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North Tyneside Council

Health and Wellbeing Board

8 September 2021

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

on **Thursday, 16 September 2021**

at **10.00 am**

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

(Due to Covid precautions anyone wishing to attend is asked to first notify the contact officer.)

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.

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

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

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

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

4. **Minutes** 5 - 10
To confirm the minutes of the meeting held on 8 July 2021.

5. **Joint Health & Wellbeing Strategy**
To receive a presentation from the Director of Public Health and Assistant Chief Executive providing a progress report on the process for developing a new Joint Health & Wellbeing Strategy focussed on addressing health inequalities.

6. **People's Health Trust** 11 - 18
In developing a new Joint Health & Wellbeing Strategy, members of the Board are invited to take into account the information provided by the People's Health Trust in relation to its resident-driven approaches to address the underlying causes of health inequalities.

7. **Healthwatch North Tyneside** 19 - 34
To receive a report on the work of Healthwatch North Tyneside and to consider the key issues local people have been raising.

8. **North Tyneside All Age Autism Strategy 2021-2026** 35 - 68
To consider and approve the North Tyneside All Age Autism Strategy 2021-26 and agree future reporting arrangements for updates on progress back to the Board.

9. **Healthy Weight Declaration** 69 - 112
To introduce the Healthy Weight Declaration and propose that the Health and Wellbeing Board supports the adoption of the Declaration.

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
Susannah Thompson, TyneHealth
Craig Armstrong, North East Ambulance Service
Steven Thomas, Tyne & Wear Fire & Rescue Service
Claire Wheatley, Northumbria Police
Dawn McNally, Age UK North Tyneside
Andy Watson, 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, 8 July 2021

Present:

Councillor K Clark (Chair)
Councillors P Earley, M Green and J Kirwin
Wendy Burke, Director of Public Health
Lesley Young-Murphy, North Tyneside NHS Clinical Commissioning Group
Julia Charlton, Healthwatch North Tyneside
Paul Jones, Healthwatch North Tyneside
Susannah Thompson. TyneHealth
Steven Thomas, Tyne & Wear Fire and Rescue
Dawn McNally, Age UK North Tyneside
Lisa Jordan, Newcastle Hospitals
Denise Cowans, Cumbria, Northumberland, Tyne & Wear Trust
Scott Woodhouse, North Tyneside Council
Jim Mackey, Northumbria Healthcare

Apologies: Councillor C Burdis
Jacqui Old, North Tyneside Council
Richard Scott, North Tyneside CCG
Michael Graham, Newcastle Hospitals
Claire Riley, Northumbria Healthcare
Kedar Kale, Cumbria, Northumberland, Tyne & Wear Trust
Craig Armstrong, North East Ambulance
Cheryl Gavin, Voluntary and Community Sector
Dead Titterton, YMCA North Tyneside
Jackie Laughton, North Tyneside Council

In Attendance: Mark Adams, North Tyneside CCG
Peter Kelly, Public Health England
Councillors T Brady, M Hall and J Shaw
Emma Fagan, North Tyneside Council

HW52/21 Appointment of Substitute Members

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

Lisa Jordan for Michael Graham (Newcastle Hospitals NHS Foundation Trust)
Denise Cowans for Kedar Kale (Northumberland, Tyne & Wear NHS Foundation Trust)
Scott Woodhouse for Jacqui Old (North Tyneside Council)
Jim Mackey for Claire Riley (Northumbria Healthcare NHS Foundation Trust)

HW53/21 Declarations of Interest and Dispensations

Councillor Joe Kirwin declared a non-registerable personal interest in Item 6, Integration and Innovation: Working Together to Improve Health and Social Care for All' because his wife worked for South Tyneside & Sunderland NHS Foundation Trust and he worked for Pancreatic Cancer Action.

HW54/21 Minutes

Resolved that the minutes of the previous meeting held on 11 March 2021 be confirmed and signed by the Chair.

The Chair gave thanks to the outgoing Chair of the Health and Wellbeing Board, Cllr Margaret Hall, for all of her hard work in undertaking the role.

HW55/21 UK Health Security Agency and Office of Health Promotion.

