Public Document Pack

Health and Wellbeing Board

5 January 2022

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

on **Thursday, 13 January 2022**

at **10.00 am**

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

Agenda Item		Page(s)
1.	**Apologies for Absence** To receive apologies for absence from the meeting.	
2.	**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.	
3.	**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 that interest.	

Members of the public are welcome to attend this meeting and receive information about it.

North Tyneside Council wants to make it easier for you to get hold of the information you need. We are able to provide our documents in alternative formats including Braille, audiotape, large print and alternative languages.

For further information about the meeting please call (0191) 643 5359.

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

4. **Minutes** — 5 - 8
   To confirm the minutes of the meeting held on 11 November 2021.

5. **North East and North Cumbria Integrated Care System**
   To receive a presentation on the development of the North East and North Cumbria Integrated Care System and its implications for North Tyneside.

6. **North Tyneside Ageing Well Strategy 2020-2025** — 9 - 42
   To receive a presentation on delivery of the North Tyneside Ageing Well Strategy 2020-2025.

7. **North Tyneside Smoke Free Alliance and Action Plan** — 43 - 56
   To receive an update on the Smokefree North Tyneside Alliance and smoking harm and inequalities in North Tyneside.

8. **North Tyneside Strategic Alcohol Partnership: Update and Action Plan** — 57 - 78
   To receive an update on the North Tyneside Strategic Alcohol Partnership and alcohol-related harm in North Tyneside.

9. **Joint Health & Wellbeing Strategy - Action Plan**
   To receive an update on the formulation of an action plan for delivery of the Joint Health & Wellbeing Strategy "Equally Well: A healthier, fairer future for North Tyneside 2021-25".

Members of the Health and Wellbeing Board:-
Councillor Karen Clark (Chair)
Councillor Muriel Green (Deputy Chair)
Councillor Carole Burdis
Councillor Peter Earley
Councillor Joe Kirwin
Wendy Burke, Director of Public Health
Jacqui Old, Director of Children's and Adult Services
Richard Scott, North Tyneside NHS Clinical Commissioning Group
Lesley Young-Murphy, North Tyneside NHS Clinical Commissioning Group
Julia Charlton, Healthwatch North Tyneside
Paul Jones, Healthwatch North Tyneside
Christine Briggs, NHS England
Michael Graham, Newcastle Hospitals NHS Foundation Trust
Claire Riley, Northumbria Healthcare NHS Foundation Trust
Kedar Kale, Northumberland, Tyne & Wear NHS Foundation Trust
Patricia Whelan-Moss, TyneHealth
Craig Armstrong, North East Ambulance Service
Steven Thomas, Tyne & Wear Fire & Rescue Service
Claire Wheatley, Northumbria Police
Dawn McNally, Age UK North Tyneside
Vacancy, North Tyne Pharmaceutical Committee
Cheryl Gavin, Voluntary and Community Sector Chief Officer Group
Dean Titterton, YMCA North Tyneside

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Health and Wellbeing Board

Thursday, 11 November 2021

Present: Councillor K Clark (Chair)
Councillors C Burdis, P Earley, M Green and J Kirwin
W Burke, Director of Public Health
R Scott, North Tyneside NHS Clinical Commissioning Group
J Charlton, Healthwatch North Tyneside
P Jones, Healthwatch North Tyneside
C Riley, Northumbria Healthcare NHS Foundation Trust
S Thomas, Tyne & Wear Fire & Rescue Service
C Wheatley, Northumbria Police
Y Probert, Age UK North Tyneside
C Gavin, Voluntary and Community Sector Chief Officer Group
D Titterton, YMCA North Tyneside

In attendance: R Nicholson, K Allan, M Robson, North Tyneside Council
M Hunsley, North Tyneside CCG
J King, North Tyneside Carers Centre

Apologies: J Old, Director of Children's and Adult Services
K Kale, Cumbria, Northumberland, Tyne & Wear NHS Trust
D McNally, Age UK North Tyneside
A Paradis, North Tyneside CCG
S Woodhouse, North Tyneside Council

HW9/21 Appointment of Substitute Members

Pursuant to the Council's constitution the appointment of the following substitute member was reported:-

Yvonne Probert for Dawn McNally (Age UK North Tyneside)

HW10/21 Declarations of Interest and Dispensations

Councillor Peter Earley declared a registerable personal interest in relation to the carers survey because he is a Trustee of the North Tyneside Carers Centre.

Councillor Karen Clark declared a registerable personal interest in relation to the Joint Health & Wellbeing Strategy because she is a Director and Employee of Justice Prince CIC which receives funding and has a contract with the Council.

HW11/21 Minutes

Resolved that the minutes of the previous meeting held on 16 September 2021 be confirmed and signed by the Chair

HW12/21 Joint Health & Wellbeing Strategy

At its meeting in July, the Board had agreed an approach to tackle inequalities in health and wider socio-economic factors via a new Joint Health and Wellbeing Strategy for North Tyneside. In September the Board had received a progress report on this work when it had considered an analysis of what inequalities were, an analysis of the direct and indirect impacts of the Covid-19 pandemic and a summary of the evidence base which had been compiled of approaches to tackling inequalities. Since then, further work had been undertaken to profile current activity in the borough and to consult with a wide range of stakeholders. The culmination of this work had been the preparation of a new Joint Health & Wellbeing Strategy entitled "Equally Well: A healthier, fairer future for North Tyneside 2021-25".

The Board was presented with details of the proposed new strategy which was focussed on:

a) The wider determinants of health such as education, employment, digital inclusion, housing and income;
b) Tackling barriers to healthy behaviours and lifestyles by getting alongside communities to understand the issues they face and treating them as experts in their lived experience;
c) The places and communities we live in and with to mobilise solutions, informed by an understanding of local needs and assets; and
d) An integrated health and care system to commission and deliver joined up effective services that are easy to access.

Once the strategy was approved, the next step would be to develop an implementation plan to take forward the delivery of the strategy. This plan would be shaped by a second phase of community engagement, to be delivered by local voluntary and community organisations, so that proposed solutions and interventions could be co-produced and informed by the lived experience of residents. The plan would include a method by which the Board could measure and monitor the impact of its approach to tackling health inequalities.

The Board welcomed the strategy and approach, thanked those involved in its preparation for their hard work and passion and looked forward to the next stage in the process to engage with communities in developing solutions. It was noted that there was no explicit reference within the strategy to external drivers for change such as national funding mechanisms. These drivers could be incorporated into the implementation plan as risks or dependencies, but it was suggested that the local system also needed to recognise the resources it had available and think differently about how they are used.

Resolved that the Joint Health & Wellbeing Strategy "Equally Well: A healthier, fairer future for North Tyneside 2021-25" be approved.

HW13/21 Carers Survey

The Board received a joint presentation from Healthwatch North Tyneside and the North Tyneside Carers Centre on the findings to emerge from an online survey of carers undertaken during the summer of 2021.

The presentation described carers circumstances, their experiences during the Coivd-19 pandemic, its impact on different aspects of their lives and the key issues to emerge from the survey which included loneliness and isolation, anxiety about Covid-19, balancing work

and caring responsibilities and financial pressures. Carers had also given their views on their experiences of services closing or changing during the pandemic and more specifically their access to healthcare and treatment.

The following key themes from the feedback were being shared with service providers and commissioners through relevant partnership boards:

a) the need for information so that people can navigate services and/or help themselves;
b) the importance of access to services when people need them;
c) the need for a more co-ordinated approach so that a holistic view of a carers needs are understood;
d) pre-existing problems have been magnified by the pandemic; and
e) the quality of service for the person they care for is critical.

The Board welcomed the feedback which gave a useful insight into the experiences of carers. Board members related the key issues to emerge from the survey to their own experiences of caring for family members during lockdown and noted the immediate response of some partners to specific issues to arise from the survey.

HW14/21 Better Care Fund Plan 2021/22

The Better Care Fund (BCF) was one of the Government's national vehicles for driving health and social care integration. It required the Clinical Commissioning Group and the Council to agree a joint plan, owned by the Board, for the use of a pooled budget to support integration.

The Board was presented with the proposed North Tyneside Better Care Fund Plan for 2021/22. This included the value of the Fund, its key features, its governance arrangements and metrics to be used to support the national conditions. The plan had evolved over a number of years as an element of the implementation of the North Tyneside Future Care Strategy. The plan provides for a range of investments in community-based services, intermediate care beds, enhanced primary care in care homes, a hospice-at-home service for end of life care, a community falls first responder service, liaison psychiatry for working-age adults, support for people with learning disabilities and support for carers.

The plan would have to be submitted to NHS England by 16 November 2021 for assessment against the following national conditions:

a) A jointly agreed plan between local health and social care commissioners, signed off by the Board;

b) NHS contribution to adult social care to be maintained in line with the uplift to the CCG minimum contribution;
c) Invest in NHS-commissioned out-of-hospital services; and
d) A plan for improving outcomes for people being discharged from hospital.

Resolved that (1) the North Tyneside Better Care Fund Plan 2021-22 be approved; and (2) the Director of Services for Children and Adults, in consultation with the Chair of the Board, be authorised to make any further revisions to the Plan considered necessary prior to the deadline for its submission to the NHS on 16th November 2021.

HW15/21 Pharmaceutical Needs Assessment

It was reported that the Board had a statutory duty to prepare a Pharmaceutical Needs Assessment (PNA) and review it every 3 years. The purpose of a PNA was to determine if there were enough community pharmacies to meet the needs of the population of North Tyneside and to act as a guide for commissioners to determine services which could be delivered by community pharmacies to meet the identified health needs of the population.

The PNA had been due to be renewed and published no later than 1 April 2021. However, the Government had announced a suspension of publishing PNAs, from April 2021 until April 2022 due to the COVID-19 pandemic. A further 6 month extension had then been granted 1st October 2022.

The Board was presented with a proposed implementation plan and timetable for the review and update the PNA, including a plan for consultation in line with statutory guidance, leading to the Board agreeing the final version to be published by 1st October 2022. It was proposed that a steering group be appointed to oversee the review and this group comprise of representatives from:
a) North Tyneside CCG (commissioning and pharmaceutical leads);
b) North of Tyne Local Pharmaceutical Committee;
c) Healthwatch North Tyneside; and
d) North Tyneside Council (Public Health, Communications and Engagement).

Resolved that (1) the implementation plan for reviewing, updating and publishing the PNA by the deadline of 1st October 2022 be approved; and
(2) a steering group be appointed to oversee delivery of the implementation plan comprising representatives from those organisations listed above.

North Tyneside Ageing Well Strategy 2020 – 2025: Progress to date

Dr Lesley Young-Murphy
Executive Director of Nursing: Chief Operating Officer

NHS North Tyneside Clinical Commissioning Group
North Tyneside Council
NHS Northumbria Healthcare NHS Foundation Trust
NHS The Newcastle upon Tyne Hospitals NHS Foundation Trust
North Tyneside age UK
healthwatch North Tyneside
VODA

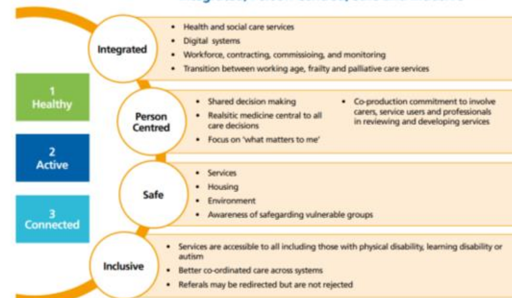
Ageing Well Strategy 2020 – 2025

Our strategy has one strategic aim:

Support North Tyneside residents to age well; remain healthy and independent for as long as possible.

This aim will be delivered through three key work streams which aim to keep older people:

1 Healthy	2 Active	3 Connected



Ageing Well Strategy - Key themes for delivery

- Optimal long term conditions management for all people in North Tyneside
- To support older people to remain healthy
- Care for older people is fully integrated
- Mental health

Healthy

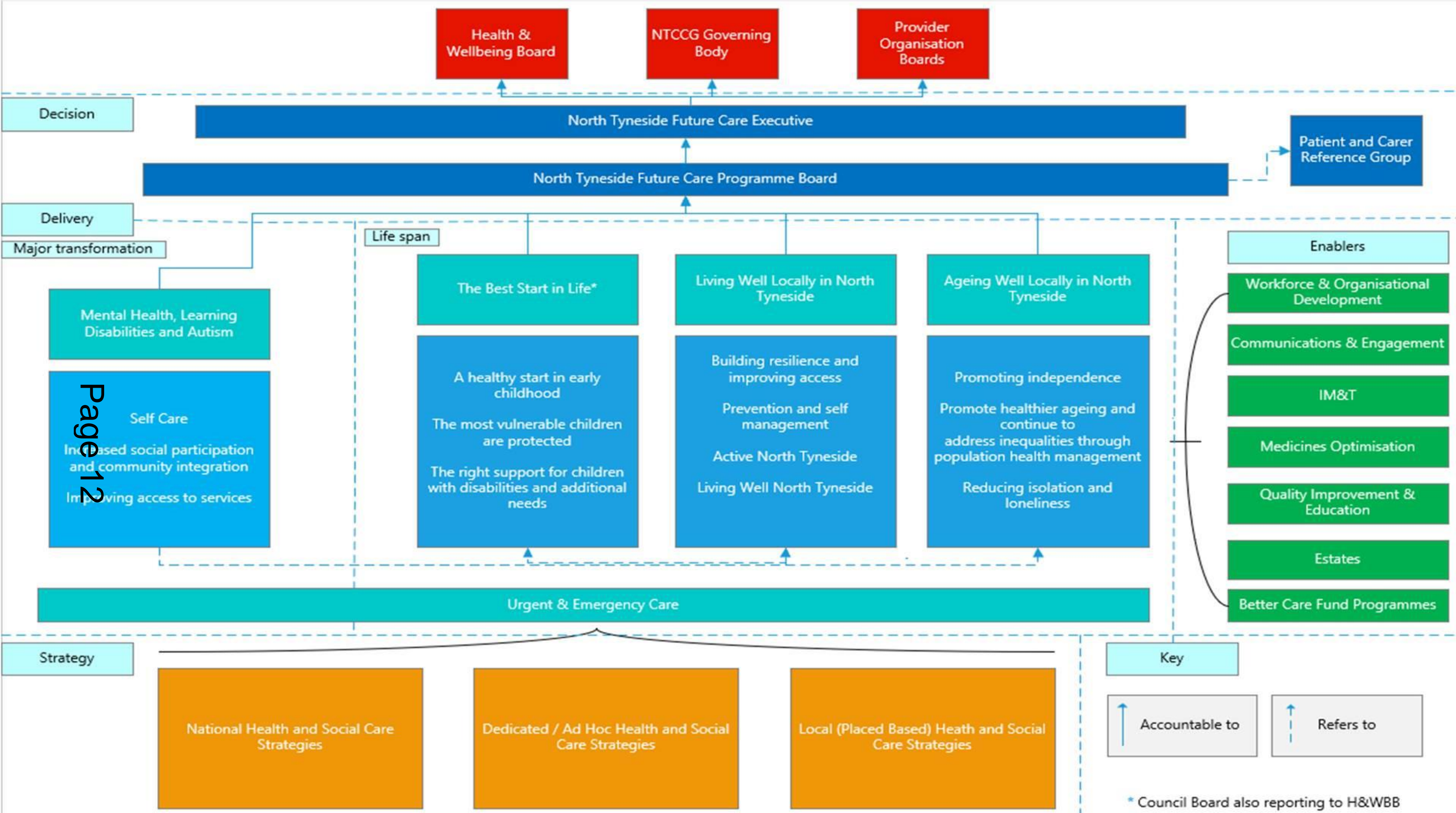
- Physically active
- Mentally active
- Training and development programme
- Environment

Active

- People and environment
- Data
- Technology
- Workforce

Connected

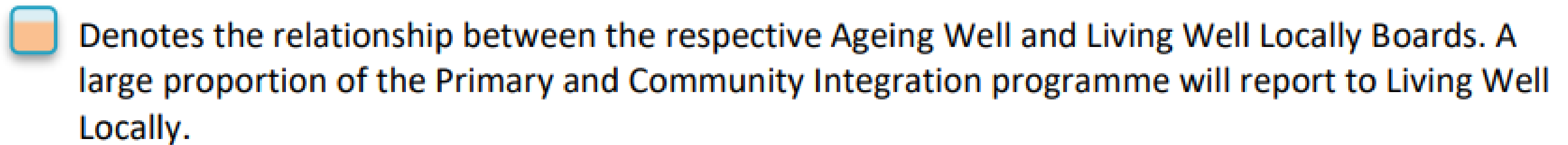
Integrated, Person Centred, Safe and Inclusive


Health & Wellbeing Board
NTCCG Governing Body
Provider Organisation Boards
Decision
North Tyneside Future Care Executive
Patient and Carer Reference Group
North Tyneside Future Care Programme Board
Delivery
Major transformation
Life span
Mental Health, Learning Disabilities and Autism
Self Care
Increased social participation and community integration
Improving access to services
The Best Start in Life*
A healthy start in early childhood
The most vulnerable children are protected
The right support for children with disabilities and additional needs
Living Well Locally in North Tyneside
Building resilience and improving access
Prevention and self management
Active North Tyneside
Living Well North Tyneside
Ageing Well Locally in North Tyneside
Promoting independence
Promote healthier ageing and continue to address inequalities through population health management
Reducing isolation and loneliness
Enablers
Workforce & Organisational Development
Communications & Engagement
IM&T
Medicines Optimisation
Quality Improvement & Education
Estates
Better Care Fund Programmes
Urgent & Emergency Care
Strategy
National Health and Social Care Strategies
Dedicated / Ad Hoc Health and Social Care Strategies
Local (Placed Based) Health and Social Care Strategies
Key
Accountable to
Refers to
* Council Board also reporting to H&WBB

Delivering the strategy

Ageing Well Board (This group)

- Ageing Well Performance Sub Group
- The Mental Wellbeing in Later Life Board
- Falls
- Integrated Frailty
- Primary and Community Integration



Denotes the relationship between the respective Ageing Well and Living Well Locally Boards. A large proportion of the Primary and Community Integration programme will report to Living Well Locally.

