58	2.2	122	4.6
North Tyneside	0	0.0	11	5.4	32	15.6	9	4.4	9	4.4

Rate per 100,000 population estimates 2017 (ONS)

52. North Tyneside has lower rates of notification for hepatitis (A and B) and tuberculosis and this is similar for the North East region. However, in 2018 North Tyneside had higher hepatitis C and E notifications.

Table 10: Sexually transmitted infections (STI) and new HIV diagnosis notifications 2018 [13,12,13,14]

	Rate per 100,000 population						
	All new STIs diagnosis	Chlamydia	Genital herpes	Genital warts	Gonorrhoea	Syphilis	HIV (15+)
England	784	384	59.0	100.1	98.5	13.1	8.7
North East	639	330	60.5	93.2	66.5	9.3	4.8
North Tyneside	670	358	70.9	103.7	59.7	5.9	5.8

Rate per 100,000 population estimates 2017 (ONS)

53. The rates of STIs in North Tyneside are comparable with the North East and are better than the England average, particularly for gonorrhoea, syphilis and HIV.

Healthcare Associated Infections (HCAIs)

54. On behalf of NHSE, PHE uses routine surveillance programmes to collect data on the numbers of certain infections that occur in healthcare settings. Prevention of HCAIs in healthcare settings is a key responsibility of healthcare providers, with most employing or commissioning dedicated specialist infection control teams[15]. Hospital Trusts each have a Director of Infection Prevention and Control providing assurance to the Trust Board on HCAI prevention. PHE provides infection control advice in non-healthcare community settings such as care homes and schools.

55. PHE also monitors the spread of antibiotic resistant infections and advises healthcare professionals about controlling antimicrobial resistance (AMR). Rates of HCAIs for North Tyneside CCG are given below:

Table 11: Rates of Healthcare Associated Infections 2018/19[16]

	Rates of Healthcare Associated Infections per 100,000 population		
	England	North East and Cumbria	North Tyneside CCG
MRSA	1.4	1.0	0
MSSA	21.8	27.7	29.3
E. coli	77.7	104.7	101.2
C. difficile	22.0	28.8	21.5

Antimicrobial Resistance

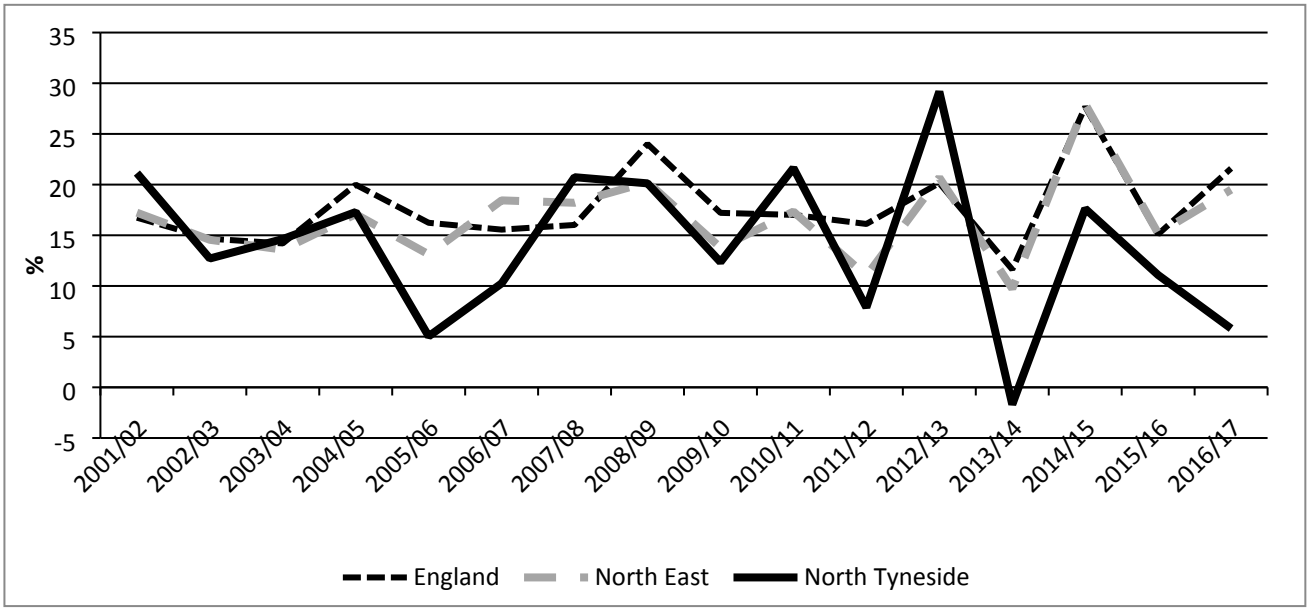
56. Preventing infections from occurring in the first place is one the best ways of reducing the need to prescribe antibiotics. There is an increasing global concern over the rise of AMR. It is well evidenced that the more we use antibiotics the less effective they become against their targeted organism (bacteria, virus, fungi and parasites). Therefore every infection prevented reduces the need for and use of antimicrobials, which in turn lessens the potential for development of resistance.