The Board received a presentation from Professor Peter Kelly, Public Health England (PHE) Regional Director and National Health Service Executive (NHSE) Regional Director of Public Health North East and Yorkshire, in relation to changing responsibilities and Public Health Reforms.

The Board was informed that PHE exists to protect and improve the nation's health and wellbeing and reduce health inequalities. PHE provided government, local government, the NHS, Parliament, industry and the public with evidence based professional and scientific expertise and support. There were 9 PHE teams in 4 regions around England to support implementation where people live and work. PHE dealt with many issues beyond Covid and were experts at small very rare diseases and in surveillance.

Professor Kelly informed the Board that the UK Health Security Agenda, established in April 2021, undertook functions in 5 core areas: Prevent, Detect, Analyse, Respond and Lead. The prevent function involved anticipating and taking action to mitigate infectious disease and other hazards to health before they materialise. Detect related to detecting and monitoring infectious diseases and other hazards to health, including novel diseases and new environmental hazards. The analyse function referred to analysing infectious disease and other hazards to health to determine how best to control and respond to them through coordinated and intelligent data analysis and modelling. The respond function involved taking action to mitigate and resolve infectious diseases, through direct delivery, engaging with citizens and flexibly deploying resources. The lead function meant providing health protection system leadership, working in partnership with stakeholders such as central government, local government and the NHS to provide effective preparation and response to the full range of threats to health.

It was explained that the new Office for Health Promotion (OHP) would be the home of the Government's health promotion and prevention agenda. Under the leadership of the Chief Medical Officer, it would develop and lead the delivery of an ambitious strategy for improving the nation's health. It would bring together evidence, data and intelligence on

what drives better and more equal health outcomes. The OHP would sit within the Department of Health and Social Care and deliver through a wide range of partners. As part of the public health reforms, functions including screening and immunisation and dental public health would move from PHE to NHSE.

The Board was informed that there were still some areas to be determined in relation to the public health reforms, including how various agencies would work and interact with local authorities and how funding would be allocated. It was noted that the role of the Health and Well Being Board was to promote greater integration and partnership between bodies from the NHS, public health and local government. Protecting and improving health inequalities was critically important and needed to be done from the bottom up. The Board discussed health inequalities in North Tyneside and how levelling up could be achieved. It was noted that there needed to be investment in the jobs market, education and housing to help address health inequalities.

The Chair thanked Professor Kelly for his attendance and for the information presented. Wendy Burke, Director of Public Health at North Tyneside Council, thanked Professor Kelly and his team for the support and leadership that PHE had provided.

Resolved that the information presented be noted.

HW56/21 Integration and Innovation: Working Together to Improve Health and Social Care for All

The Board received a presentation from Mark Adams, Chief Officer of the North Tyneside Clinical Commissioning Group, in relation to the White Paper – Integration and Innovation: working together to improve health and social care for all.

The Board was informed that the White Paper aimed to improve population health and healthcare, tackle unequal outcomes and access, enhance productivity and value for money and help the NHS to support broader social and economic development. A key responsibility emerging from the White Paper would be to support place-based joint working between the NHS, local government, community health service and other partners such as the voluntary and community sector. Place level commissioning within an integrated care system would align geographically to a local authority boundary and the Better Care Fund would provide a tool for agreeing priorities.

It was noted that legislation could help to create the right conditions, but it would be the hard work of the workforce and partners in local place and systems that would make the real difference. There was a real chance to strengthen and assess patient voice at place and system levels.

The approach to place in the White Paper would allow the NHS to shift away from an adversarial and transactional system centred on contracting and activity payments to one that is far more collaborative and dedicated to tackling shared problems. Whilst NHS provider organisations would retain their current structure and governance, they would be expected to work in close partnership with other providers and with commissioners to improve outcomes and value.

The Board was informed that it was not expected that there would be any legislative provision about arrangements at place level. Place based arrangements would be left to local organisations to arrange, with the expectation that local areas would develop models to best meet their local circumstances. Health and Wellbeing Boards would remain in place and continue to have an important responsibility at place level to bring partners together.