Mental Wellbeing in Later Life

Key Areas of Work

- Older adults included in Mental Health Transformation
- Collaboration with Ageing Well Board, Carers Partnership Board
- End of life/palliative care pathway for persons with dementia
- Steering delivery of Admiral Nurse Service.
- Unforgettable Experience pilot
- Impact of Covid 19 on Carers
- Impact of dementia diagnostic/conversion rates during Covid 19
- IAPT access for older persons

Key Achievements

- ✓ Commenced Unforgettable Experiences pilot
- ✓ Increased number of persons with dementia on palliative care register
- ✓ Admiral Nurse's supporting student nurse placements
- ✓ Recommissioned Crisis Pathway

Aspirations for next 12 months

- Mental Wellbeing in Later Life Strategy
- Continued development of Mental Health Transformation.
- Enhance access to Recovery Partnership
- Implement revised guidance on IAPT for older persons.
- Horizon scanning demand/meeting demand
- Review care for persons with Learning Disability and Dementia

Integrated Frailty (inc. Primary and Community Integration Programme)

Key Areas of Work

- Integration of Care Point , JDH, Intermediate care
- Enhancement of Care Point
- Community Care Practitioners x16 plus 1 ACP
- Primary Care Integration Partnership
- 2 hr UCR and 48 hr response
- Deployment of SystemOne (TTP)
- STRATA (capacity and demand)
- Backworth development

Key Achievements

- ✓ Additional x 2Community Psychiatric Nurses (CPN) recruited.
- ✓ Community Care Practitioners university programme
- ✓ Business Analyst for SystemOne
- ✓ STRATA Meta test stage

Aspirations for next 12 months

- Streamlined integrated frailty service with 2 pathways (Urgent and Planned)
- One stop shop for complex frail patients
- Community Falls Clinic integrated within frailty service
- 2 UCR and 48 hr service provision

Falls

Key Areas of Work

- Despite difficult year, highly successful ongoing improvements in falls and fracture rates
- Still slightly higher than regional average (see figures)
- North Tyneside Community Falls Prevention Service
- Despite 3 months with no clinics, 745 patients seen (800 commissioned)
- Fire Service home safety checks and onward referrals
- Age UK strength and balance training classes
- *Challenging, overcome with HowFit dvds, remote training via Zoom, resources to overcome digital poverty*
- First responder service (LA)
- *All have had pandemic challenges*
- Urgent care
- *Further successful pathway redesign to community service and Age UK*

Key Achievements

- ✓ Continued improvement in fall and fracture rates (not mirrored in those without falls investment)
- ✓ **See graphs**
- ✓ Despite pandemic challenges, ongoing extensive falls work
- ✓ Complimented by HowFit Plan
- ✓ Reinvigoration of Falls Strategic Group

Aspirations for next 12 months

- Development of short and longer term strategy to build on current success
- Falls Strategic Group working groups established for:
- *Urgent care*
- *Frequent falls at home*
- *Osteoporosis case finding and care pilot (North PCN)*
- *Community falls including exercise provision*

Figure 2

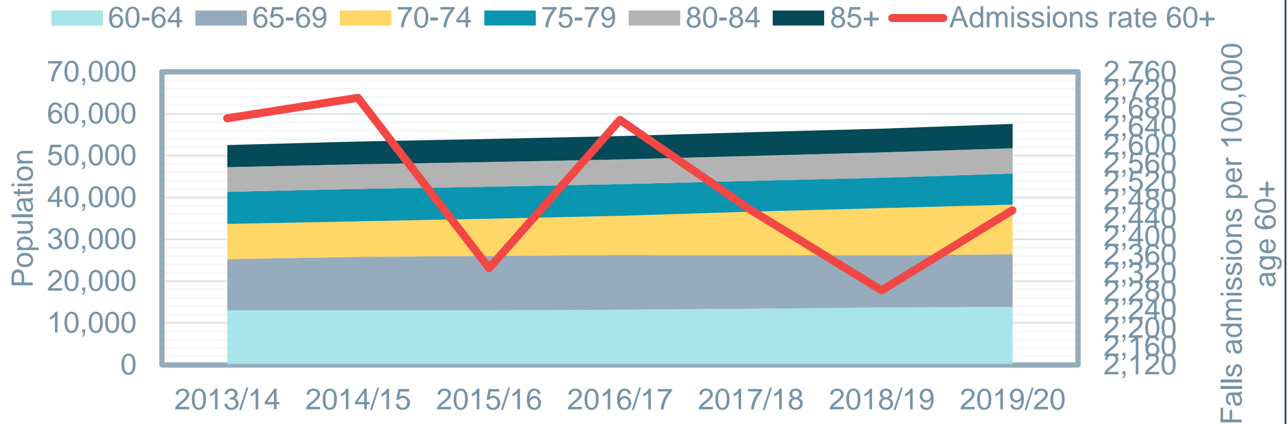
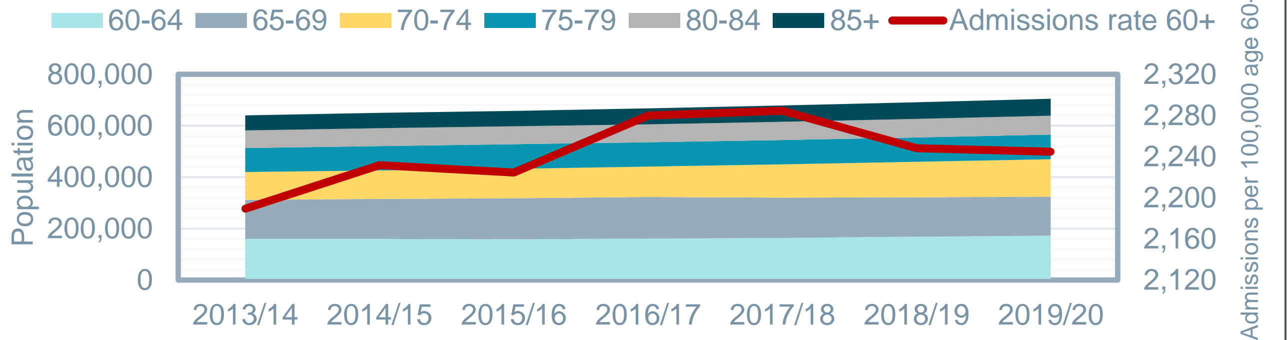


Figure 3



HowFit

Key Areas of Work

- HowFit (Home Fitness and Wellbeing Plan) exercise resource developed in response to pandemic inactivity and its risks
- Initial leaflet (inequalities, digital poverty)drop in NT, N and G
- Website www.howfittoday.co.uk
- Later regional funding for entire NENC area (1.4 million households)
- Accompanying social media campaign - >600,000 FB impressions, Google analytics – 90,000 hits with 4.74 pages viewed on average
- Resources including short films, LD involvement via Twisting Ducks (see HowFit Today – YouTube) commissioned
- Ongoing campaign to keep flag flying for exercise in the sedentary

Key Achievements

- HowFit leaflet and website development and publicity
- HowFit in Care Homes:
- *Programme of training for all care homes in North ICP plus extra care and sheltered accom (via PH) in NT via Age UK*
- *Pilot showed 15% reduction in falls plus marked increase in carer and resident satisfaction and wellbeing*
- HowFit requests from around the country, multiple sectors

Aspirations for next 12 months

- *Continue to promote HowFit: new social media, radio and TV campaign funding sought*
- *Continue HowFit in Care Homes and Assisted Living Facilities work including evaluation with NTCCG, NECS and research associate*
- *Evaluation of HowFit across NT and wider ICS including review of health inequalities and targeting of specific groups*

Small steps to feeling good

Home wellbeing and fitness
A guide to keeping fit

how fit

Mobility Level 2

Standing ankle mobility

1. Stand as shown with one foot touching the wall
2. Bend both of your knees and try to touch the wall with your front knee without your heels lifting up
3. Repeat 10 times each side

* To progress: step foot back a few centimetres

Standing toe-heel raises

1. Stand with your feet hip width apart, using a sturdy chair, kitchen bench or wall for support
2. Lift your toes up for 2-3 seconds, then lower to a flat foot position
3. Lift your heels up for 2-3 seconds then lower to a flat foot position
4. Repeat 10-15 times

Standing hip rotations

1. Stand upright using a chair or wall for support
2. Raise one foot off the ground to where you can stay balanced
3. Slowly move the knee out to the side as far as is comfortable
4. Hold for a second and return to the start
5. Repeat 5 times on each side

Seated reach backs

1. Sit upright and reach your hands behind your body
2. Top hand palm facing forward - bottom hand palm facing away
3. Keeping elbows out, bring hands as close together as you can
4. Alternatively you may do with hands to the front
5. Switch hand positions over and repeat 5 times

Stability, balance and coordination Level 1

Seated march with knee tap

1. Sit upright and begin to march
2. When lifting your left knee, reach your right hand to tap your left knee
3. When lifting your right knee, reach your left hand to touch your right knee
4. Keep alternating and complete 10 times on each side

Seated marching with shoulder tap

1. Sit upright and begin to march
2. When lifting your left knee, reach your right hand to tap your left shoulder
3. When lifting your right knee, reach your left hand to touch your right shoulder
4. Keep alternating and complete 10 times on each side

Seated side rock

1. Sit upright and hold firmly onto the sides of your chair
2. Gently lean to the left until all your weight is in your left hip - keep your left foot planted firmly into the floor, and raise onto your right toes/lift right foot off the floor as able
3. Hold for 5-10 seconds and return to start
4. Repeat 5 times on each side

Ageing Well Workforce

<u>Key Areas of Work</u>

- Community Care Practitioners x16 (12 month University programme)
- 1x ACP Care Point
- Community Psychiatric nurse x2 Care Point
- Trainee Advance Care Practitioner (TACP) Care Homes x5 (3 yr. Master programme commence Jan 22).Parallel research study (Northumbria University)

<u>Key Achievements</u>

- ✓ CCP academic programme with Northumbria University (complete March 22)
- ✓ TACP care homes with HEE Trainee Apprenticeship
- ✓ Partnership with GP supervisors/NHCFT

<u>Aspirations for next 12 months</u>

- CCP working across system, Hub, 2 hr UCR, Primary Care networks
- TACP embedded in care homes
- Further TACP recruitment care homes

Technology

Key Areas of Work

- WHZAN - all care homes- provider rolling programme of training:
  1. Soft signs of deterioration
  2. NEWS2
  3. SBARD
- RITA including HowFit now on systems
- RQIC pilot with MyQOL, Jan 22 , 5 types of assistive technology including: wearables, mood lighting, sensory and reminisce, thermal imagining.
- Enhance care of patients in intermediate care unit and test technology for home usage (wearables) Proof of concept.

Key Achievements

- ✓ WHZAN in all care providers (all nursing , residential , LD, mental health roll out)
- ✓ RITA Reminisce Therapy in all care providers
- ✓ RQIC MyQOL pilot in partnership with care provider and NHCFT

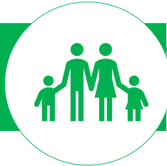
Aspirations for next 12 months

- Embed WHZAN and NEWS2 Early Warning
- Evaluation of MyQOL pilot-business case for Backworth development
- Explore with partners LA Care Call further assistive technology to support independent living

North Tyneside Key Achievements

- ✓ End of life / palliative care pathway for persons with Dementia
- ✓ Recommissioned crisis pathway
- ✓ Integration of Frailty Services (CP, JDH, IC, CCP)
- ✓ Backworth development

Healthy Start

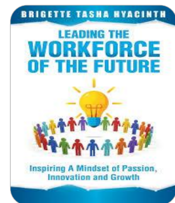


- ✓ Despite pandemic challenges, ongoing extensive falls work
- ✓ Ongoing improvements in falls and fracture rates (not mirrored outside of falls)
- ✓ HowFit plan
- ✓ Backworth development

Active

- ✓ Strata meta test stage
- ✓ HowFit LD resources via twisting ducks commissioned
- ✓ HowFit in care homes
- ✓ Unforgettable experiences pilot
- ✓ Backworth development

Connected



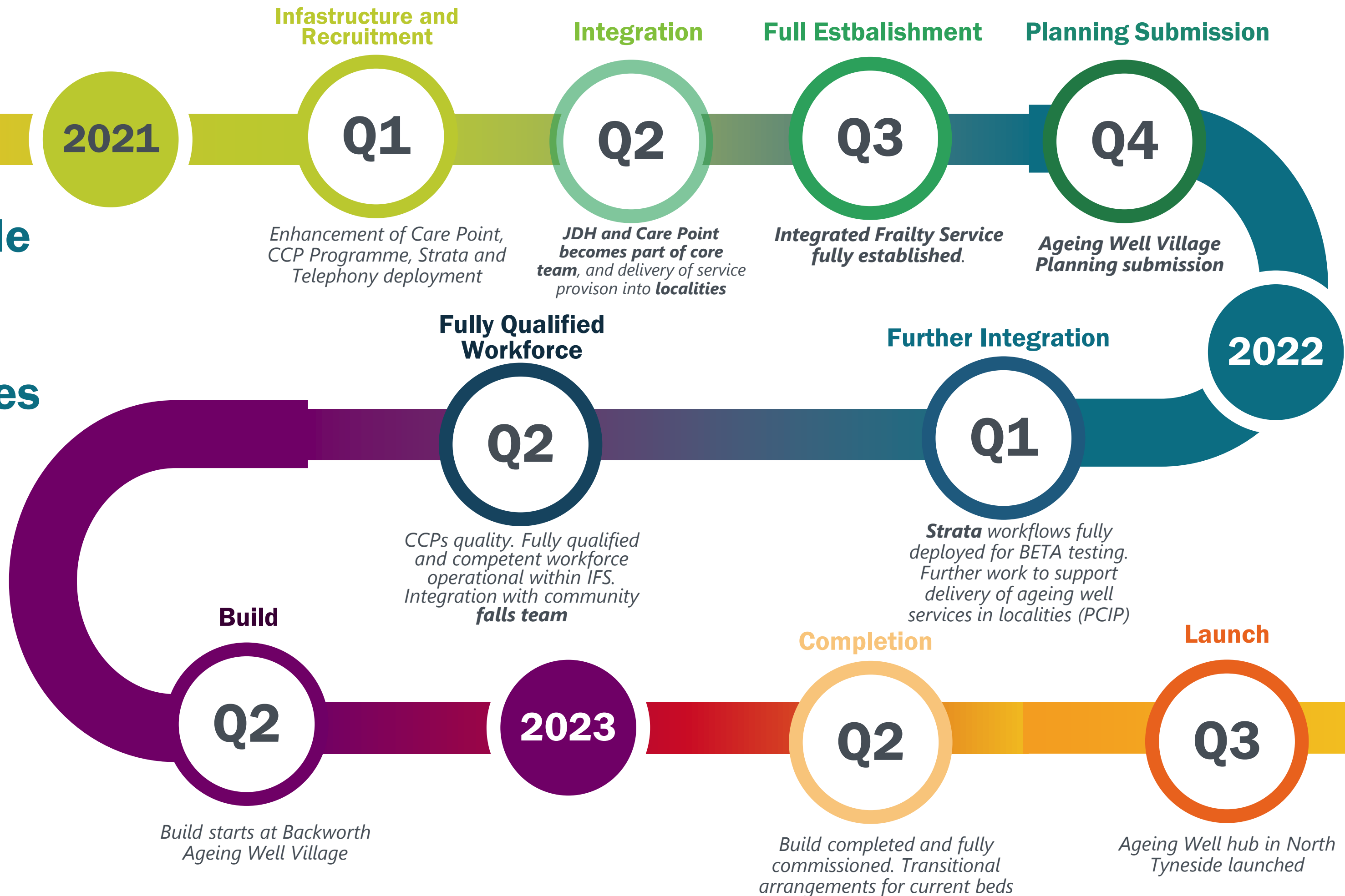
- Community Care Practitioners
- Community Psychiatric Nurses
- Trainee Advance Care Practitioner (TACP)
- Admiral Nurses

- Rita in all care homes
- Whizan – NEWS in all care homes
- RQIC MyQOL pilot

North Tyneside Ageing Well ROADMAP – Key Milestones

2021-2024

3 Years Plan



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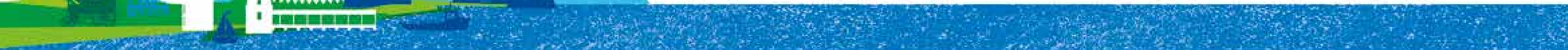
North Tyneside Ageing Well Strategy

2020 - 2025



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Produced January 2021

Developed and published by North Tyneside Clinical Commissioning Group, in conjunction with:

- Northumbria Healthcare NHS Foundation Trust
- The Newcastle upon Tyne Hospitals NHS Foundation Trust
- North Tyneside Council
- Healthwatch North Tyneside
- Age UK North Tyneside
- North Tyneside Community Healthcare Forum

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Version: 4
Last amended by: Gary Charlton
Date amended: 17/05/2021

Submitted for approval to the North Tyneside Future Care Programme Board via North Tyneside Ageing Well Board.

Foreword

People in North Tyneside can now expect to live longer with the number of people aged 85 and over set to increase by 24% by 2030. Despite the increase in life expectancy which is good news, in North Tyneside overall it remains lower than the national average including the number of years people expect to live in good health. Within North Tyneside there is a variance of life expectancy and years lived in good health, a gap that needs to be closed.