57. Currently in the UK, the greatest and increasing threat from drug resistant organisms is from Gram-negative bacteria, there is a target to reduce gram-negative HCAIs by 50% by 2021. The initial focus is on E.coli. In North Tyneside the rates of E.coli have been significantly higher than the England average for the last 7 years.

Excess winter deaths

58. In North Tyneside there were 42 excess winter deaths in 2016/17, compared to 75 in 2015/16. The majority of excess winter deaths occur in the over 85s (93%)[7]. There is significant variation in the numbers of excess winter deaths between different years. It is not always apparent why this is the case. Winter of 2014/15 had the highest number of excess winter deaths in England and Wales since 1999/00 with 41,300 more people dying in the winter months compared with the non-winter months. The chart below presents the all age excess winter deaths and highlights the year on year variation, both at a national and local level.

Chart 1: Excess winter deaths single year 2001 - 2017 all ages[7]



Emergency Preparedness Resilience and Response

59. Planning for emergency situations, such as extreme weather events, outbreaks or terror incidents, takes place at regional and local levels:

- The Local Health Resilience Partnership (LHRP) is responsible for ensuring that the arrangements for local health protection responses are robust and resilient. The LHRP works with the Local Resilience Forum (LRF) and multiagency partners, to develop collective assurance of local arrangements.

- PHE co-ordinate the health management of the response to biological, chemical, radiological and environmental incidents, including specialist services which provide management advice and/or direct support to incident responses.

- In North Tyneside there is the Emergency Response Leadership Group (ERLG) that meets monthly, the role of this group is to ensure that the council and partners are equipped to respond to an emergency. This includes reviewing and developing internal policies, engagement in and sharing the learning from exercises and reviewing and learning from local emergency situations e.g. flooding. This group feeds into the LHRP and the LRF. The ERLG also attend three meetings each year which are with wider partners, including the NHS, utility companies and the voluntary and community sector. The multi-agency group ensures that North Tyneside is adequately prepared to respond to emergency incidents and that there is an appropriate level of engagement from all organisations

- The DPH continues to be part of regional on-call arrangements to chair the Scientific and Technical Advice Cell (STAC), convened by PHE to co-ordinate such advice in the event of an emergency incident.

Port of Tyne Health

60. Port Health Services at the Port of Tyne are delivered by the Tyne Port Health Authority, a joint board constituted by the Tyne Port Health Authority Order 2010. The Authority is assigned a range of Public Health statutory duties that are largely regulatory and cover controls over infectious disease, imported food and pollution controls and crew welfare and wellbeing.

61. North Tyneside Council has representation on an operational board from each of the 4 riparian authorities; North Tyneside, Newcastle, Gateshead and South Tyneside. Each authority contributes in part to the funding of the port health services.

62. PHE is currently undertaking a review of arrangements for port health, this is to ensure that there is a consistent and standardise approach to port health protection.

63. Regional centres are now making quarterly submissions of port health action plans to the PHE national team. This includes proposed actions around:

- Clarifying the role of the port medical officer
- Ensuring there are regular meetings of all key port health stakeholders
- Ensuring port health plans are regularly updated and appropriately exercised
- Exploring the roll out of RING cards to assist port border staff with passenger assessment
- Undertaking local planning for implementation of new high consequence infectious disease (HCID) guidance

The operational activities routinely carried out by Port Health Officers include:

- **Routine boarding of vessels:** 146 vessels were boarded in 2017/18. Routine checks on the vessels' previous ports of call and ships' sanitation certification status are carried out on these visits together with verification of the ship's health declaration. In addition to spot checks on galley hygiene, port health officers will verify that there are sufficient food supplies provided for planned voyages.

- **Ships Inspections:** Port Health Authorities monitor and control for ship borne public health risks e.g. rodent infestation, Legionella risk from ships water distribution systems. Ship Sanitation Control Exemption Certificates are issued when no evidence of a public health risk is found on board and ship is free of infection and contamination. A Ship Sanitation Control Certificate is issued when evidence of a public health risk, including sources of infection and contamination, is detected on board. 40 Exemption Certificates were issued during 2018/2019. There were no conditions found on inspections warranting the issue of control certificates.

- **Food and Water Sampling:** Ships inspections are supplemented by routine microbiological sampling of food and drinking water. Of the 305 samples of drinking water taken from ships water distribution systems or hydrants supplying ships there were 39 failures where remedial action was taken.

- **Imported Food Controls:** Over 1000 consignments of food from third countries requiring port health checks arrived in the port in 2017. Official controls are carried out on consignments of tea imported from China to ensure that pesticide residues are not exceeded. A consignment of goods from China was detained and ultimately destroyed after an amount of peanut sauce and some plastic kitchenware was found not to comply with EU food safety import regulations.

Air Quality

64. North Tyneside Council has responsibility to regularly review and assess air quality. This is set out in Part IV of the Environment Act (1995) and requires a Local Air Quality Management (LAQM) process.

65. North Tyneside Council produces an annual report which provides an overview of air quality[17].

66. North Tyneside Council monitors the levels of two pollutants (nitrogen dioxide NO^2 and particulate matter PM10) at a number of locations across North Tyneside. The air quality monitoring carried out in North Tyneside in conjunction with our joint work with Newcastle and Gateshead in response to Governments UK Air Quality Plan 2017 has indicated no locations where NO^2 levels are predicted to exceed recommend levels (40µg). A review of the latest annual monitoring data for nitrogen dioxide and particulates shows that the levels have remained steady with localised improvements/reductions where major highway schemes have been delivered. To ensure our monitoring remains robust and accurate we have invested in real time continuous air quality monitors at several key locations across the Borough.

67. There have been a number of concerns from the public regarding the potential impact the planned road improvement schemes will have on congestion and subsequently air quality. In response passive nitrogen dioxide diffusion tubes have been installed at relevant sensitive receptors. These diffusion tubes have been installed at the 20 most congested locations across the borough for a period of almost 2 years, and those at junctions that have been subject to road improvements schemes have shown positive changes in recorded levels of NO^2.

68. Environmental Health is working to develop and implement an Air Quality Strategy and this will include an action plan to incorporate measures that will help minimise the two primary pollutants of concern, nitrogen dioxide and particulates. This strategy will be initiated and progressed through the use of a Steering Group, whose membership consists of all relevant partners including transport, public health, planning, and environmental health. Areas for action include:

- Traffic management measures
- Reduce emissions from new and existing developments
- Reduce emissions from road transport
- Promotion of alternative modes of travel

- Setting more stringent local targets for levels of NO^2 around Schools
- Facilitate transition to Electric Vehicles

Conclusions

69. The Health Protection Arrangements across North Tyneside are multi-agency. This report alongside an overview of the meeting and reporting structures (appendix 2), aims to provide the necessary assurance that the local health protection system are robust and equipped to both prevent and suitably react to health protection situations.

70. An assessment of the current health protection arrangements for North Tyneside has identified that these are working well to protect the population. However, this report has identified a number of areas where more could be done particularly around uptake of particular screening and immunisation programmes; and addressing the high rates of HCAIs.

71. Moving forward into 2019/2020, the anticipated UK departure from the European Community on the 31st October 2019 may present a significant challenge to Port Health services. It is currently unclear as to what changes will take place to the UK's EU customs status and what, if any changes, will be made to UK food law. An increased amount of work by the port health team to prepare for changes to the UK's border checks will be unavoidable.

Recommendations

72. An analysis of the data regarding health protection outcomes for screening, immunisation, communicable diseases and air quality has highlighted that there are areas that require improvement and these form the priorities for next year 2018/19. These include:

- Uptake of cancer screening programmes is generally very good. However, there is evidence of variation at a local level in uptake for all of the cancer screening programmes and a decline in uptake of the cervical screening programme.

- Childhood immunisation programme in North Tyneside performs better than the regional and England average; however there has been a decline in the number of five-year olds who receive two doses of the measles, mumps and rubella (MMR) vaccination with 93.6% in 17/18 compared to 98.6% in 15/16 and the WHO target of >95% population coverage is not being achieved. Whilst recent quarterly data suggests that coverage has improved, this requires continuous monitoring.

- From September 2019 the HPV vaccination programme will be extended to boys in year eight, coverage will need to be monitored.

- The uptake of the influenza vaccination for clinical risk groups, pregnant women and frontline staff requires improvement. The school-based element of the childhood seasonal influenza vaccination programme is achieving significantly higher coverage in North Tyneside compared to the England Average and exceeds the national standard.

- Improving and monitoring air quality in North Tyneside will continue to bring public health, environment health and transport together.

- Local and national planning for Brexit will need to consider the implications for environmental health and port health functions.