For many people, old age is feared because it is associated with disability and disease, and while the prevalence of disease increases with age, the ageing process is not the principal cause of disabling disease. Biological ageing alone is believed to have little effect until around the age of 90 and only 25% of the ageing process is believed to be genetically determined.

While some diseases appear to be related to the ageing process, many of the disabling diseases of old age are preventable. The main reason that disease occurs more commonly each decade is that people have lived for another ten years, exposed to risk factors in their lifestyle and environment that cause disease. These risks can be reduced at any age, even at the age of 60 or older.

Frailty therefore, is not an inevitable part of ageing, prevention, early recognition and management requires a consistent, collaborative approach in partnership with the residents of North Tyneside.

Our partnership commitment across health, public health, social care, community and voluntary organisations is to work together to enable local residents to age well and live longer in good health. We want people to remain healthy, active and connected. In order to support this we will work collaboratively to deliver person centred joined up services that are inclusive, recognise and value the important role that families and carers play.

Together we will promote healthier ageing and continue to address inequalities through population health management.

The aim of this strategy is to:

"Support North Tyneside residents to age well; remain healthy and independent for as long as possible".

Lesley Young-Murphy, Chief Operating Officer; Executive Director of Nursing

Wendy Burke, Director of Public Health

Jaqui Old, Director of Children's and Adult Services

Introduction

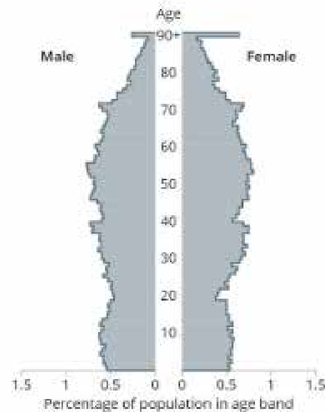
Supporting people to age well is one of the NHS Long Term Plan (NHS England 2019) ambitions. For older people it is important to slow down or reverse some of the health challenges associated with ageing. It is essential that older people are supported to remain as healthy and independent as possible for as long as possible and they receive the highest quality care when they need it.

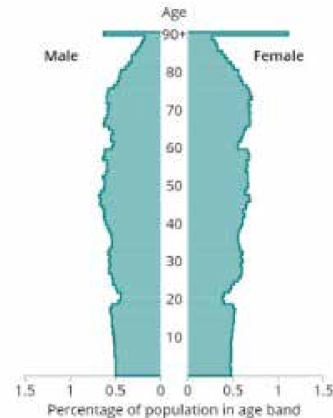
There are significant differences between life expectancy and healthy life expectancy. A male born in England today has a life expectancy of 79.9 years, of which they can expect to live 63.4 years in good health. In North Tyneside these figures are lower, with life expectancy at 78 years and 62.2 years in good health. Closing this gap would have significant benefits to quality of life as well as for the health and social care economy.

Frailty is a distinctive health state related to ageing in which multiple body systems gradually lose their in-built reserves. Around 10 per cent of people aged over 65 years have frailty, rising to between a 25% and 50% of those aged over 85 years (BGS 2020). However, frailty is not an inevitable part of ageing; it should be considered as a long term condition that requires recognition and management.

Population projections indicate an ageing population for North Tyneside:

- There are approximately 90,000 people aged 50+ registered with GP.
- The number of people aged 65 years will increase significantly by 2025.
- The number of people aged 85 is projected to increase by 24% by the year 2030.
- The number of permanent admissions to care homes per 100,000 is higher in North Tyneside than England. For over 65's this is 740.9 and 580 respectively.
- Rightcare data indicates admission rates for length of hospital stays of over 7 and 21 days for people aged 75-84 and 85+ are higher than rates across England.
- The percentage of the population with a limiting long-term illness is significantly higher than the average for England. There are approximately 2000 people in North Tyneside with dementia. The prevalence of dementia nationally is expected to increase by 20% between 2019 and 2025, and by 40% between 2019 and 2030.
- 42.9% of people aged 65 years, and who use adult social care services, reported that they had as much social contact as they would like.





In North Tyneside it is essential that health and social care respond to the changing demographic and pressures on the health and social care system. We will do this by supporting people to age well and minimise the impact of frailty which will help maintain their mental and physical health, and independence for as long as possible.

Whilst significant steps have already been made to improve services for older people in North Tyneside, in order for us to meet these challenges, there needs to be a considerable step change in our improvement work.

This document outlines the joint health and social care strategy to support people to age well in North Tyneside for the next five years. Each year there will be a separate action plan that will identify and publish the outlining key priorities for that year.

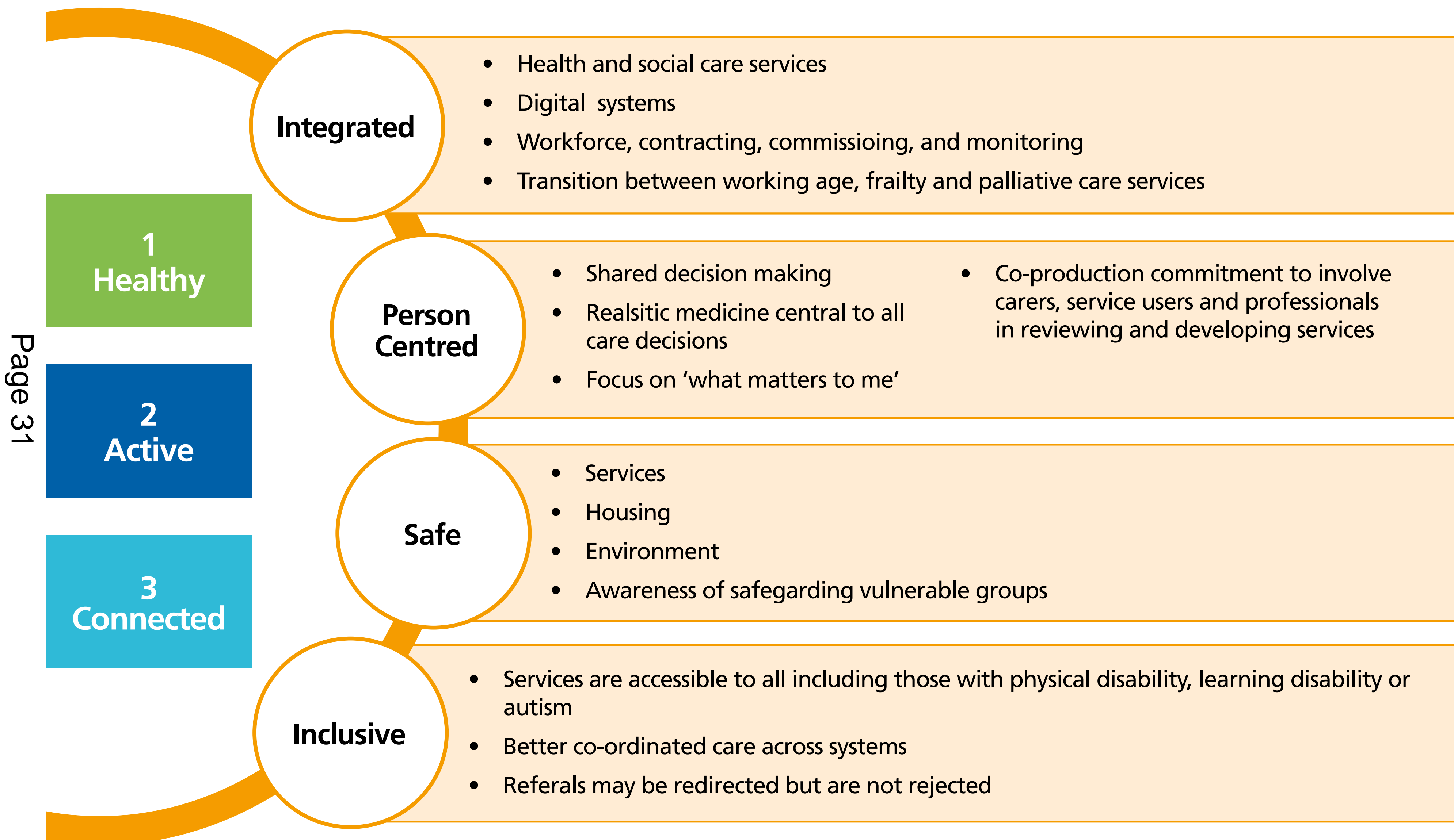
Our strategy has one strategic aim:

Support North Tyneside residents to age well; remain healthy and independent for as long as possible.

This aim will be delivered through three key work streams which aim to keep older people:

1 Healthy	2 Active	3 Connected

Central to the delivery of this strategy are four key principles:-
Integrated, Person Centred, Safe and Inclusive



1 Healthy

Find

Structured case finding approach to identify people at risk of frailty and falls allowing for early intervention

Screening for depression, anxiety and cognitive impairment in older people presenting to health services

Safe and well checks provided by partner organisations

Partner organisations and networks to actively identify those at risk of falls and support referral for support

Recognise

Training programme for health and social care staff to improve recognition of frailty syndromes, use of the Rockwood score and falls risk assessment

Work with community services, opticians, dentists, allied health care professionals, voluntary sector and wider community networks, to improve recognition of frailty and facilitate referral into the integrated frailty service

Assess

Single point of access to integrated frailty services where an appropriate holistic assessment or comprehensive geriatric assessment can be completed

Provision of multidisciplinary 'one stop shop' assessment

Intervene

Gold standard long term conditions management in the community

Provide care co-ordinations to support and facilitate referral to other services

Integrated mental health provision

Integrated frailty service providing;

- Proactive care
- MDT interventions
- Home based intermediate care
- Bed care based intermediate
- Specialist inpatient and outpatient services
- Deliver 2 hour urgent response

Long term

Locality based care coordination teams.

Support people to live independently longer at home in the community

Introduction of a patient passport to go alongside EHCP and DNAR documentation as part of advanced care planning and End of Life strategy

Enhanced health in care homes

Integrated, Person Centred, Safe and Inclusive

2 Active

Physical activity

Ensure that community based physical activities are provided by a range of partners to meet all needs including addressing falls

All activity information available through Living Well North Tyneside

Active North Tyneside

Support HOW fit across the age continuum

Emotional wellbeing

Ensure a range of support is available in the community via different mechanisms including health, social and voluntary sectors

Social prescribing and care navigators are available to support people through primary care networks

SIGN PLUS database

Connecting people locally

Support a digital poverty strategy

Population health

Public health messages are encouraged through Making Every Contact Count

Support healthy eating and weight management initiatives across sectors

Smoking cessation accessible to all including hospital inpatients and housebound people.

Support brief interventions for alcohol reduction

Environmental

Different housing to cater for individual needs including care homes, sheltered, supported living and extra care.

Ensure an efficient accessible public transport system

Accessible public toilets

Accessible public recreation, leisure and cultural facilities

Support a cycling strategy and encourage cycle lanes

Accessible parks and public spaces

Integrated, Person Centred, Safe and Inclusive

3 Connected

Social isolation

Raise awareness of social isolations

Comprehensive activities program for older people detailed in Living Well North Tyneside

Improve digital connectivity

Community based social activities provided by a range of partners to meet all needs including those living with dementia, carers, falls and frailty

Carer support

Programme to consistently identify and code carers in general practice

Support via North Tyneside carers centre and wider voluntary sector

Provision of respite care beds

Information on a range of services to support carers through Living Well North Tyneside

Voluntary sector befriending programmes

Commitment to Carers strategy

Assistive technology

Digitally enabled intermediate care beds

Digitally enabled extra care housing schemes

Expansion of Care Call

Commitment across services to improve information available through different mediums

Single patient record

Commitment to a single record for use in integrated frailty services

Patient passport – patient held document containing key information

Capacity and demand system

Digital inclusion

Development of a joint strategy to address the digital divide

Voluntary sector support to increase use of online activities and services

Provide accessible information, advice and guidance

Review and monitor routes to access services to ensure accessibility'

Integrated, Person Centred, Safe and Inclusive

5 year ambitions and key milestones

Work stream	Success looks like	Key milestones		
		0-12 months	12-36 months	36-60 months
Healthy	**Optimal long term conditions management for all people in North Tyneside** • People are involved in streamlined year of care planning to maximise health and minimise the impact of long term conditions • Equity of service for all including, housebound patient, those with learning disability and minority groups	• Enhancement of Care Point • Development of Primary care Networks and wider community services	• Training programme for community nurses delivering LTC management • Enhanced links with community matrons and integrated frailty service. • Engage practices/ PCNs with LTC management • Look to develop resources to facilitate self-care • Enhance links with LD teams to ensure vulnerable groups are not excluded from gold standard LTC management • Enhance links for escalation of care to PCN/ NT LTC experts	• Review data at a borough wide and local (PCN/ practice) level and refine implemented programmes • Look towards a tiered system for LTC support and management

Work stream	Success looks like	Key milestones		
		0-12 months	12-36 months	36-60 months

Healthy	**Care for older people is fully integrated**
	• The patient is able to tell their story once, their voice is central to care decisions
	• Care is delivered in the right place at the right time by the right individual with the relevant information
	• MDTs work together to ensure that all patient care needs are met
	• Transitions between working age, older peoples and palliative services are smooth
		• STRATA role out
		• Procurement – intermediate care beds
		• Single patient record/ clinical system
		• Patient passport/ EHCP development
		• Joint service specification for Ageing Well service
		• Work with PCNs to ensure that centrally delivered and network delivered services work in an integrated fashion to deliver the enhanced health in care home agenda
			• Launch of Ageing Well hub to include
			  • JDH
			  • Care Point
			  • Care point enhancement
			• Implementation of single patient record for use in frailty services
			• Joint referrals process/ SPA
			• Implementation of STRATA capacity and demand system
			• Link frailty services with specialist services (e.g. respiratory, cardio, Stroke)
			• Connect frailty services with specialist services (e.g. respiratory, cardio, Stroke)
			• Connect frailty services and palliative care services
				• Implementation of single patient record across primary and secondary care for older people
				• MDTs linked to individuals – seamless links between primary and secondary care

Work stream	Success looks like	Key milestones		
		0-12 months	12-36 months	36-60 months
Healthy	**Mental health** • Parity of esteem with physical health • Holistic care is normal for all older people with attention paid to mental and physical health alongside social wellbeing • Mental health services are integrated and accessible to all residents across North Tyneside	• Development of older peoples crisis services • Recruit mental health workers into Integrated Frailty • Review of memory services for older people – to include dementia and delirium services	• Mental health workers established within frailty services • Work with mental health providers to streamline services and pathways across North Tyneside • Mental health is considered in every assessment of an older person	• Review and refinement

Work stream	Success looks like	Key milestones		
		0-12 months	12-36 months	36-60 months
Active	**Physical** • Physical activity for older people is normalised with a range of options to suit preferences and abilities. • Older people in North Tyneside are supported to be active, eat well, stop smoking, reduce alcohol intake and live well **Mentally** • Older people are supported to remain mentally active and active participants in their age friendly communities • The skills and knowledge of older people are recognised and utilised to build, healthy active and cohesive communities	**HOWfit** • Leaflet drop • Website • Goal seeker app • Age UK support • Links to universal via voluntary and third sector • Develop a clear pathway linking the voluntary sector with commissioned older peoples mental health services	• Volunteers to support exercise and activity in care homes • Clear directory of social prescribing options available. • Care coordinator role clearly defined and established • Early relationships between health, social care and the voluntary sector established	• Mature links and joint understanding of activity in health, social care and the voluntary sector

Work stream	Success looks like	Key milestones		
		0-12 months	12-36 months	36-60 months
Active	**Training and development programme** • Structured training programme in place across health, social and third sector organisations, centrally coordinated to ensure 'core' learning • Staff are satisfied in the work place, there are opportunities for development and staff retention is good		• Develop/ source resources for a range of audiences • Communication strategy • Workforce plans across organisations	
	Environment • Safe and well maintained outdoor spaces conducive to physical activity		• Accessibility to universal services	

Work stream	Success looks like	Key milestones		
		0-12 months	12-36 months	36-60 months
Connected	**People and environment** • People and environment • Older people are supported to connect to their communities physically and digitally. • Carers are recognised and supported in their roles • Housing that is digitally enabled, adaptable, accessible, affordable and facilitates people to live independently in their own homes	• Living Well Locally North Tyneside is implemented • Care co-ordinators, navigators and social prescribers are in place	• Support digital technology	
	Data • Used effectively to identify vulnerable individuals and offer proactive care		• Develop a strategy for use effective use of data currently available from multiple sources. • Data sharing agreements in place	• Implementation of strategy
	Technology • Technology is utilised to connect communities and reduce the impact of social isolation. • Digital care options are first line and open to all		• Partnership working with VODA, Age UK and others to reduce digital poverty • Increase access to services via digital, remote and agile working across organisations	

Work stream	Success looks like	Key milestones		
		0-12 months	12-36 months	36-60 months
Connected	**Workforce** • Integrated and flexible workforce equipped to response to pressure points within the service • Stable domiciliary care workforce able to meet demand • Stable care home workforce able to meet local demand		• Sustainable workforce optimising skill mix • Community Care Practitioners across Integrated Frailty service • Advanced care Practitioners employed in Care Homes	

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References

British Geriatric Society (2020) https://www.bgs.org.uk/resources/introduction-to-frailty

NHS England (2019) https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

Working together in North Tyneside

NHS
North Tyneside
Clinical Commissioning Group

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North Tyneside
Health & Wellbeing Board Report
Date: 13 January 2022

Title: Smokefree North Tyneside Alliance: Update and action plan

Report from:	North Tyneside Council
Report Author:	Chris Woodcock, Senior Manager Public Health
Relevant Partnership Board:	North Tyneside Tobacco Control Alliance

1. Purpose:

The purpose of this report is to provide the Board with an update on the Smokefree North Tyneside Alliance and smoking harm and inequalities in North Tyneside.