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Appendix 2: Health Protection Assurance: External Structure 2019

Means of Assurance	Purpose	Frequency	Lead Organisation(s)
Public Health Oversight Group (PHOG)	Provide a forum for systematic assurance of NHS England's Public Health Section 7a Agreement (PHS7A) direct commissioning responsibilities* (see p.3) and for the sharing of stakeholder intelligence between public health partners in the local health and care economy and opportunities for the Directors of Public Health (DsPH) representatives to provide support and improve communication within their networks. This includes oversight of the quality, safety and patient experience of these commissioned services with a focus on improving health outcomes and reducing variation in quality across Cumbria and the North East. Assurance is a "positive declaration intended to give confidence". This group is not for direct commissioning performance management. This function is carried out through contract review processes as appropriate.	6 per year	NHS England
Screening and Immunisation Oversight Group (SIOG) Northumberland and North Tyneside	This group will bring together local Directors of Public Health (DsPH) and representatives from Clinical Commissioning Groups (CCGs) to provide a forum for commissioners of the local health system to identify opportunities to work together across organisational boundaries to address health inequalities and improve uptake of screening and immunisation programmes. It will also provide a forum for assurance of the effectiveness and outcomes of local screening and immunisation programmes. The purpose is to assure DsPH and CCGs that national quality standards and programme outcomes are being achieved and what actions are being taken if they are not being achieved.	2 per year	NHS England

NHSE commissioned Cancer and Non-Cancer Screening Programmes			
Cumbria and NE (CANE) Regional Screening Programme Boards	Provide strategic leadership for updating, planning and implementing the delivery of the following screening programmes: Diabetic Eye Screening; Aortic Abdominal Aneurysm (AAA); cervical, breast and bowel cancer screening; Antenatal and Newborn screening programmes for CANE. Facilitate the sharing of good practice; ensure compliance with national guidance and effective performance management.	2 per year except AAA 4 per year	NHS England
North Screening Quality Assurance Team (SQA)	The purpose of these regional teams is to: • assess the quality of population screening services, including through peer review • give expert advice during the management of screening incidents • provide daily support to commissioners and screening programme providers • work with providers and commissioners to improve equitable access to screening	Report directly into the regional screening programme board	PHE SQAs
Information on Screening Incidents (SI)	DsPH are informed of serious incidents in their area and invited to be part of the SI Steering Group to ensure awareness in case of media interest and harm/potential harm to residents. A summary of incidents is presented to the PHOG (see above) and all serious incidents are discussed and formally closed at PHOG.	Ad hoc	NHS England
Updates at regional DsPH meetings	Raise awareness of developments and issues in any of the programmes by exception. Also provide ad hoc workshop sessions in response to requests.	Bimonthly attendance	NHS England
Annual Regional Screening Report	Discussion ongoing as to if annual report should be published and, if so, in what format. Local authorities (LA) are regularly provided with all data which would appear in Annual Report in the form of a LA Assurance Dashboard.	NA	NHS England

NHSE commissioned immunisation programmes			
Updates at regional DsPH meetings	Provide systems leadership for updating, planning and implementing the delivery of seasonal influenza; shingles (herpes zoster) and pneumococcal (aged over 19) vaccination programmes.	Monthly	NHS England
0-19 and Influenza Immunisation Boards	Provide strategic leadership for updating, planning and implementing the delivery of the national 0-19 for CANE. They facilitate the sharing of good practice; ensure compliance with national guidance and effective performance management. The Board is responsible for identifying areas of improvement and opportunities for joint working to improve uptake and reduce inequalities.	2 per year	NHS England
ImmForm immunisation uptake data	Local authorities have direct access to ImmForm to enable detailed analysis of immunisation data in their localities.	NA	Local authorities
Annual Seasonal Influenza Vaccination Report	Inform partners – CCGs/LAs/A&E Boards – of performance and developments in previous flu season and priorities for next season.	Annual	NHS England
Health protection surveillance and case/incident management response			
DPH Quarterly Report on Infectious Disease	This report gives the Local Authority assurance regarding the burden of relevant infectious diseases of public health consequence in Northumberland. It gives an overview of the incidence in Northumberland of common causes of infectious gastrointestinal diseases, vaccine preventable diseases (including measles, mumps and rubella), and other selected organisms of public health consequence (eg. Legionella). It also includes a summary of Local Authority level vaccine coverage data.	Quarterly	PHE (North East Health Protection Team and Field Epidemiology Service)
PHE NE Monthly Healthcare Associated Infections (HCAIs) Summary Report	This report informs the Local Authority of the number of cases of specific (HCAI) in local hospital Trusts. Specifically, it covers numbers of MRSA, MSSA, C difficile and E coli cases. This data is collected by PHE's Field Epidemiology Service in support of	Monthly	PHE (Field Epidemiology Service)