The partnership last provided an update to the Board in March 2019.

2. Recommendation(s):

The Board is recommended to:

a) Note the contents of this report
b) Endorse the action plan
c) Agree any further actions considered necessary to encourage partners to work in an integrated manner for the purpose of establishing a smokefree generation where the overall adult smoking prevalence is lower than 5%.

3. Policy Framework

This item relates to Section 8 of the Joint Health and Wellbeing Strategy, “Equally Well: A healthier, fairer future for North Tyneside 2021- 2025”. This item relates to smoking, a key health behaviour where the harms follow the social gradient.

4. Information:

4.1 Overview

Smoking remains the single largest cause of preventable deaths in England. Despite reductions in prevalence, there are still approximately 7.3 million adult smokers and more than 200 people a day die from smoking related illness, which could have been prevented.

A new analysis to mark the 50th anniversary of ASH finds that smoking killed nearly 8 million people over the last 50 years with an estimated 2 million more expected to die in the next 20 years without radical changes to smoking rates.

Smoking is the largest avoidable cause of social health inequalities. Half of all smokers will die prematurely, and in North Tyneside half of the gap in life expectancy between our most

and least affluent communities is attributed to smoking related mortality. The burden of smoking is estimated to cost the North Tyneside economy £47.6m.

To achieve this ambition, the Smokefree North Tyneside Alliance co-ordinates a strategic partnership approach which aims to deliver against key national strategies such as the Tobacco Control Plan for England, the NHS Long Term Plan, the North Tyneside Health and Wellbeing strategy as well as respond to local and regional initiatives from Fresh the regional tobacco control office.

4.2 Smokefree North Tyneside Alliance - Pre pandemic

A Smokefree Alliance development day workshop was held in Autumn 2019 with partners across the system, e.g. the CCG, Maternity, CNTW and the Community and Voluntary Sector. Feedback from the workshop contributed to the draft North Tyneside Tobacco Control Plan for 2020 – 2025. The plan is based upon the national ambition from the Tobacco Control Plan for England to achieve a Smokefree generation, defined as a smoking prevalence to 5% or less. In order to achieve a Smokefree generation, the following targets were set:

- Reduce the prevalence of 15-year olds who regularly smoke from 8% to 3% or less by 2022
- Reduce smoking prevalence amongst adults in England from 15.5% to 12% or less by 2022
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population
- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less by 2022
- Make all mental health inpatient service sites smokefree by 2018.
- NHS Trusts will encourage smokers using, visiting and working in the NHS to quit.

4.3 Strategic arrangements – Smokefree North Tyneside Alliance

The purpose of the Smokefree North Tyneside Alliance is to facilitate a whole system approach to addressing the harms caused by tobacco to individuals, communities and families in North Tyneside. Due to the COVID-19 pandemic, the partnership was stood down and had not met since early-2020, but it has now been reconvened. The North Tyneside Smokefree Alliance reports into the Health and Wellbeing Board (appendix 2). It aims to provide strategic leadership to develop a whole system approach to tobacco control with commitment from all partners to enable the following:

- Develop, deliver and assess the progress of the North Tyneside Smokefree action plan
- Embed high quality and accessible services for the treatment of tobacco dependency
- Ensure that every NHS provider in North Tyneside is smokefree
- Ensure a systematic implementation of a treating tobacco dependency pathway for pregnant women and their families
- Reduce the uptake of smoking in young people
- Reduce existing health inequalities and ensure that all interventions are contributing to narrowing the gap between our most and least affluent communities
- Advocate for regulatory changes for greater tobacco control

4.4 Health outcomes and inequalities

Smoking is the largest avoidable cause of social health inequalities. People living in the most deprived areas of England were more than four times more likely to smoke in 2016 than those living in the least deprived areas. Meanwhile, people in routine and manual jobs were three times more likely to smoke than those in managerial and professional jobs.

Healthy life expectancy in North Tyneside continues to be worse than the England average. Men and women in our most deprived areas on average spend 14.5 less years in good health compared their counterparts in our least deprived communities.

Over a third of the gap between life expectancy in North Tyneside and England is caused by higher rates of cancer mortality in men (35.3%), and almost a third for women (32%).

Both men and women in England's most deprived areas are roughly twice as likely to die from lung cancer (85% of cases, smoking is the biggest risk factor) compared with those in the least deprived areas.

Deaths from respiratory diseases, including COPD (9 out of 10 cases caused by smoking), are more than twice as common in the most deprived places in England as the least deprived places.

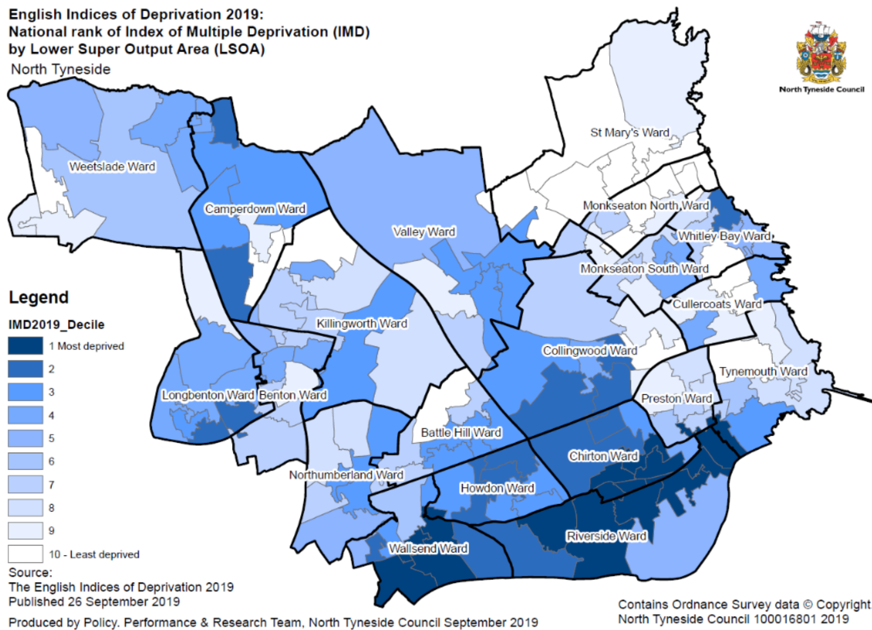
As well as dying prematurely, smokers also suffer from poor quality of life. Smokers proportionately are less likely to be in work.

Smokers see their GP over a third more often than non-smokers, and smoking is linked to nearly half a million hospital admissions each year.

Women from the most deprived communities are 12 times more likely to smoke during pregnancy than women from more affluent areas.

Breathing in secondhand smoke also has detrimental impacts babies, children, and other family members.

Figure 1 – Variation in deprivation across North Tyneside, measured by Index of Multiple Deprivation



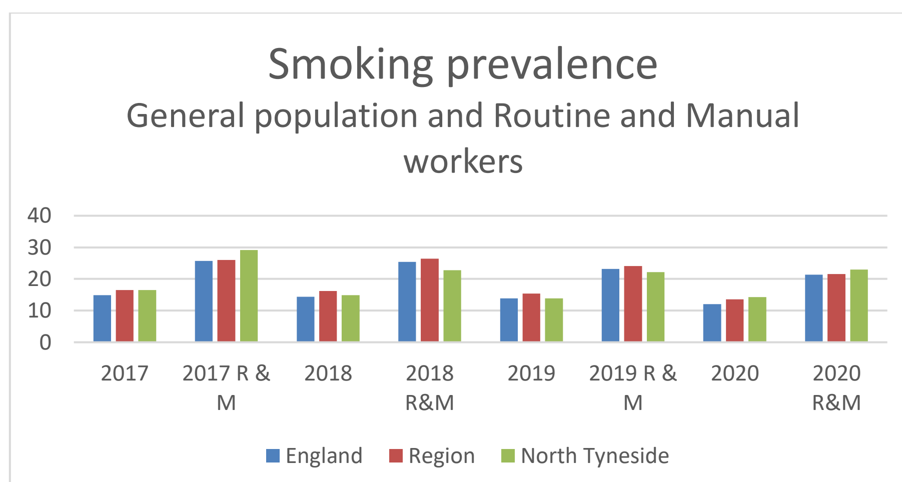
4.5 Smoking prevalence and harm during the COVID-19 pandemic

Evidence from across England suggests smoking decreased during the first lockdown, with smoking rates dropping from 15.4% in 2019 to 14.8% in 2020, before rising again to 15.1% in 2021. There has been an increase in the percentage of people stopping smoking within the last 12 months throughout the pandemic, from 4.3% in 2019 rising to 8% in 2020 and rising again to 9.5% in 2021, there has also been an increase in those attempting to stop smoking in the last 12 months over the period of the pandemic with an increase from 29.1% attempting to stop in 2019 to 36.2% attempting in 2021, with success rates rising to 25% in 2021 from a pre-pandemic success level of 14.2%.

The data however does suggest that although many have been successful in stopping smoking throughout the pandemic, a significant number have also started smoking or returned to smoking, particularly in 2021.

In North Tyneside the *Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition)* is currently 14.3% whilst the England average is 12.1%.

Figure 2 – Smoking prevalence (%)



* It should be noted that the method of data collection (from face to face to telephone due to the pandemic) has changed for smoking prevalence. This has led to an increase in figures across the country, and the subsequent recommendations that previous years should no longer be used for comparison. However previous years are included in the chart above, to highlight how prevalence has changed across the population and within routine and manual smokers, as supposed to being a direct year on year comparison.

4.6 Smokefree North Tyneside - Partnership activity

In November 2021 members of Smokefree North Tyneside attended a workshop which aimed to build upon the previous action plan with partners current activities, whilst reflecting on the impact of the pandemic on North Tyneside.

It was also critical that the action plan was updated to include significant policy proposals included in the *Delivering a Smokefree 2030: The All Party Parliamentary Group on Smoking and Health recommendations for the Tobacco Control Plan 2021,* as well as reflect the recommendations from Fresh, the regional tobacco office.

The action plan (appendix 3) will continue to be developed as partnership activity evolves. It is key that partners embrace the approach to tobacco control as it cannot be delivered by any single agency if we are to reach the ambitions contained in the national tobacco control plan.

5. Decision options:

The Board may either:

a) Note the report and take no further action; or
b) Support the goals of the Smokefree North Tyneside Alliance through resource and advocacy

6. Reasons for recommended option:

The Board are recommended to agree option b). The proposed action plan will allow the Smokefree North Tyneside Alliance to work in line with the Joint Health and Wellbeing Strategy to reduce inequalities promote the conditions that will support people to address their health behaviours and reduce smoking prevalence.

7. Appendices:

Appendix 1 – Smokefree North Tyneside Alliance Action Plan
Appendix 2 – Smokefree North Tyneside Alliance Governance Structure

8. Contact officers:

Chris Woodcock, Senior Public Health Manager, North Tyneside Council

9. Background information:

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

North Tyneside Joint Health and Wellbeing Strategy 2021-2025: Equally Well: A healthier, fairer future for North Tyneside

NHS England (2019). NHS Long Term Plan
Delivering a Smokefree 2030: The All Party Parliamentary Group on Smoking and Health recommendations for the Tobacco Control Plan 2021
Department of Health and Social Care (2017). Smoke-free generation: tobacco control plan for England

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

At this stage, there are no financial implications arising from this report. Actions may be identified by the Smokefree Alliance in future which may require a financial commitment from some partners, but there is no work currently ongoing that is beyond the remit of partners' usual activity.

11 Legal

The Board has a duty under Section 195 of the Health & Social Care Act 2012 to encourage partners to work closely together and in an integrated manner for the purpose of advancing the health and wellbeing of the people in the area.

12 Consultation/community engagement

There has been no consultation with residents or community engagement to date, however smoking and the broader prevention and inequalities agenda formed part of a workshop at the recent State of the Area event, and there will be ongoing consultation as part of the new Joint Health and Wellbeing Strategy.

13 Human rights

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

14 Equalities and diversity

Smoking is a key driver of health inequalities. The Smokefree North Tyneside Alliance and partner agencies will work to reduce those inequalities.

15 Risk management

No risk assessment has taken place. Any risks identified can be managed following the Council and partners' 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
Director of Resources	X
Director of Law & Governance	X

NORTH TYNESIDE TOBACCO CONTROL PLAN

Why is change needed?

- In North Tyneside 10 years ago one in four adults smoked, recent data estimates that this has reduced to 1 in 6 adults. This means in the last ten years we have 15,000 fewer adults smoking in North Tyneside. However, we know that smoking prevention has been most successful among the more skilled, educated and affluent socioeconomic groups.
- Smoking is the largest avoidable cause of social health inequalities. In North Tyneside half of the gap in life expectancy between our most and least affluent communities is attributed to smoking related mortality.
- Half of all smokers will die prematurely - this equates to an estimated 12,500 North Tyneside adults
- The burden of smoking is estimated to cost the North Tyneside economy £47.6m
- There is a robust evidence-base that defines the actions required at a local level. These actions can be implemented.

OBJECTIVE

Our ambition is by 2025, North Tyneside has established a smokefree generation where the overall adult smoking prevalence is lower than 5%.

GOALS - How do we want the future to look in North Tyneside by 2025?

- More smokers attempt a quit each year; currently around 7,500 smokers attempt to quit each year - we want this to increase to over 12,500 smokers
- Smokers have access to the treatment of tobacco dependency across any aspect of the healthcare system (community, primary and secondary care)
- Fewer young people become regular smokers and those that do are supported to stop smoking
- No young person under 21 can purchase tobacco products
- The establishment of a retail licencing scheme for the sale of any tobacco product
- Availability of Illicit tobacco products in North Tyneside is reduced
- More homes in North Tyneside will be smokefree
- Better Health at Work Employers proactively support their employees to stop smoking
- Frontline staff are skilled in Stop Smoking Very Brief Advice (VBA)
- Our population receive evidence-based and proactive messages on how best to stop smoking and how to support our communities to be smokefree

INITIATIVES - What are we doing about it?

Project Gantt Chart – Actions Required	Lead Person	21/ 22 (Q4)	22/ 23	23/ 24	24/ 25
Building infrastructure, skills and capacity in tobacco control					
Identifies high percentage of smokers within Better Health At Work Award (BHAWA) Businesses via HNA Survey and promote VBA training to lead health advocates					
Deliver Stop Smoking Very Brief Advice (VBA) Training to lead health advocates within BHAWA Businesses					
BHAWA employers will ensure that employees are supported to make 1 quit attempt per year					
Deliver VBA training to staff in primary care settings					
Frontline staff in Cumbria, Northumberland and Tyne and Wear NHS Mental Health Trust to be trained in VBA					
Ensure robust smoking policies are implemented through the BHAWA assessment process.					
Reducing exposure to secondhand smoke					
Develop a Smokefree Workplace Policy template for Better Health at Work businesses					
Promote the implementation of robust Smokefree policies for BHAWA Businesses					
Frontline staff within Housing are trained in Stop Smoking VBA and Secondhand smoke VBA					
Frontline staff within the 0-19 children's public health services and early help are trained in Stop Smoking VBA and Secondhand smoke VBA					
Link in with care homes to co-ordinate training in Secondhand smoke VBA					
NHS staff in clinical pathways are trained in secondhand smoke VBA					
Schools will promote a smokefree gates policy					
Run educational workshop on secondhand smoke					
Building NHS stop smoking service and strengthening local action					
Secondary Healthcare services in North Tyneside provide direct Stop Smoking Services to their patient group					
Mental Health services in North Tyneside provide stop smoking support to their patient group					
Commissioned Pharmacies to engage with stop smoking referral service from secondary care					
North Tyneside commissioned Stop Smoking Services are high quality, evidence-based and cost effective					
Embed a treating tobacco dependency pathway for pregnant women and their family/partner					
Support Northumbria Healthcare Trust with pregnant smokers' pathway and access to NRT and vaping					
Stop Smoking follow on support delivered by Health Visitors					
Ensure that staff VBA training requirement included in substance misuse service specification in 2022-2023 re-procurement exercise					

INITIATIVES - What are we doing about it?

Project Gantt Chart – Actions Required	Lead Person	21/ 22 (Q4)	22/ 23	23/ 24	24/ 25
Media, communications and education					
Provide evidence-based guide about vaping and short-term benefits of switching from smoking tobacco products to vaping					
Use the Council's and partners' media channels to publicise council funded pilots / initiatives to support stop smoking, promote quit attempts and other media campaigns					
Produce bespoke targeted campaigns at high prevalence groups					
Share stop smoking / illicit tobacco campaign materials on social media					
Support prevention / cessation educational programme content for young people in secondary schools					
Promote Stop Smoking Services, training, and initiatives to GP Practices					
Provide communication channels and support with messages into community pharmacies as employers					
Smokefree Alliance members to receive national and regional updates in between meetings					
Link with Council and Fresh Social Media to support campaigns					
Develop toolkit for elected members on talking to residents about smoking					
Deliver stop smoking / tobacco awareness training for elected members					
Take notions and questions relating to smoking / stop smoking to North Tyneside Council					
Promote evidence-based guide about vaping to BHAW businesses					
Reducing the availability and supply of tobacco products					
Deliver workshop on illicit tobacco to Smokefree Alliance members					
Write to chair of licencing committee regarding special training on illicit tobacco for committee					
Deliver session on impact of illicit tobacco to licencing committee and magistrates					
Advocate for new regulatory measures e.g. tobacco retail licence, increased age of sale					
Support advocacy for new regulatory measures					
Advise traders on stocking illicit tobacco and the sale of tobacco to minors					
Publicise Keep It Out resources across retailers					
Raise awareness of Traders and the Public regarding reporting illicit tobacco activity					
Enforcing Tobacco regulations					
Use local intelligence on supply of illicit tobacco products and non-compliance to age of sale and take enforcement action					
Conduct unannounced visits to retailers to assess compliance to tobacco regulation					
Advocate for new regulatory measures, e.g. tobacco retail licence, increased age of sale					
Research, monitoring and evaluation					
Monitor intelligence and complaints regarding illicit tobacco					
Publicise test purchasing and illicit tobacco operations to Alliance					
Monitor relevant public health data to track progress against national targets					
Produce annual report for the Joint Health and Wellbeing Board					

MEASURES - What Key Performance Indicators will we use to monitor progress?

National Measures

- Smoking Prevalence in adults (18+) Current Smokers APS
- Smoking Prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)
- Smoking prevalence in adults with a long-term mental health condition (18+) - current smokers (GPPS)
- Smoking status at time of delivery
- Smoking attributable mortality
- Potential years of life lost due to smoking related illness
- Rate of people setting a quit date per 100,000 smokers
- % Smokers that have successfully quit at 4 weeks and % CO validated
- Completeness of NS-SEC recording by Stop Smoking Services
- Cost per quitter

Other/Local Measures

- Patients identified in primary care treating tobacco dependency pilot (number of smokers and conversion rates to 4 weeks quit in pharmacy)
- Annual School Health Survey (% parents as smokers, % YP aged 15 smoke, % household smoking indoors)
- Residents Survey (% smokers and e-cigarette use)
- Enforcement data (# of retailers non-compliant to tobacco regulation, # underage sales, # prosecutions and outcomes)
- BHAW data (SSS offer to staff and workplace policy)
- Workforce (# staff trained in VBA)
- NHS HC (% smokers identified)
- Maternity (% pregnant women smokers on booking and conversion rates to quit by time of delivery)

National milestones and local governance

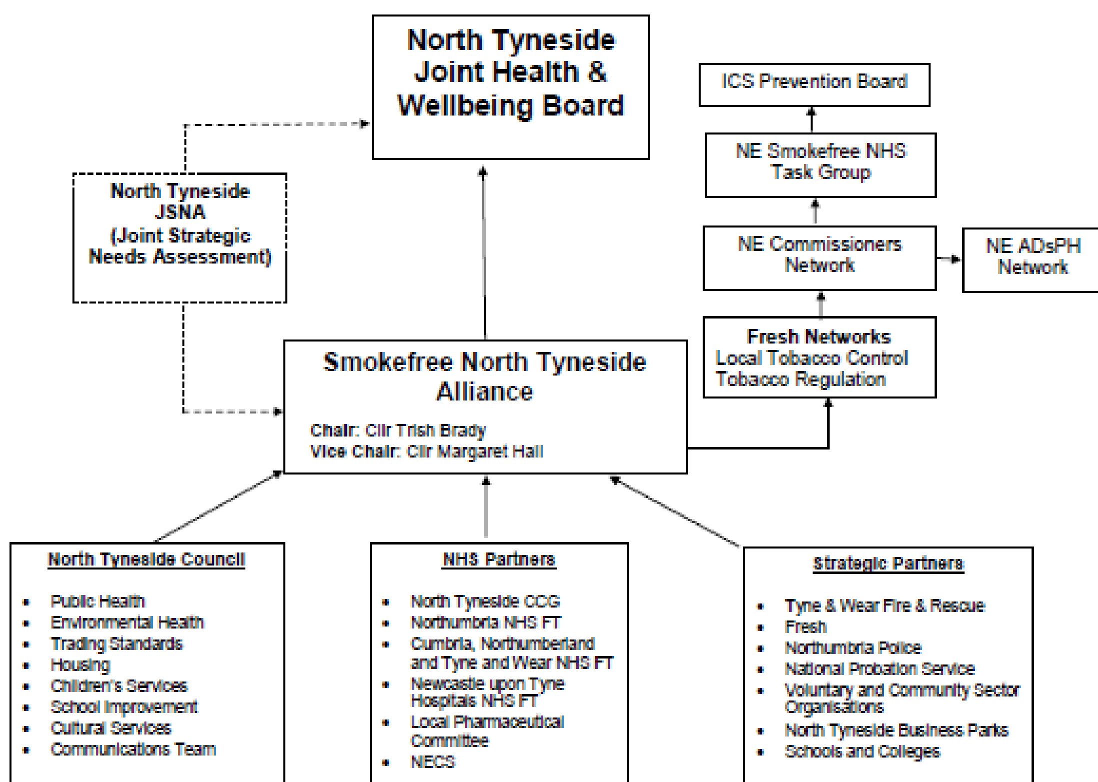
The Tobacco Control Plan for England sets out the national ambition to achieve a smoke free generation; which is defined as a smoking prevalence rate of 5% or below. In order to achieve a smoke free generation, the following targets have been set in the All Parliamentary Group on Smoking and Health Recommendations for the Tobacco Control Plan 2021:

- Smoking in Adults to fall from 13.9% in 2019 to 9.1% by 2025
- Smoking among routine and manual workers to fall from 23.2% in 2019 to 13.3% by 2025
- Smoking in social housing to fall from 29.8% in 2019 to 16% by 2025
- Smoking in those with a long-term mental health condition to fall from 25.8% in 2020 to 15.4% in 2025
- Reduce smoking in pregnancy from 12.7% in 2020 at time of maternity booking to 8.9% by 2025
- Reduce smoking in pregnancy from 10.4% in 2020 at time of delivery to 5% or less by 2025
- Reduce smoking among 15-year-olds from 11.4% in 2018 to 7.7% by 2025
- Reduce the proportion of children with one or both parents who are smokers from one in four (25.2%) in 2018 to 11.8% by 2025
- Increase the percentage of households with smoking parents that have no smoking in the home from three quarters (75.9%) in 2018 to 87% by 2025

The **NHS Long Term Plan** identifies that one-size-fits-all statutory services have often failed to engage with the people most in need, leading to inequalities in access and outcome. The plan makes it clear that the NHS needs to play a greater role in upstream prevention, and the treatment of tobacco dependency in both primary and secondary care settings is essential in preventing avoidable illness.

Specific commitments set-out in the NHS Long Term Plan include:

- By 2023/24, all people admitted to hospital that smoke will be offered NHS-funded tobacco treatment services
- NHS-funded tobacco treatment services will also be adapted for expectant mothers, and their partners, with a new smoke free pregnancy pathway including access to focused sessions and treatments
- NHS-funded tobacco treatment services will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services. This will include the option to switch to e-cigarettes in inpatient settings
- Addressing health inequalities by targeting funding to those areas with highest need and working with partners to develop a menu of evidence-based interventions



North Tyneside Smokefree Alliance Responsibilities:

Provide strategic leadership to develop a whole system approach to tobacco control with commitment from all partners to enable the following:

- Develop, deliver and assess the progress of the North Tyneside Smokefree Delivery Plan
- Embed high quality and accessible services for the treatment of tobacco dependency
- Ensure that every NHS provider in North Tyneside is smokefree
- Ensure a systematic implementation of a treating tobacco dependency pathway for pregnant women and their families
- Reduce the uptake of smoking in young people
- Reduce existing health inequalities and ensure that all interventions are contributing to narrowing the gap between our most and least affluent communities
- Advocate for regulatory changes for greater tobacco control

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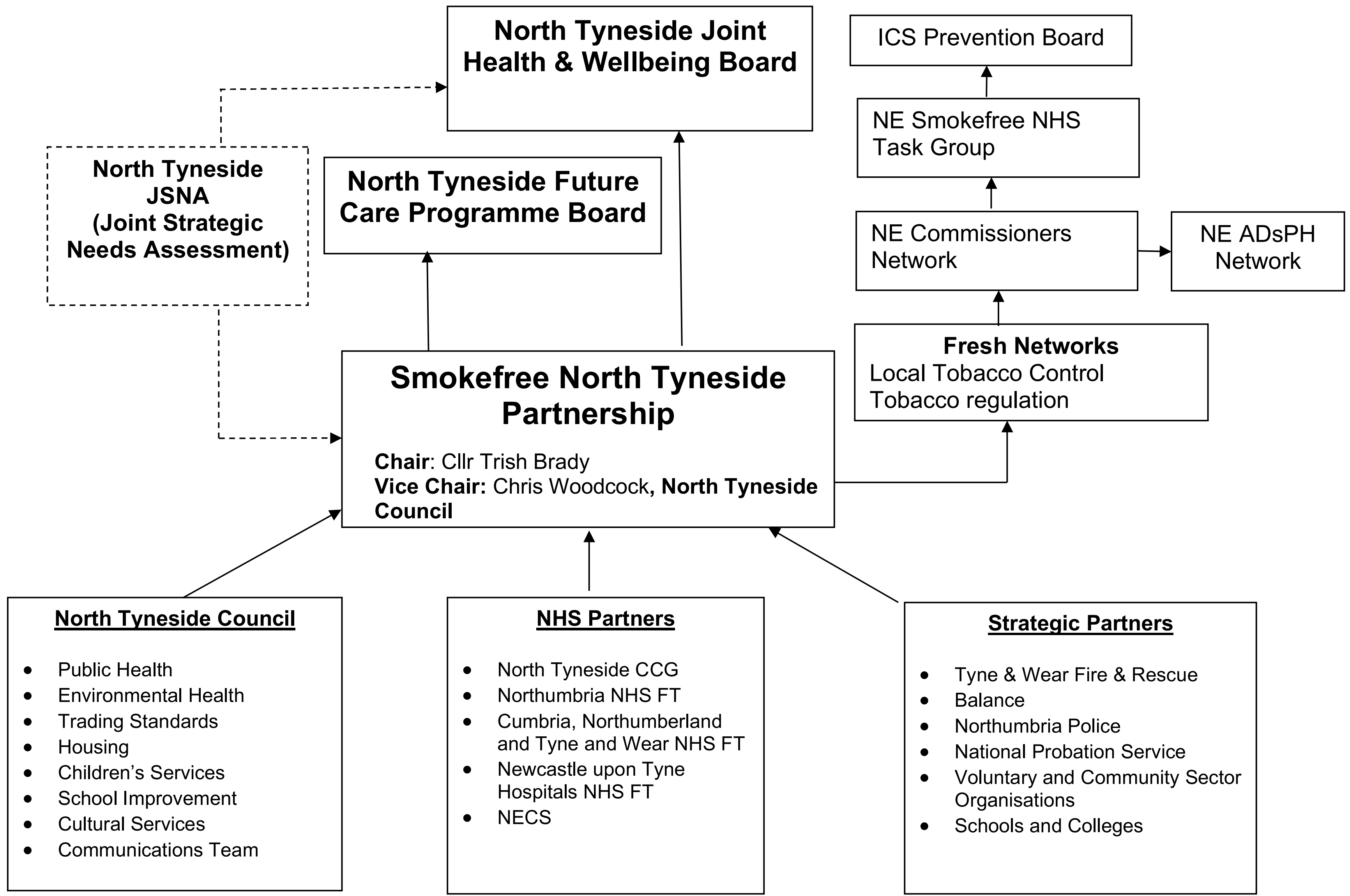
Appendix 2
Smokefree North Tyneside Alliance
GOVERNANCE & REPORTING ARANGEMENTS



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Agenda Item 8

Title: North Tyneside Strategic Alcohol Partnership: Update and action plan

North Tyneside
Health & Wellbeing Board Report
Date: 13 January 2022

Report from: North Tyneside Council

Report Author: Louise Gray, Public Health Specialty Registrar (Tel: 0191 264 1613)

Relevant Partnership Board: North Tyneside Strategic Alcohol Partnership

1. Purpose:

The purpose of this report is to provide the Board with an update on the North Tyneside Strategic Alcohol Partnership and alcohol-related harm in North Tyneside.

The partnership last provided an update to the Board in March 2019.

2. Recommendation(s):

The Board is recommended to:

a) Note the contents of this report
b) Endorse the high-level priorities to inform the action plan
c) Agree future reporting arrangements
d) Agree any further actions considered necessary to encourage partners to work in an integrated manner for the purpose of reducing harm from alcohol and reducing inequalities

3. Policy Framework

This item relates to Section 8 of the Joint Health and Wellbeing Strategy, “Equally Well: A healthier, fairer future for North Tyneside 2021- 2025”. This item relates to harmful alcohol consumption, a key health behaviour where the harms follow the social gradient.

4. Information:

4.1 Overview

Alcohol is a key public health issue and the harmful effects of excessive consumption have an effect at the individual, family and community level. Alcohol can cause acute harm if people sustain injuries whilst intoxicated or suffer the effects of alcohol poisoning, and it is also implicated in several chronic conditions such as liver failure and several types of cancer. However, the harms from alcohol are not distributed equally and there are inequalities in the groups most likely to be affected, with rates of alcohol-related deaths higher in more deprived communities, even though consumption of alcohol is often higher at a population level in less deprived communities.

Alcohol makes a significant contribution to the gross domestic product (GDP) in the UK and also provides employment opportunities in the borough. Those who drink sensibly and at levels below those which can cause harm to health can play a valuable role in North Tyneside's night-time economy. However, as above, the misuse of alcohol has a detrimental impact on the borough and contributes to social, individual and economic harm. Alcohol misuse can lead to considerable financial pressures on health, policing and other services, and issues such as anti-social behaviour and fear of crime and disorder can also have an impact on the reputation and economy of the borough or parts of the borough. The annual cost to society is estimated to be £21 billion in England, including £11 billion from alcohol-related crime, £7 billion from lost productivity and £3.5 billion to the NHS.

The reasons behind alcohol misuse and dependence are complex and therefore a range of interventions and policies are required to reduce the public health burden of alcohol and support individuals. Specialist treatment services are commissioned via the Public Health Grant to provide evidence-based clinical and psychosocial treatments to those individuals most affected by alcohol dependence. The service is currently provided by North Tyneside Recovery Partnership. There are also a range of other services in place to support people with a broad public health approach, ranging from GPs and others in primary care, Alcohol Care Teams and clinicians within secondary care to manage the acute and chronic physical health effects, and community and voluntary organisations to support those with alcohol dependency and their families.

There is no definitive figure of the number of North Tyneside residents affected by alcohol misuse. Data suggests that 25.2% of adults in North Tyneside drank more than the Chief Medical Officer's recommended limit of 14 units per week in 2015-2018, compared to an England average of 22.8% and 25.1% in the North East[1]. However, whilst there could be some negative health effects, not all these people will be dependent on alcohol or require specialist treatment. Estimates and modelling suggest the 1.63% of North Tyneside residents are dependent on alcohol, which is over 2,600 adults[2]. However, there were only 480 people accessing specialist treatment services for alcohol dependence in 2020-2021[3]. There were also 180 people accessing treatment for "non-opiate and alcohol" dependence and some of the 580 opiate clients may also have had alcohol needs, but this still represents a high degree of unmet need in the borough. It is estimated that only 24% of those in need of specialist alcohol treatment in 2019-2020 were accessing it, however this is more than the estimated figure of 18% for England.

4.2 Alcohol-related harm

Alcohol-related harm to health at a population level can be expressed and compared in terms of hospital admissions and mortality rates (e.g., the number of people who are admitted to hospital or who die where alcohol is a factor). Some of this data is available at local authority level, although there is a reporting lag for some indicators.

In 2018-2019 there were 358,000 admissions to hospital in England where the main reason was due to drinking alcohol, which was 6% higher than the year before[4]. The

[1] **Public Health England (2021).** Local Alcohol Profiles for England. Available online at Fingertips. Accessed 8 December 2021

[2] **Public Health England (2021).** Alcohol dependence prevalence in England. Available online at Alcohol dependence prevalence in England - GOV.UK (www.gov.uk)

[3] **Public Heath England (2021).** National Drug Treatment Monitoring System. Available online at https://www.ndtms.net/ViewIt/Adult . Accessed 8 December 2021

[4] **NHS Digital (2020).** Statistics on Alcohol, England 2020. Available online at https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2020

number of admissions increased with age until the 55 to 64 age group, with 40% of all admissions in people aged 45-64, and 62% of admissions were male.

Data is not available at the same level of detail at a local authority level, but the most recent data[5] tells us that local admission rates were higher than England and the North East and the gap appears to be increasing. More detail is presented in Appendix 1 of this report.

Alcohol-related deaths can be measured or compared in several ways, including the number of years of life lost at a population level, and the number of deaths per 100,000 of the population e.g., the mortality rate. The mortality rate can be presented in terms of all alcohol-related deaths, or by specific conditions. The most recent data shows that, although the rates of admission to hospital due to alcohol are higher in North Tyneside than the rest of the North East, the rates of deaths are generally lower, but for both measures of harm the rates are higher than England averages. Whilst a lot of hospital admissions are due to cardiovascular disease, mortality rates are largely driven by the effects that alcohol has on the liver. Rates in men are approximately twice the rates in women.

Harm can also be measured more broadly and previously the partnership has monitored the proportion of domestic abuse where the victim or offender was under the influence of alcohol. In the most recent 3-month reporting period, there were 254 reported domestic abuse incidents in North Tyneside that involved alcohol, which is a 10.9% decrease from the previous period, although this data tends to have seasonal fluctuations, as with broader domestic abuse data overall (this fell by 12.8% overall in the same period. However, this represents 19.5% of all domestic abuse incidents in the period, which was similar to the previous 3 months, and since 2019 the proportion has ranged between 14.6 and 19.5% of all incidents.

4.3 Strategic arrangements

The purpose of the North Tyneside Strategic Alcohol Partnership is to facilitate a whole system approach to addressing the health, social and economic harms caused by alcohol to individuals, communities and families in North Tyneside. Due to the COVID-19 pandemic, the partnership was stood down and had not met since early-2020, but it has now been reconvened. The partnership is chaired by a senior member of the Public Health Team and championed by an elected member. Membership is drawn from appropriately senior staff within a range of partner agencies, including Balance, North Tyneside Council, health and criminal justice partners and community and voluntary sector agencies.