	the NHS, and is shared with Directors of Public Health for information.		
HIV, Sexual and Reproductive Health Epidemiology Reports (LASER)	These are confidential reports for Directors of Public Health covering STIs, HIV and reproductive health at the Local Authority level, in order to inform joint strategic needs assessments.	Annual	PHE - Field Epidemiology Service (FES)
Access to HIV / STI web portal	This is a restricted access data portal which provides Directors of Public Health with sexually transmitted infection surveillance data at a local level.	When required	PHE - FES
North East Quarterly Sexual Health Bulletin	This report gives the DPH an overview of the number of cases of gonorrhoea, chlamydia, syphilis, and genital warts diagnosed per quarter at each of the North East's GUM clinics. It includes a breakdown of cases by key demographics such as gender and age. It also gives an overview of the number of sexual health screens undertaken at each GUM clinic, and their positivity rate.	Quarterly	PHE - FES
North East Annual Sexually Transmitted Infectious Report	This report covers the same topics as the Quarterly Bulletin, but for the full calendar year. The data is set in the context of previous years, allowing comparisons to be drawn and trends to be identified. This also includes commentary on national trends and outbreaks.	Annual	PHE - FES
Access to PHE Fingertips data portal	This online data portal provides the DPH with an overview of a wide range of data relating to the health of the population, often available at Local Authority or CCG level. Several sets of data are of particular relevance to health protection: for example, 'Health Protection Profiles', 'Sexual and Reproductive Health Profiles' and 'TB Monitoring Indicators'.	When required	PHE
Annual Regional Health Protection Report	This is an annual report for the North East region, prepared by the PHE North East Deputy Director for Health Protection. It gives a summary overview of the action taken by the Health Protection Team in the preceding year to protect the health of the North East population. It includes a summary of prevention, surveillance, and disease control activity, as well as a summary of emergency preparedness, microbiology, communications, and environmental work. It also describes work to improve the quality of health protection services year-on-year, and sets out the	Annual	PHE - North East Health Protection Team (NE HPT)

	Team's priorities for the coming year.		
Regional annual TB report	This report presents data on the burden of tuberculosis in the North East, and an overview of treatment outcomes in the preceding year. The data is broken down at Local Authority level. Incidence of cases is broken down by key demographics, including age and ethnic group, and is set in the context of incidence in other years so that comparisons can be drawn and trends identified. The report also includes recommendations for tackling TB in the North East over the coming year.	Annual	PHE - FES
Area Health Protection Committee meetings	This meeting covers the Northumberland, North Tyneside, Newcastle upon Tyne, Gateshead, South Tyneside and Sunderland Local Authority areas. It is attended by the Directors of Public Health, members of their teams, members of three Local Authority Environmental Health teams, and representatives from the local hospital Trust microbiology teams. The meeting discusses recent outbreaks or incidents of wider interest, including sharing recommendations from incidents across the area. The meetings also provide DsPH with the opportunity to discuss and challenge the routine health protection response across the area.	Quarterly	PHE NE HPT
NE Quarterly TB Summary Report	This report provides data on the incidence of TB at local authority level, broken down by key demographics. Case numbers at local authority level are typically too small on a quarterly basis to reliably consider trends, but these reports provide the DPH with assurance that the number of TB cases within their area is within typical limits.	Quarterly	PHE - FES
NE PHE Centre Weekly Influenza and Intestinal Infectious Disease Reporting	These reports give an overview on influenza activity at an international, national and regional (North East) level. This includes the latest data on the circulating strains of influenza. This report also summaries the most relevant points from the PHE weekly national influenza report.	Weekly (October to March)	PHE - FES
Participation in/Minutes of Outbreak Control Team (OCT) meetings	When community outbreaks of infectious disease occur which require multiagency management, the DPH is routinely invited to take part in Outbreak Control Team meetings chaired by the Consultant in Health Protection. This allows the DPH (or deputy) to represent the interests of the local population and the Local Authority	N/A	PHE NE HPT