Previously, the partnership reported to the Health and Wellbeing Board however whilst place-based partnership arrangements are being developed in the context of changes to the NHS, the group will also report to the Future Care Programme Board. The revised Terms of Reference are presented as an appendix to this report.

The focus of the North Tyneside Strategic Alcohol Partnership is on reducing alcohol misuse and the resultant harm. The partnership has reviewed data and anecdotal issues in the borough, and it was agreed that there should be a focus on reducing demand and availability, reducing consumption in those that drink more than 'lower risk' levels and seeking assurances that services are able to respond where alcohol-related harm is identified.

[5] **PHE (2021).** Local Alcohol Profiles for England. Available online at Fingertips *accessed 6 December 2021*

Therefore, the following high level priority areas have been identified, and this will inform the action plan:

- Reduce the proportion of adults who drink more than 14 units a week to below the best rate in the region of 20.2%
- Reduce the rate of alcohol-related and alcohol-specific admissions in adults to the same as or less than the England rate
- Reduce the rate of alcohol-related and alcohol-specific admissions in young people to the same as or less than the England rate
- Explore the scale of broader social harms linked to alcohol, such as domestic abuse and self-neglect, and consider how to address this further in North Tyneside

To support this approach, the partnership will work with service providers to ensure that there are high quality and accessible services for the treatment of alcohol dependency and that every NHS provider in North Tyneside is providing Identification and Brief Advice (IBA). The partnership will also ensure collaboration between agencies working to address issues such as domestic abuse and self-neglect and specialist alcohol services. There is also a commitment from all partners to ensure that children and young people in North Tyneside have an alcohol-free childhood and that work will be undertaken to reduce inequalities and that interventions contribute towards narrowing the gap between the most and least deprived communities. Finally, the North Tyneside Strategic Alcohol Partnership will advocate for regulatory changes for greater alcohol control.

4.4 Health inequalities

As above, there are inequalities between communities in the distribution of harm from alcohol, and much of this follows a social gradient. At a population level, people from more deprived areas are more likely to die from alcohol-related conditions and more likely to be admitted to hospital.

Many of the readily available datasets cannot be interrogated in a way that explores inequalities at a local authority level, however at an England-level the level of harm is higher in more deprived deciles compared to the less deprived deciles (where a decile represents 10% of the population) and it can be assumes that North Tyneside data would follow a similar pattern. Whilst overall consumption rates may be higher in less deprived communities, the percentage of dependent drinkers is higher in more deprived communities, as are admission rates for alcohol-related conditions and mortality rates. More detail is provided in Appendix 1 of this report.

A small number of indicators can be mapped at a MSOA level (an area smaller than a council ward) and this shows that alcohol-related harm is not evenly distributed across the borough and tends to follow the social gradient. For example, the standardised hospital admission ratio (SAR) for alcohol-related harm allows areas to be compared with each other and the England value of 100. This shows that for 2013-2018 the SAR for North Tyneside was 152.3, which is 52.3% higher than the England average. However, at MSOA level, there are some parts of the borough where the SAR is less than the England value, e.g., 93.1 in MSOA E02001740 (Whitley Sands, Monkseaton North), but other areas where it is considerably higher, with the highest being 301.8 in MSOA E02001764 (in Percy Main, Riverside)[6]. The figures below show the variation in SAR at MSOA level and the variation in deprivation in North Tyneside and show that hospital admissions are generally higher in more deprived areas.

[6] **PHE (2021)** Local Health. Available online at Fingertips. Accessed 6 December 2021

Figure 1 – Variation in hospital admission ratios for alcohol-related harm (narrow definition), 2013-2018 (source PHE and NHS Digital)

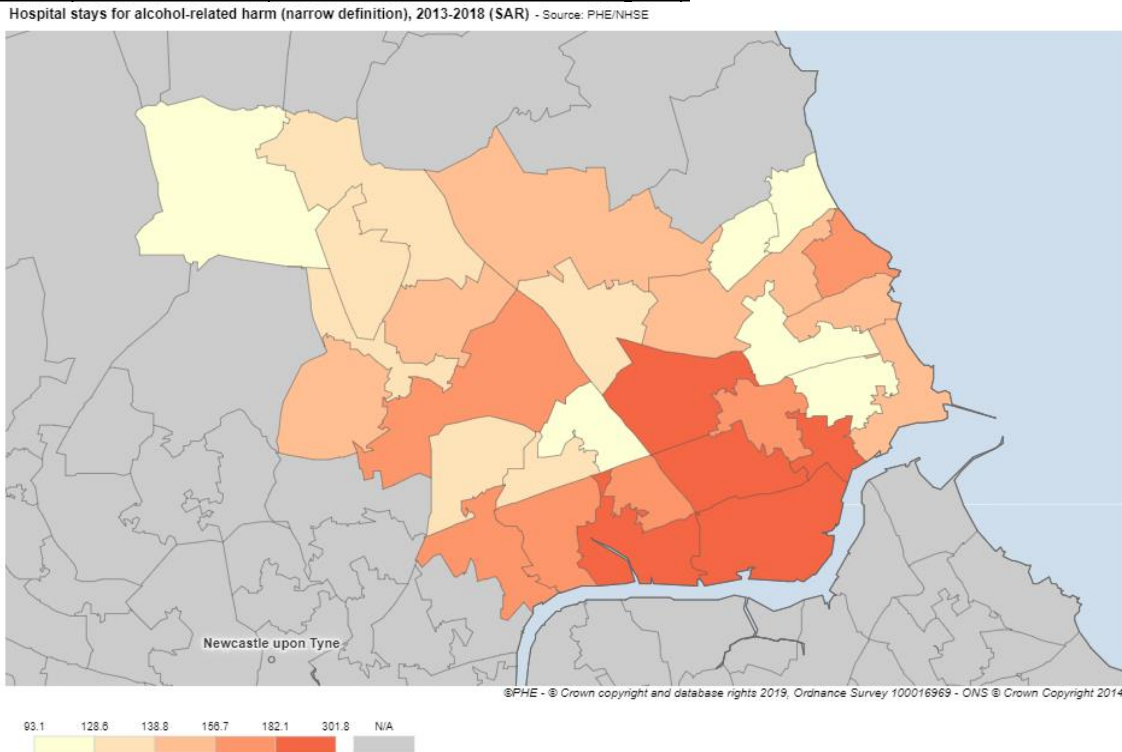
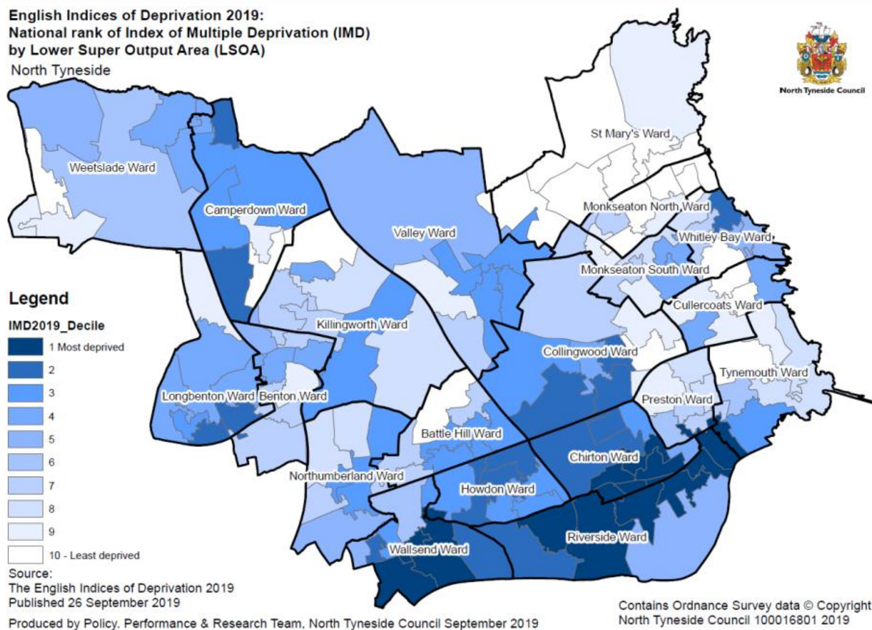


Figure 2 – Variation in deprivation across North Tyneside, measured by Index of Multiple Deprivation



4.5 Alcohol consumption and harm during the COVID-19 pandemic

There were changes in the levels of consumption and alcohol-related harm during the COVID-19 pandemic. Overall, in 2020-2021 there was 1.2% less duty paid to the treasury on alcohol than the previous year. However this was despite on-trade premises being closed for a considerable part of the year and duty paid on wine and spirits increased compared to the previous year, while cider and beer decreased[7]. This means

[7] Public Health England (2021). Monitoring alcohol consumption and harm during the COVID-19 pandemic. Available online at Alcohol consumption and harm during the COVID-19 pandemic - GOV.UK (www.gov.uk)

is that overall similar volumes of alcohol were consumed during the pandemic, but much of this was at home, rather than in settings such as pubs and bars (as beer and cider are more often bought in on-trade settings).

The Office for Health Improvement and Disparities has published detailed national data[8] on alcohol consumption during the pandemic which allows comparisons of drinking patterns during the various stages of lockdowns and restrictions. There are now more people who report that they do not drink alcohol at all in England than before the pandemic, but there are also more people drinking in the more harmful drinking categories e.g., 21 to 35 units, 35 to 50 units and over 50 units, and those who reported drinking more during the pandemic tended to be heavier drinkers.

As above, alcohol-related hospital admissions can be measured in several ways, and nationally there were decreases in a lot of the categories in 2020, except for unplanned admissions for alcoholic liver disease, which increased by 13.5% with a sustained and significant increase in the rate from June 2020 onwards. In 2020 there was also a 20% increase in total alcohol-specific deaths in England, with higher rates in more deprived areas. There was variation in the rates of deaths between conditions e.g., a 15.4% increase in deaths from alcohol poisoning and 20.8% increase in deaths from alcoholic liver disease, which accounted for 80.3% of all alcohol-specific deaths in 2020. Although this can often take a decade or more to develop, most deaths occur because of acute-on-chronic liver failure due to recent alcohol intake, and this is strongly linked to heavy drinking. The rates alcohol-specific deaths were higher in more deprived areas of England and in the North East, with a greater increase in the region than any other region and a peak of 28.4 deaths per 100,000 population in July 2020, which is 79.9% higher than the baseline rate.

The evidence shows that liver mortality rates respond rapidly due to changes in drinking patterns at a population level, particularly in heavy drinkers, as seen during the pandemic, and liver disease is now the second leading disease that causes premature death among working age adults.

4.6 Partnership activity

In November 2021 members of the North Tyneside Strategic Alcohol Partnership provided updates on activity during the pandemic and planned activity for the future. Highlights include:

- Balance funded a 5 week “Alcohol Causes Cancer” campaign to be broadcast on live TV, catch up TV and radio across the North East as alcohol-related deaths are at an all-time high and alcohol-related cancers have increased over the past few years. TV advertising is known to be an effective way to reach the target population (40+, potentially from more deprived areas). Balance is also continuing the work in advocacy and lobbying
- Meadow Well Connected were able to provide 1:1 support for problematic alcohol use during the pandemic, despite disruption to some of the planned services
- Northumbria Healthcare NHS Foundation Trust have strengthened processes to identify harmful drinking in pregnant women, inpatients and people attending the Emergency Department. The Alcohol Care Team now provides 7-day cover to support the Emergency Department and other priority areas. Alcohol is also going to be a key strand of the staff health needs assessment

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[8] **Office for Health Improvement and Disparities (2021).** Wider Impacts of COVID-19 on Health (WICH) monitoring tool. Available online at WICH. Accessed 9 December 2021

- Northumbria Police have strengthened their harm reduction approach to support and signpost victims and perpetrators with alcohol needs where appropriate.
- There are several workstreams ongoing within North Tyneside Council to support the alcohol agenda, including work around licensing and domestic abuse
- The Probation Service were able to continue to provide specialist alcohol support during the pandemic. The service is working to strengthen links with treatment services and will also be part of a new national community sentencing option whereby some offenders can be made subject to electronic monitoring of their alcohol intake for up to 120 days
- PROPS continued to deliver support to families of those dependent on alcohol and were able to adapt this to the COVID-19 restrictions. Home visits have not yet resumed, and work is ongoing to raise awareness of the service as there has been a drop in referrals and requests for support.

5. Decision options:

The Board may either:

a) Note the report and take no further action; or
b) Agree to the recommendations set out in Section 2 of this report

6. Reasons for recommended option:

The Board are recommended to agree option b). The proposed high-level actions will inform the action plan and allow the North Tyneside Strategic Alcohol Partnership to work in line with the Joint Health and Wellbeing Strategy to reduce inequalities promote the conditions that will support people to address their health behaviours and reduce harmful alcohol consumption

7. Appendices:

Appendix 1 – Data relevant to alcohol and alcohol-related harm in North Tyneside
Appendix 2 – Revised Terms of Reference for North Tyneside Strategic Alcohol Partnership

8. Contact officers:

Louise Gray, Public Health Specialty Registrar, North Tyneside Council

9. Background information:

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

North Tyneside Joint Health and Wellbeing Strategy 2021-2025: Equally Well: A healthier, fairer future for North Tyneside
NHS Digital (2020). Statistics on Alcohol, England 2020
Public Health England (2021). Local Alcohol Profiles for England (online resource, accessed 8 December 2021)
Office for Health Improvement and Disparities (2021). Wider Impacts of COVID-19 on Health (WICH) monitoring tool (online resource, accessed 9 December 2021)
Office for National Statistics (2021). Alcohol-specific deaths in the UK: registered in 2020 (online resource accessed 8 December 2021).

Public Health England (2021). Local Health (online resource, accessed 6 December 2021).
Public Health England (2021). National Drug Treatment Monitoring System (online resource, accessed 8 December 2021).
Public Health England (2021). Monitoring alcohol consumption and harm during the COVID-19 pandemic

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

At this stage, there are no financial implications arising from this report. Actions may be identified by the Strategic Alcohol Partnership in future which may require a financial commitment from some partners, but there is no work currently ongoing that is beyond the remit of partners' usual activity.

11 Legal

The Board has a duty under Section 195 of the Health & Social Care Act 2012 to encourage partners to work closely together and in an integrated manner for the purpose of advancing the health and wellbeing of the people in the area.

12 Consultation/community engagement

There has been no consultation with residents or community engagement to date, however alcohol-related harm and the broader prevention and inequalities agenda formed part of a workshop at the recent State of the Area event, and there will be ongoing consultation as part of the new Joint Health and Wellbeing Strategy. Any relevant findings may inform the work programme of the strategic partnership in the future. Members of the partnership and other relevant stakeholders were also consulted with as part of the re-launch and priority setting.

13 Human rights

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

14 Equalities and diversity

Alcohol-related health harms are a key indicator of health inequalities. The North Tyneside Strategic Alcohol Partnership and partner agencies will work to reduce those inequalities. As yet, no specific issues have been identified with regards to people with protected characteristics, but if these issues were to be identified then the partnership will work to advance equality of opportunity and access to services and support.

15 Risk management

No risk assessment has taken place. Any risks identified can be managed following the Council and partners' existing risk processes.

16 Crime and disorder

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

Whilst most episodes of alcohol pass without any crime or disorder, there is an association between alcohol misuse and violence. Alcohol is a factor in around 39% of all violent crimes in England[9], as well as contributing to anti-social behaviour and public disorder. There is also 'hidden harm' associated with alcohol and issues such as domestic abuse and child neglect.

Northumbria Police are a key member of the partnership and can provide members with an overview of the impact of harmful drinking on crime and disorder. Likewise, they will be able to challenge the partnership if any activity proposed has the potential to have any negative implications on crime and disorder.

One of the ultimate aims of strategic work around alcohol is to address the broader social harms, including crime and disorder (particularly domestic abuse). Therefore, it is hoped that any partnership working to address alcohol-related harm and inequalities could have a resultant positive impact on crime and disorder.

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
Director of Resources	X
Director of Law & Governance	X

[9] **ONS (2017) –** Estimates of violent incidents where the victim believed the offender(s) to be under the influence of alcohol or drugs in England and Wales, year ending March 2006 to year ending March 2016 Crime Survey for England and Wales. Available online

APPENDIX 1

Data on level of need in North Tyneside

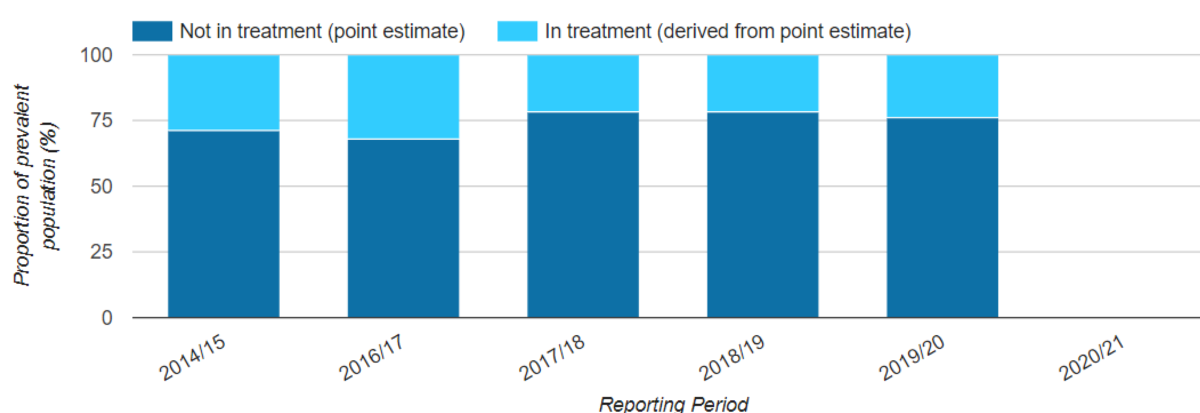
Need

Whilst data suggests that 25.2% of adults in North Tyneside could be drinking at levels greater than the CMO's recommended 14 units a week, not all of those require specialist alcohol treatment[1]. Whilst many would benefit from a brief intervention to bring their drinking down to levels less likely to cause harm to health, there are around 2,600 people who are dependent on alcohol, which is 1.6% of the adult population. This compares to an England average of 1.39% and a North East average of 1.73%[5].