	in decisions taken to control the outbreak. Formal minutes of these meetings are produced, and typically circulated within 24 hours.		
Outbreak/Incident reports	Following the conclusion of any community outbreak of infectious disease for which an Outbreak Control Team has been convened, a formal report is always prepared by the Consultant in Health Protection who chaired the Outbreak Control Team (or a deputy). This includes a summary of the outbreak and actions taken to control it, as well as any recommendations for future practice or outbreak investigations. These are typically circulated within 8 weeks of the closure of an outbreak.	N/A	PHE NE HPT
National Health Protection Report	This is a national online publication. It highlights new publications of a large range of different routine national data reports on infectious diseases (e.g. national data on laboratory reports of respiratory infections; sentinel surveillance of blood borne virus testing in England; and laboratory surveillance of Pseudomonas bacteraemia). It also highlights publication of new non-routine Health Protection publications by PHE, such as updated guidance.	Weekly	PHE
Emergency Planning Resilience and Response (EPRR)			
Local Resilience Forum (LRF)	Local resilience forums (LRFs) are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act.		
Regional Local Health Resilience Partnership (LHRP)	PHE NE is active member of the NE LHRP where it is represented by the Deputy Director for Health Protection and the two Health and Social Care Sub Group where it is represented by the Emergency Preparedness Manager. North Tyneside Council is represented by the Resilience, Security Services and Community Safety Manager.		NHS England / DPH Co-chair
EPRR Exercises	PHE NE, North Tyneside Council alongside other category 1 responders are active members of the Training and Exercising sub groups of the Local Resilience Forum in	N/A	

	the NE (represented by the Emergency Preparedness Manager) as well as chairing the NE Training and Exercising Group. PHE participates regularly in multi-agency exercises as relevant as well as in internal PHE wide exercises. Any lessons identified for local authorities are fed back through either the LRF or LHRP as appropriate to the lesson and exercise topic.		

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The routine immunisation schedule from Autumn 2019

Age due	Diseases protected against	Vaccine given and trade name		Usual site
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, *Haemophilus influenzae* type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Prevenar 13	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Rotavirus	Rotavirus	Rotarix	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	MenB	MenB	Bexsero	Left thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMR VaxPRO[2] or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Eligible paediatric age groups[1]	Influenza (each year from September)	Live attenuated influenza vaccine LAIV[2, 3]	Fluenz Tetra[2, 3]	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	DTaP/IPV	Infanrix IPV or Repevax	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMR VaxPRO[2] or Priorix	Upper arm
Boys and girls aged twelve to thirteen years	Cancers caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11)	HPV (two doses 6-24 months apart)	Gardasil	Upper arm
Fourteen years old (school year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y disease	MenACWY	Nimenrix or Menveo	Upper arm
65 years old	Pneumococcal (23 serotypes)	Pneumococcal Polysaccharide Vaccine (PPV)	Pneumococcal Polysaccharide Vaccine	Upper arm
65 years of age and older	Influenza (each year from September)	Inactivated influenza vaccine	Multiple	Upper arm
70 years old	Shingles	Shingles	Zostavax[2]	Upper arm

1. See Green book chapter 19 or visit www.gov.uk/government/publications/influenza-the-green-book-chapter-19 or www.nhs.uk/conditions/vaccinations/child-flu-vaccine/
2. Contains porcine gelatine.
3. If LAIV (live attenuated influenza vaccine) is contraindicated and child is in a clinical risk group, use inactivated flu vaccine.

For vaccine supply information for the routine immunisation schedule please visit www.imform.dh.gov.uk and check vaccine update for all other vaccine supply information.

Selective immunisation programmes

Target group	Age and schedule	Disease	Vaccines required
Babies born to hepatitis B infected mothers	At birth, four weeks and 12 months old[1,2]	Hepatitis B	Hepatitis B (Engerix B/HBvaxPRO)
Infants in areas of the country with TB incidence >= 40/100,000	At birth	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country[3]	At birth	Tuberculosis	BCG
At risk children	From 6 months to 17 years of age	Influenza	LAIV or inactivated flu vaccine if contraindicated to LAIV or under 2 years of age
Pregnant women	During flu season At any stage of pregnancy	Influenza	Inactivated flu vaccine
Pregnant women	From 16 weeks gestation	Pertussis	dTaP/IPV (Boostrix-IPV or Repevax)

1. Take blood for HBsAg at 12 months to exclude infection.
2. In addition hexavalent vaccine (Infanrix hexa) is given at 8, 12 and 16 weeks.
3. Where the annual incidence of TB is >= 40/100,000 – see www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people

Additional vaccines for individuals with underlying medical conditions

Medical condition	Diseases protected against	Vaccines required[1]
Asplenia or splenic dysfunction (including due to sickle cell and coeliac disease)	Meningococcal groups A, B, C, W and Y Pneumococcal Haemophilus influenzae type b (Hib) Influenza	Hib/MenC MenACWY MenB PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine
Cochlear implants	Pneumococcal	PCV13 (up to two years of age) PPV (from two years of age)
Chronic respiratory and heart conditions (such as severe asthma, chronic pulmonary disease, and heart failure)	Pneumococcal Influenza	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine
Chronic neurological conditions (such as Parkinson's or motor neurone disease, or learning disability)	Pneumococcal Influenza	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine
Diabetes	Pneumococcal Influenza	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine
Chronic kidney disease (CKD) (including haemodialysis)	Pneumococcal (stage 4 and 5 CKD) Influenza (stage 3, 4 and 5 CKD) Hepatitis B (stage 4 and 5 CKD)	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine Hepatitis B
Chronic liver conditions	Pneumococcal Influenza Hepatitis A Hepatitis B	PCV13 (up to two years of age) PPV (from two years of age) Annual flu vaccine Hepatitis A Hepatitis B
Haemophilia	Hepatitis A Hepatitis B	Hepatitis A Hepatitis B
Immunosuppression due to disease or treatment[3]	Pneumococcal Influenza	PCV13 (up to two years of age)[2] PPV (from two years of age) Annual flu vaccine
Complement disorders (including those receiving complement inhibitor therapy)	Meningococcal groups A, B, C, W and Y Pneumococcal *Haemophilus influenzae* type b (Hib) Influenza	Hib/MenC MenACWY MenB PCV13 (to any age) PPV (from two years of age) Annual flu vaccine

1. Check relevant chapter of green book for specific schedule.
2. To any age in severe immunosuppression.
3. Consider annual influenza vaccination for household members and those who care for people with these conditions.

North Tyneside
Health & Wellbeing Board Report
Date: 14 November 2019

Title: **Dementia Friendly Community - proposal**

Report from :	North Tyneside Council	
Report Authors:	Wendy Burke, Director of Public Health Susan Meins, Commissioning Manager	Tel: 0191 643 2104 Tel: 0191 643 7940
Relevant Partnership Board:	Mental Wellbeing in Later Life Board	

1. Purpose:

To provide an update on the work carried out to explore how the Dementia Friendly Communities agenda could be taken forward in North Tyneside.

2. Recommendation(s):

The Board is recommended to agree that an event is planned and delivered, to identify people within the community who want to take forward the Dementia Friendly Community agenda working with the Alzheimer's Society to embed a sustainable approach.

3. Policy Framework

The Joint Health and Wellbeing Strategy includes improved mental health and wellbeing as one of the strategic objectives of the Health and Wellbeing board.

Specifically, this item relates to the following priorities in the North Tyneside Joint Health and Wellbeing Strategy 2013-23.

- Improving the Health and Wellbeing of Families
- Improving Emotional Health and Mental Wellbeing

The Health and Wellbeing Board's work plan for 2018-20 also identifies mental health as a priority area and has a high level objective of:

- Improving the mental health and emotional resilience of the of North Tyneside population

4. Information:

4.1 Background

A dementia friendly community (DFC) is a city, town or village where people with dementia are understood, respected and supported.

In a dementia friendly community people will be aware of and understand dementia, so that people with dementia can continue to live in the way they want to and in the community they choose.

Dementia friendly communities are vital in helping people live well with dementia and remain a part of their community.

Too many people affected by dementia feel society fails to understand the condition they live with, its impact or how to interact with them. That's why people with dementia sometimes feel they need to withdraw from their community as the condition progresses.[1]

There are currently 450 DFCs, 280 of which are active (groups still in place that can measure effectiveness).

In June 2019 the Health and Wellbeing Board agreed that some additional scoping work should be undertaken by a small group, to explore; the funding, resources and approach that would be required to continue to work towards making North Tyneside a dementia friendly Borough.

4.2 Previous Work

In 2015 using a small amount of funding from Adult Social Care, Age UK North Tyneside and North Tyneside Council worked in partnership to establish North Tyneside as a Dementia Friendly Community. The funding provided a project manager to oversee the work which was initially focused on the Wallsend area. Wallsend was formally registered as a DFC in 2016, work then began on the Whitley Bay area.

In order retain the DFC registration, an annual assessment is required to be submitted to the Alzheimer's Society. The Alzheimer's Society contacted us earlier in the year to advise that due to inactivity in Wallsend and because no further progress has been made, they are looking to de-register the area.

4.3 Scoping Workshop

A workshop chaired by Wendy Burke was held on the 3rd October 2019. Attendees included: local councillors; representatives from NUTH; Age UKNT; NTCCG; NTC commissioning and the Alzheimer's Society.

The workshop was used to look back over the previous project; review what has happened since; explore other areas which have been successful in taking forward the DFC agenda; and agree an approach that may work for the area.

Although there was a lot of interest in DFC expressed by groups and organisations in the 2015 pilot, it was established that the model previously followed wasn't sustainable as it

[1] https://www.alzheimers.org.uk/get-involved/dementia-friendly-communities/what-dementia-friendly-community

was reliant on a person in one single agency to take forward the work, rather than identifying passionate people from within the community with an interest in making their own community dementia friendly.