In terms of alcohol consumption, this is measured in comparison to the Chief Medical Officer's (CMO's) recommended limit of 14 units a week. In 2018 the 55 to 64 age group had the highest proportions drinking over 14 units in a week, with 38% of men and 19% of women exceeding the CMO recommended limit. Across the North East, 25.1% of adults admitted to drinking over 14 units a week, compared to 22.8% in England. Whilst 20.5% of adults disclosed that they did not drink at all in 2015-2018, 19.9% disclosed that they were binge drinkers (women who drank more than 6 units on their heaviest day and men who drank more than 8 units on their heaviest day). A different data source estimates that 20.1% of North Tyneside adults were binge drinking in 2015-2018 compared to 19.9% in the North East and 15.4% in England.

Reporting data shows that there were 480 people accessing specialist treatment services for alcohol dependence in 2020-2021[3]. There were also 180 people accessing treatment for "non-opiate and alcohol" dependence and some of the 580 opiate clients may also have had alcohol needs, but this still represents a high degree of unmet need in the borough. It is estimated that only 24% of those in need of specialist alcohol treatment in 2019-2020 were accessing it, however this is higher than the estimated figure of 18% for England, meaning that unmet need is less in North Tyneside, though still considerable. This figure fluctuates year-on-year but has been largely stable for the past few years.

Figure 3 – Unmet need for alcohol users in North Tyneside, 2014-2020. Source NDTMS

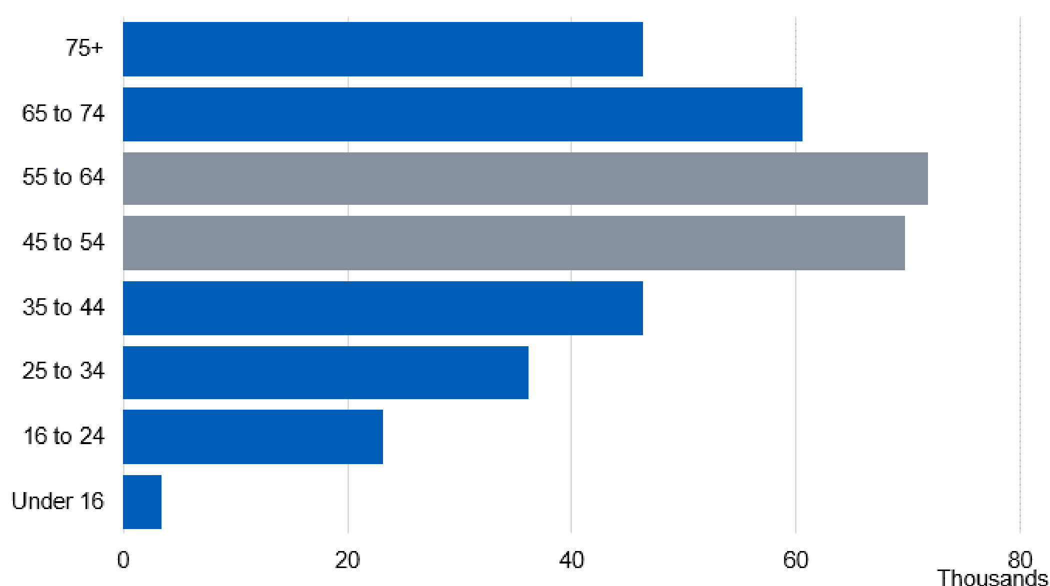


Unmet need	2014/15 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
Not in treatment (point estimate)	71	68	78	78	76	-
In treatment (derived from point estimate)	29	32	22	22	24	-

Admissions

In England in 2018-2019 there were 358,000 admissions to hospital where the main reason was due to drinking alcohol, which was 6% higher than the year before[4]. The number of admissions increased with age until the 55 to 64 age group, with 40% of all admissions in people aged 45-64, and 62% of admissions were male. The figure below shows the distribution of admissions by age.

Figure 4 – Alcohol-related hospital admissions by age group (narrow measure), England 2018-2019 (source, NHS Digital)



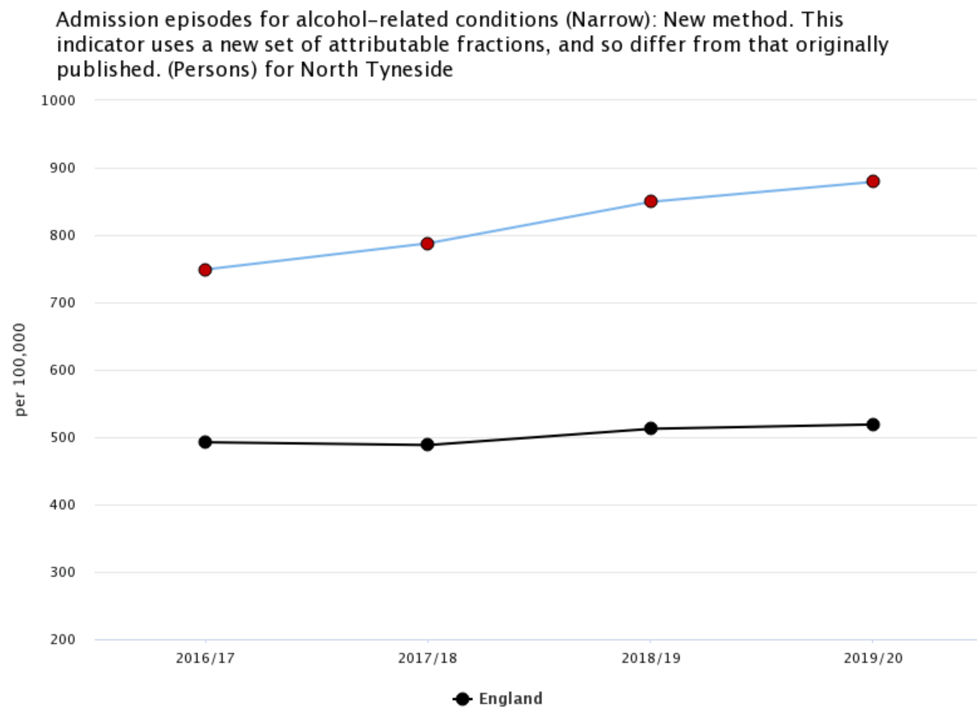
Data is not available at the same level of detail at a local authority level, but the most recent data tells us that local admission rates were higher than England and the North East, as shown in the table below[5].

Table 1: Hospital admission rates where episodes were linked to alcohol (source PHE)

Indicator (admissions per 100,000 population)	Reporting period	North Tyneside rate	England rate	North East rate	Comments
Admissions for alcohol-specific conditions (narrow measure)	2019-2020	879	492	689	Higher for men than women, but rates for both genders higher than regional and England averages
Admissions for alcohol-related conditions (broad measure)	2019-2020	2,493	1,815	2,288	Higher for men than women, but rates for both genders higher than regional and England averages
Admission episodes for alcohol-specific conditions in Under 18s	2017/18 – 19/20	76.6	30.7	55.4	Higher for females than males, but rates for both genders higher than regional and England averages
Admissions for mental and behavioural disorders due to use of alcohol (narrow definition)	2019-20	170.3	74	113.3	Higher for men than women, but rates for both genders higher than regional and England averages
Admissions for mental and behavioural disorders due to use of alcohol (broad definition)	2019-20	690	412	573	Higher for men than women, but rates for both genders higher than regional and England averages
Admissions for alcohol-related unintentional injuries (broad definition)	2019-20	67	53.8	61,1	Higher for men than women, but rates for both genders higher than regional and England averages
Admissions for alcoholic liver disease (broad definition)	2019-20	232.2	139	219.1	Higher for men than women, but rates for both genders higher than regional and England averages
Admissions for intentional self-poisoning and exposure to alcohol	2019-20	108.5	46.1	69.3	Higher for women than men, but rates for both genders higher than regional and England averages
Admissions for alcohol-related cardiovascular disease	2019-20	939	811	887	Higher for men than women, but rates for both genders higher than regional and England averages

The figure below shows that the rate of admissions for alcohol-related conditions is higher in North Tyneside than England, and this gap appears to be increasing.

Figure 5 – Trends of admission episodes for alcohol-related conditions (narrow) in England and North Tyneside. Source: PHE



The same data source also shows that the incidence of alcohol-related cancer was 39.4 per 100,000 of the population in 2016-2018, which was higher than the England rate of 37.77 and regional rate of 39.67. The rates were higher in men than women, and rates for women were below the national average.

Alcohol-related deaths

The are several ways in which alcohol-related deaths can be measured or compared. One indicator is the number of years of life lost due to alcohol related conditions and in 2018 there were 891 years lost per 100,000 people in North Tyneside due to alcohol related condition compared to 637 in England and 947 in the North East[5]. This data, and the data below, shows that although the rates of admission to hospital due to alcohol are higher in North Tyneside than the rest of the North East, the rates of deaths are generally lower, but for both measures of harm the rates are higher than England averages.

Whilst a lot of hospital admissions are due to cardiovascular disease, mortality rates are largely driven by the effects that alcohol has on the liver. The table below sets out mortality rates in more detail.

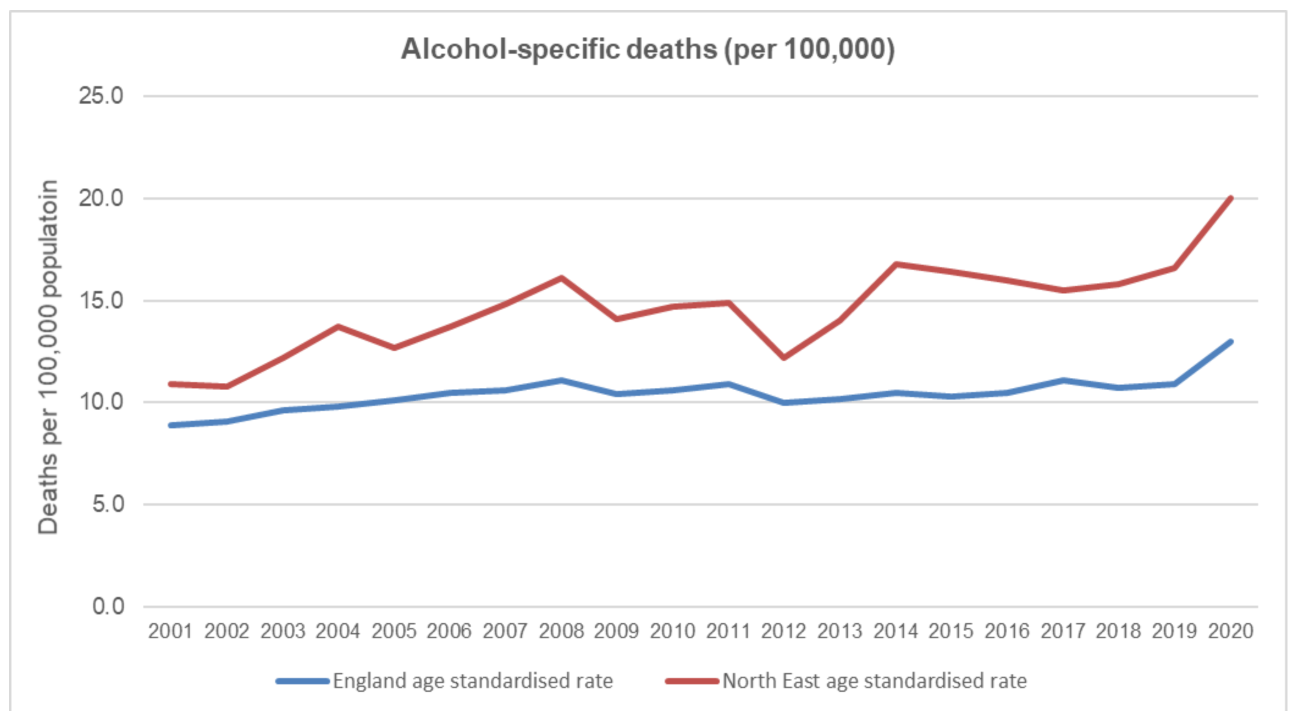
There is no data available on the mortality rates for alcohol-related cancer, but in 2020 the under 75 mortality rate for cancers considered preventable was 77.7 per 100,000, which was higher than the England and North East values. However, some of this will be driven by smoking and other causes.

Table 2: Mortality rates where episodes were linked to alcohol (source PHE)

Indicator (deaths per 100,000 population)	Reporting period	North Tyneside rate	England rate	North East rate	Comments
Alcohol-related mortality	2020	46.2	37.8	49	Higher for men than women, but rates for both genders higher England averages. Women higher than the regional average
Alcohol-specific mortality	2017-19	14.8	10.9	16.0	Higher for men than women, but rates for both genders higher England averages. Men higher than the regional average
Mortality from chronic liver disease	2017-19	16.8	12.2	18.7	Higher for men than women, but rates for both genders higher England averages. Men higher than the regional average
Under 75 mortality from alcoholic liver disease	2017-19	12.3	9.1	14.1	Higher for men than women, but rates for both genders higher England averages. Men higher than the regional average

The figure below shows the trends in alcohol-specific deaths over time in England and the North East and shows that the rate is consistently higher in the North East and there has been a sharp increase recently.

Figure 6 – Trends in alcohol-specific deaths per 100,000 (source ONS)



Inequalities

As above, there are inequalities between communities in the distribution of harm from alcohol, and much of this follows a social gradient. At a population level, people from more deprived areas are more likely to die from alcohol-related conditions and more likely to be admitted to hospital.

Many of the readily available datasets cannot be interrogated in a way that explores inequalities at a local authority level, however at an England-level the level of harm is higher in more deprived deciles compared to the less deprived deciles[5] (where a decile represents 10% of the population) and it can be assumed that North Tyneside date would follow a similar pattern. For example:

- Whilst overall consumption rates may be higher in less deprived communities, the percentage of dependent drinkers is higher in more deprived communities e.g., 1.39% in England overall, but 2.13% in the most deprived areas and 0.93% in the least deprived areas
- Admission rates for alcohol-related conditions (narrow definition) in 2019-2020 were 519 per 100,000 overall, but this ranged from 398 per 100,000 in the least deprived areas and 627 per 100,000 in the most deprived areas
- Admission rates for alcohol-related cardiovascular disease were 811 per 100,000 in 2019-2020 overall, but ranged from 709 in the least deprived decile to 993 in the most deprived decile
- Admission rates for alcoholic liver disease (broad measure) were 139 per 100,000 in 2019-2020, but this ranged from 107.2 in the lease deprived decile to 207.0 in the most deprived decile
- The incidence of alcohol-related cancer was 37.77 per 100,000 overall in England in 2016-2018, but this rose to 41.44 per 100,000 in the most deprived communities and was 36.33 per 100,000 in the least deprived communities
- In 2019 the rate of alcohol-related mortality was 35.7 per 100,000 in England, but this ranged from 29.0 per 100,000 in the least deprived communities to 46.8 per 100,000 in the most deprived communities, as shown in the figure below

Figure 7 – Variation in admission episodes for alcoholic liver disease by deprivation in England in 2019-2020

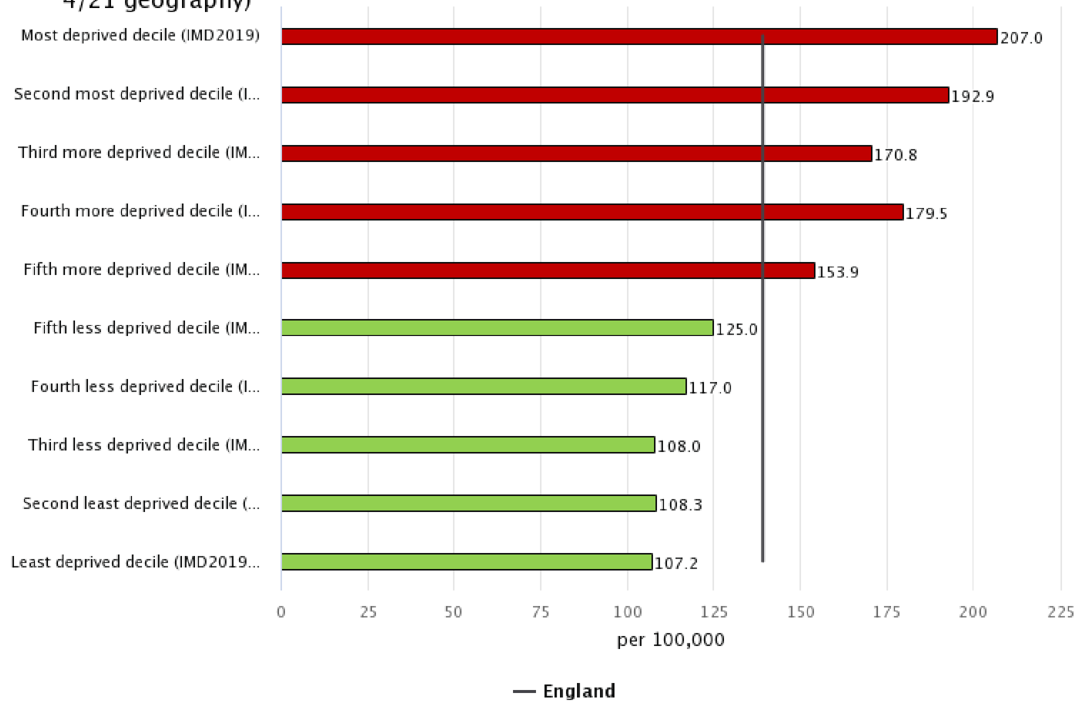
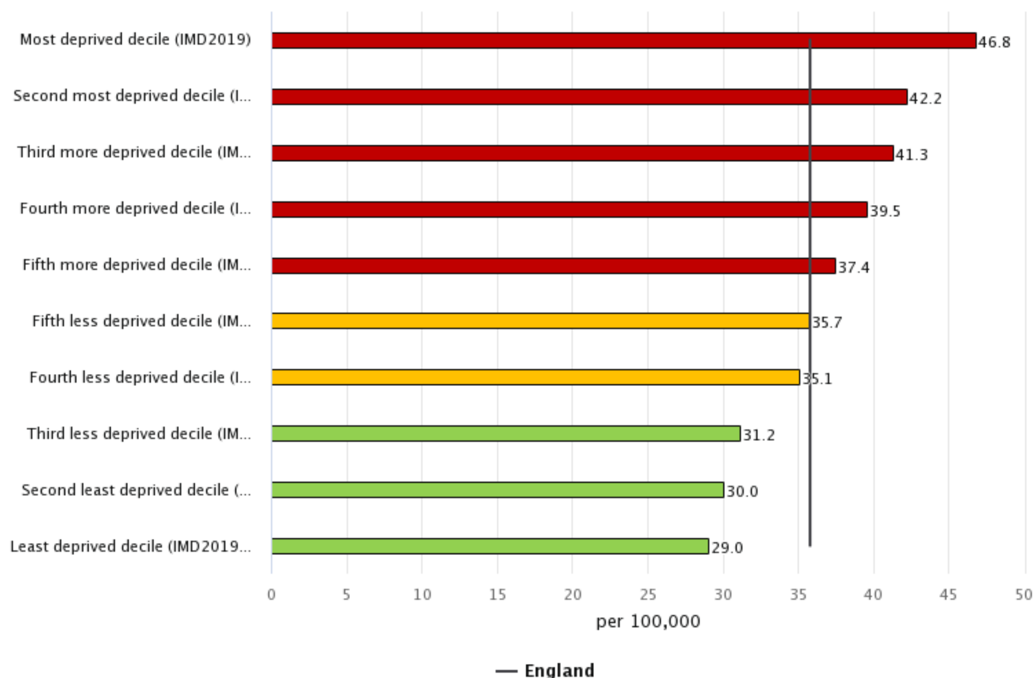
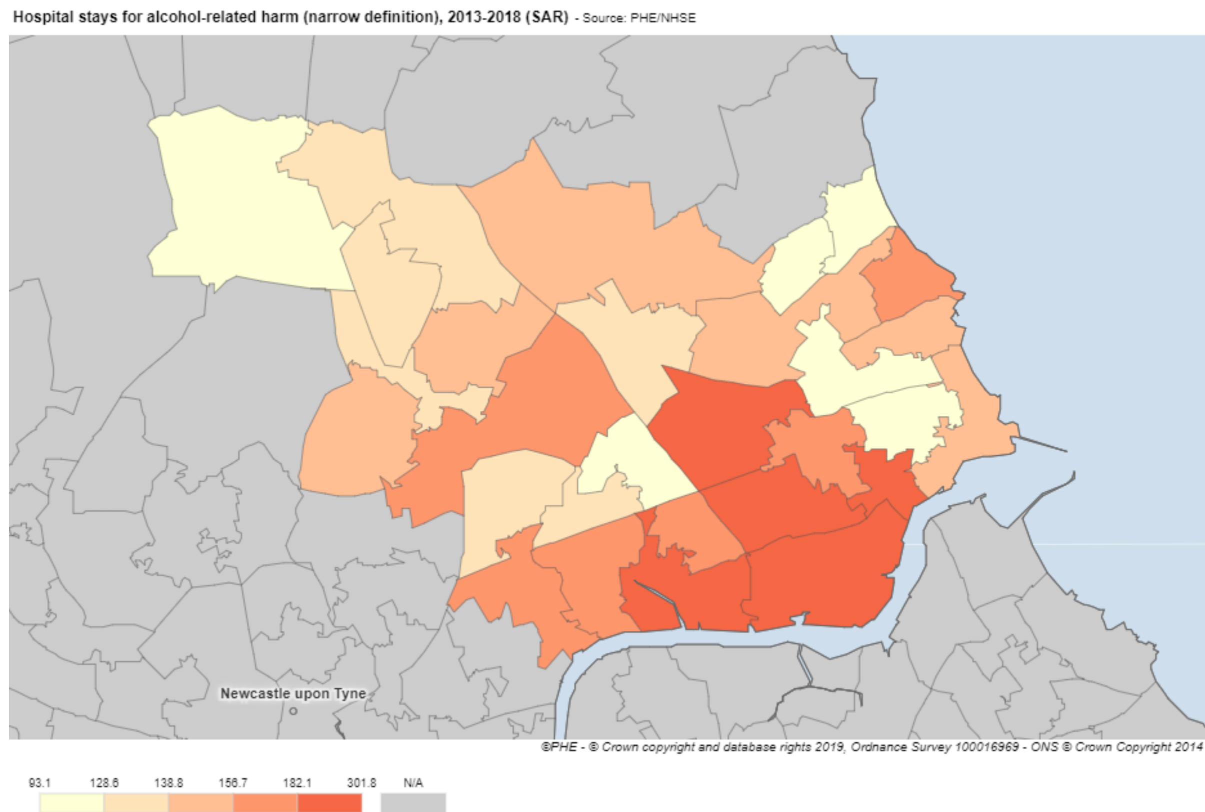


Figure 8 – Variation in alcohol-related mortality by deprivation in England in 2019 (source: PHE)



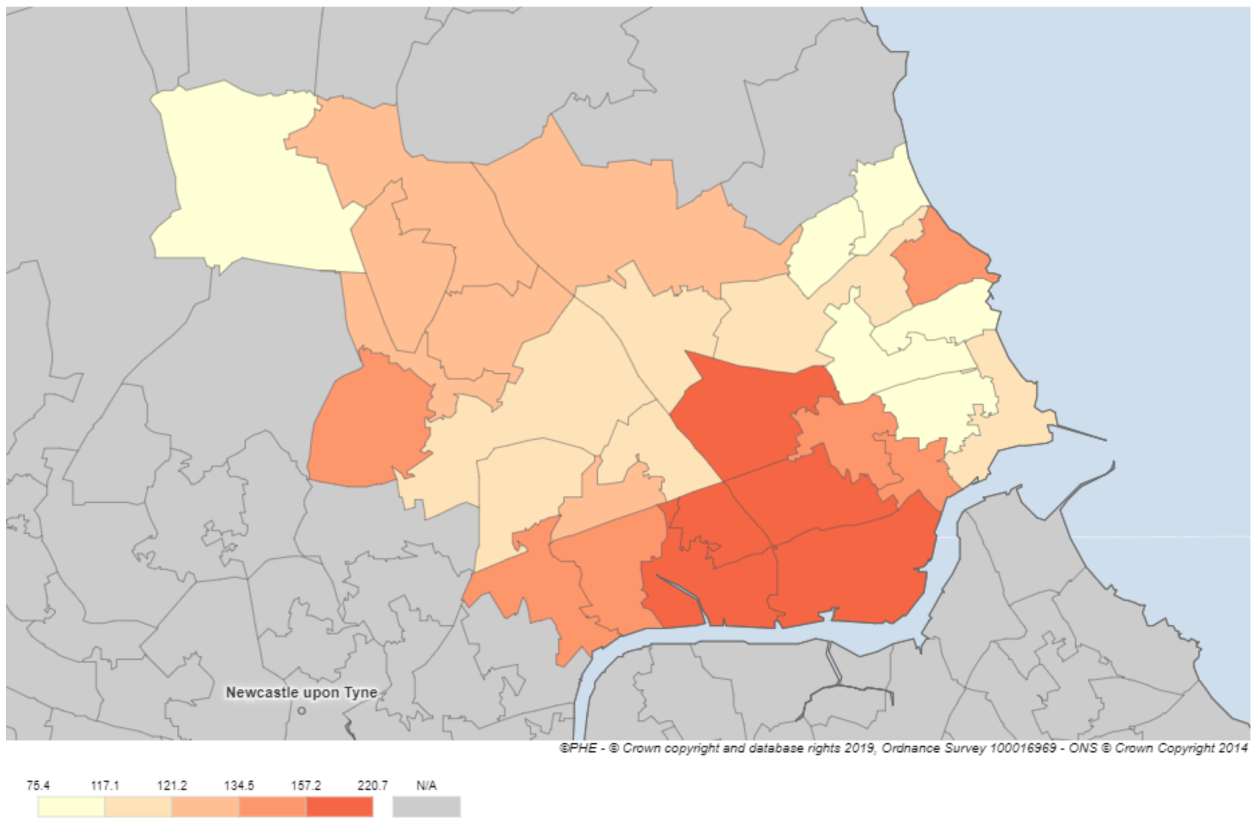
Within North Tyneside, a small number of indicators can be mapped at a MSOA level (an area smaller than a council ward) to see that alcohol-related harm is not evenly distributed across the borough and tends to follow the social gradient. For example, the standardised hospital admission ratio (SAR) for alcohol-related harm allows areas to be compared with each other and the England value of 100. When admissions for 2013-2018 were age standardised, North Tyneside had a SAR of 152.3, which is 52.3% higher than the England average[6]. When this is interrogated at a MSOA level, the ratios range less than the England value, with 93.1 in MSOA E02001740 (Whitley Sands, Monkseaton North) to 301.8 in MSOA E02001764 (in Percy Main, Riverside). The figure below shows the variation at MSOA level in North Tyneside.

Figure 9 – Variation in hospital admission ratios for alcohol related harm (narrow definition), 2013-2018 (source PHE and NHS Digital)



The variation is similar when a broader definition is used for alcohol attributable admissions, as shown in the figure below, with the lowest admission ratio again seen in Whitley Sands (SAR of 75.4) and the highest in Percy Main (SAR of 220.7)

Figure 10 – Variation in hospital admission ratios for alcohol related harm (broad definition), 2013-2018 (source PHE and NHS Digital)



APPENDIX 2

North Tyneside Alcohol Strategic Partnership
DRAFT Terms of Reference 2021-2023

Purpose & Aim:	The purpose of the North Tyneside Alcohol Strategic Partnership is to facilitate a whole-system approach to addressing the health, social and economic harms caused by alcohol to individuals, communities and families in North Tyneside. **The focus is on reducing alcohol misuse, this will be achieved via the following actions:** • Reducing demand and availability • Alcohol treatment for adults and older people • Alcohol treatment for young people • Reducing consumption in those that drink at above lower risk • Raising awareness of the broader social harms from alcohol, such as domestic abuse and self-neglect and processes in place to support those affected **The North Tyneside Alcohol Strategic Partnership will contribute to the following North Tyneside Joint Health and Wellbeing board objectives:** • Reduce the proportion adults who drink more than 14 units of alcohol per week in North Tyneside to below the best rate in the region 20.2% • Reduction in alcohol related and specific admissions in adults from to same or less than England rate • Reduction in alcohol admission for young people to same or less than England rate • Explore the scale of broader social harms linked to alcohol, such as domestic abuse and self-neglect, and consider how to address this further in North Tyneside.
Responsibilities	**The following responsibilities will support the alliance to deliver on its purpose:** Provide strategic leadership to develop a whole system approach to reducing the harms to health and well-being associated with alcohol with commitment from all partners to enable the following: • Develop, deliver and assess the progress of the North Tyneside alcohol strategic partnership action plan. • Embed high quality and accessible services for an all-ages treatment of alcohol dependency • Ensure that every NHS provider in North Tyneside is providing IBA • Ensure children and young people in North Tyneside have an alcohol-free childhood • Ensure collaboration between agencies working to address issues such as domestic abuse and self-neglect and specialist alcohol services • Reduce existing health inequalities and ensure that all interventions are contributing to narrowing the gap between our most and least affluent communities • Advocate for regulatory changes for greater alcohol control

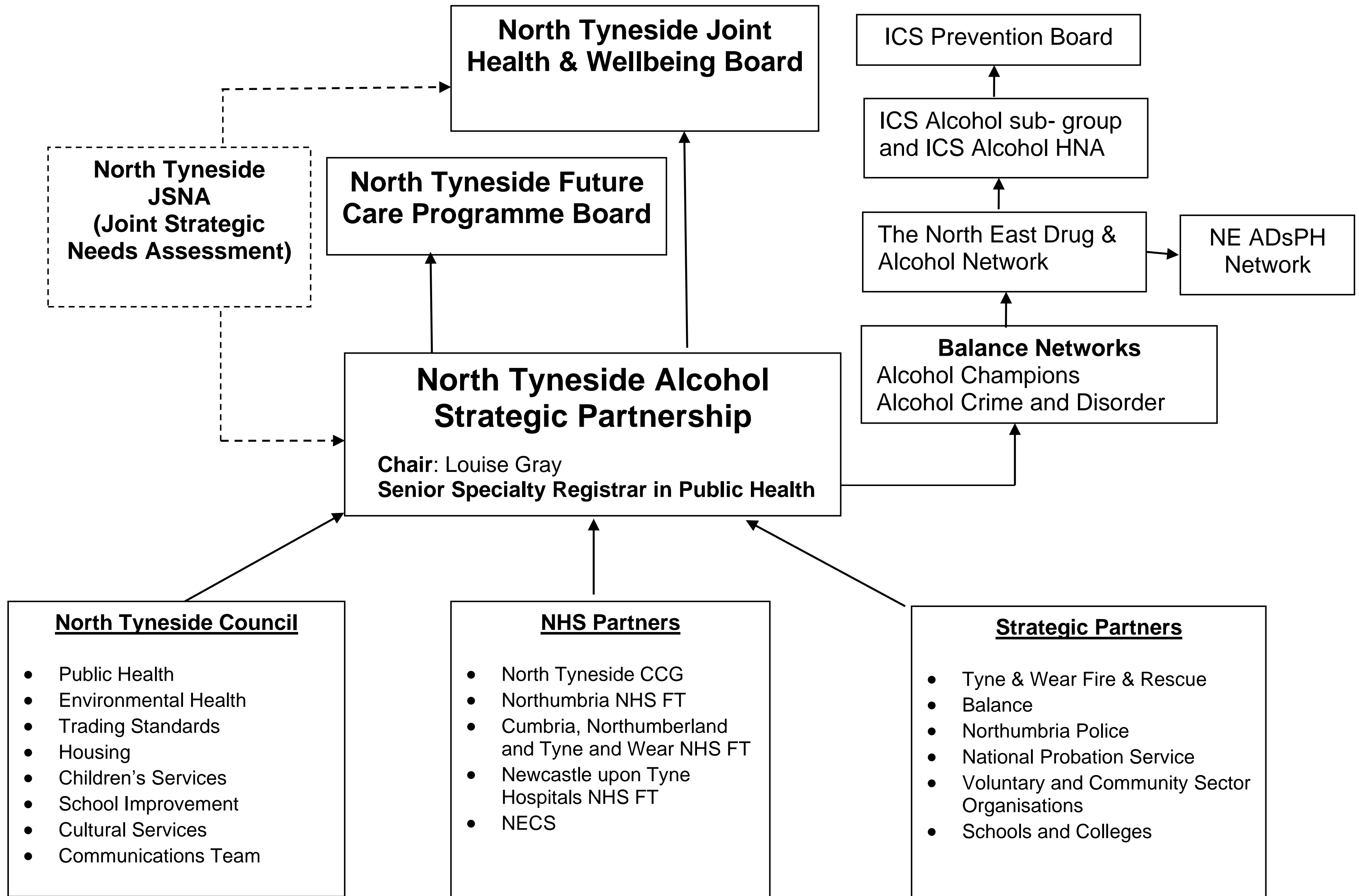
<table>
<tr><td>Membership:</td><td>North Tyneside Council
Public Health
0-19 Children's Public Health Service
Environmental Health
Trading Standards
Active North Tyneside
Children and Young People's Services
Communications and Marketing
Cultural Services
Housing
School Improvement
Other Strategic Partners
North Tyneside Recovery Partnership
Balance
Northumbria Healthcare NHS Foundation Trust
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Voluntary and Community Sector
Northumbria Police
North Tyneside Clinical Commissioning Group
Tyne and Wear Fire and Rescue
National Probation Service
Schools and colleges
Primary Care/General Practice representation to be discussed further</td></tr>
<tr><td>Chair:</td><td>Louise Gray - Senior Specialty Registrar in Public Health, North Tyneside Council</td></tr>
<tr><td>Convening</td><td>North Tyneside Council – Public Health will convene and administer the partnership</td></tr>
<tr><td>Meeting Frequency</td><td>3 times per year – these sessions may be business focused or themed.

A further ½ day session to assess annual progress and consider future priorities

Task and finish groups may be established to oversee time limited pieces of work that contribute to the alliance delivery plan</td></tr>
<tr><td>Accountability & Reporting:
To be discussed further</td><td>The partnership will report to:
North Tyneside Future Care Programme Board
The partnership will provide updates to the:
North Tyneside Joint Health and Wellbeing Board (annual update)
North East Association of Directors of Public Health (ADsPH) (as appropriate)
The North East Drug & Alcohol Network
Balance Networks (as appropriate)
Alcohol Champions
Alcohol Crime and Disorder
These terms of reference do not remove the accountability and governance arrangements already in place for individual organisations</td></tr>
</table>

These terms of reference were agreed at the partnership meeting on ________________ and will be reviewed annually.

North Tyneside Alcohol Strategic Partnership
GOVERNANCE & REPORTING ARANGEMENTS



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