The representative from the Alzheimer's Society acknowledged that in the early stages of the introduction of DFC (during the previous project) the Society did not have the supportive structure in place that there is now.

The group examined some successful schemes in place elsewhere nationally. These have been established by identifying key local people from within the community who can come together to make the area dementia friendly. They usually involve action within the community – listening to people with dementia, understanding what people used to do but can't anymore - e.g. shopping; access to activities and services, then the local group will work with business and groups to make them more accessible. Successful schemes have passionate people who care about their community. Examples of people who have led other initiatives include – Interested individuals; librarian leads; Health and Wellbeing Board members; and local councillors.

Where schemes have failed this is often because it has been a staffed model, then when funding runs out and the worker steps away the scheme fails.

Maintaining the status of DFC requires an annual assessment to be completed and submitted to the Alzheimer's Society. When a group stops meeting and no progress recorded; this can affect the DFC branding and the name of the Alzheimer's Society, therefore the DFC status is withdrawn (following an offer of help).

Local examples discussed:

Durham have recruited two co-ordinators. The posts are funded in partnership through the local authority plus matched funding from two housing associations. The worker has a clear remit: to find people in community who are interested in establishing a dementia friendly community; support them to set up the community; then step away and pass the 'community' to the Alzheimer's Society regional co-ordinator for ongoing support and guidance. The worker then moves on to other areas; and so it continues.

East Durham had no DFC 18 months ago, it now has 12. It was acknowledged that East Durham has a real sense of place.

South Tyneside is not a staffed model however they held a community forum and invited organisations and residents. Interested individuals were identified though the event. The initiative has since been led by a passionate and committed person who is a volunteer but previously had worked in public health. It was acknowledged that the person has recently stepped away and this has affected the ongoing success of the DFC.

4.4 Summary and next steps

An event should be held in January 2020 in collaboration with the Alzheimer's Society, with the aim of identifying people - residents and organisations - who might be interested in making their area dementia friendly.

The event will be marketed across North Tyneside, including some specific invites for key local organisations and groups, and relevant partnership boards and will also include

people with dementia and their carers. It is the intention to identify people who might want to do something to make a difference in their community.

At the event the Alzheimer's Society will present information about how others have approached this and provide ideas for taking this forward locally. They will also provide resources, training and ongoing support.

5. Decision options:

There are a number of decisions options open to the Board:

1. The Board is recommended to agree the recommendations included in this report at paragraph 2 above.

2. Alternatively, the Board may agree not to accept the recommendations and ask Officers to review further and come back at a later date.

Option 1 is the preferred option.

6. Reasons for recommended option:

This will allow Officers from the Authority and other Organisations to progress plans and deliver on the priorities the Health and Wellbeing Board has set for 2018/20.

7. Appendices:

None

8. Contact officers:

Wendy Burke, Director of Public Health Tel: (0191) 643 2104

Susan Meins, Commissioning Manager
People Based Commissioning Team,
North Tyneside Council Tel: (0191) 643 7940

9. Background information:

The following background documents have been used in the compilation of this report and are available from the author:

Alzheimer's Society dementia-friendly-communities

Developing dementia friendly communities Learning and guidance for local authorities

Local Government Association - Creating dementia friendly communities: resources

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10. Finance and other resources

The strategy documents should not have any financial implications and any expected financial implications of any proposals will be identified within the action plans if these cannot be managed within current budgets.

The event will be funded by North Tyneside Council.

11. Legal

There are no direct legal implications arising from this report.

12. Consultation/community engagement

Significant consultation was held with local residents as part of the 2015 work. The issues identified including; stigma attached to diagnosis; being accepted; transport; and environmental issues. These issues continue to be relevant today.

It is an expectation of the Alzheimer's Society that any dementia friendly community would include the views of those with dementia, this is also a condition of registration, therefore community engagement would be ongoing.

13. Human rights

There are no human rights implications directly arising from this report.

14. Equalities and diversity

Equality and human rights legislation in the shape of the Equality Act 2010 and the Human Rights Act 1998 both outline the individual's fundamental rights to freedom, respect, equality, dignity and autonomy.

There is a growing and ageing population of older people and a projected increase in the number of people with dementia. It should be noted that the older population is also now more diverse than ever before and will become more so. Dementia Friendly Communities seek to tackle inequalities which may be experienced by people with dementia and this will be of benefit to all.

15. Risk management

Each partner organisation will be required to undertake its own risk assessment as part of the development and the implementation of the strategies outlined in this report.

16. Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Chair/Deputy Chair of the Board	X
Director of Public Health	X
Director of Children's and Adult Services	X
Director of Healthwatch North Tyneside	X
CCG Chief Officer	X
Chief Finance Officer	
Head of Law & Governance	X