The Board was presented with the legislative timetable for the White Paper, which indicated that the (Health and Care) Bill would receive Royal Assent and become an Act in January 2022, with the provisions of the Act, including the establishment of the new NHS Integrated Care System (ICS) bodies, coming into force on 1 April 2022 (subject to parliamentary decision). The ICS would be a statutory board in its own right and have a set of principles. A key area of focus would be that decisions taken closer to the communities that they affect are likely to lead to better outcomes. Collaboration between partners in a place across health, care services, public health, and the voluntary sector could overcome competing objectives and separate funding flows to help address health inequalities, improve inequalities and deliver joined-up services. The ICS NHS body would take on the commissioning responsibilities of the Clinical Commissioning Groups (CCGs).

The Board was informed that ISCs would need to be able to ensure collectively that they were addressing the right priorities for their residents and using collective resources wisely. Work would need to undertaken across partners to determine a number of factors, including distribution of financial resources targeted at areas of greatest need and workforce planning, commissioning and development to ensure that people and teams were supported.

It was noted that models of place-based working were emerging but no decisions on structures had yet been made. National guidance on ICS development was imminent and a way forward would need to be planned with partners. It was important to build on existing joint arrangements at place between local authorities, the NHS and wider partners.

Members of the Board commented on the complexities of the emerging changes and the need to ensure that members of the public know where to go to get the care they need. It was noted that there would be a clear focus on what needed to be done to ensure that the public were aware of and understood changes related to patient care.

The Chair thanked Mr Adams for his attendance and for the information presented.

Resolved that the information presented be noted.

HW57/21 Tackling Inequalities in Health and the Impacts of COVID-19

The Board received a report which set out the proposed approach to tackle inequalities in health and wider socio-economic factors via a new Joint Health and Wellbeing Strategy for North Tyneside. The current Joint Health and Wellbeing Strategy 2013-23 was previously agreed by the Board but it was now appropriate to develop a new strategy in the context of the impact of the Covid-19 pandemic.

Initial work had begun within the local authority and across the NHS to assess the ongoing impacts of the pandemic across the borough, both from a direct and indirect point of view. In common with other places across the country, the impacts had not been felt equally across communities with the greatest impacts falling on the least privileged. Before the

Covid-19 pandemic, there were already signs that the health of the people in North Tyneside was falling behind the rest of the country. The pandemic and wider governmental and societal response had further exposed the inequalities in North Tyneside.

The response to the pandemic, including the demand upon the NHS and social care services together with measures taken to control the spread of coronavirus have had wide ranging indirect impacts including education, household incomes, job security and social contact. The control measures had therefore had their own important consequences for people's lives, in addition to the direct impacts of the disease on health and wellbeing.

The Board was informed that work to develop the new strategy would take place in phases. In phase 1 a cross-sector working group would complete an analysis of the direct and indirect impact of the pandemic to provide a clear evidence base for strategy development and decision taking. In phase 2, the working group would develop policy priorities for the new Joint Health and Wellbeing Strategy. It was proposed to carry out consultation and engagement on the policy priorities will all key stakeholders throughout October 2021 including via the annual State of the Area Event and via Healthwatch and the CCG's patient forum. The refreshed strategy would then be considered for approval by the Health and Wellbeing Board at its meeting on 11 November 2021.

Resolved that the approach to developing a new Joint Health and Wellbeing Strategy be agreed and nominations for representatives from each organisation represented on the board to sit on the cross-sector working group be made by 16 July 2021.

HW58/21 Appointment of Member to the Board

The Board received a report in relation to a request from Northumbria Police to be represented on the Board.

In accordance with the Health and Social Care Act the membership of the Health and Wellbeing Board must comprise of:-

a) The Elected Mayor and/or at least one councillor as nominated by the Elected Mayor;
b) The Director of Adult Social Services;
c) The Director of Children's Services
d) The Director of Public Health;
e) a representative of the North Tyneside NHS Clinical Commissioning Group;
f) a representative of Healthwatch North Tyneside;
g) for the purpose of participating in the preparation of the Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy, a representative of NHS England; and
h) such additional persons as the Board or the Council think appropriate.

When the Board was established in June 2013 Northumbria Police declined an invitation to be represented on the Board as issues routinely discussed would not be relevant to the operational priorities of the Police. The Police had indicated they would attend meetings where specific relevant items were under discussion.

The Director of Children's and Adult Services had recently been approached by Claire Wheatley, the new Chief Inspector Harm Reduction & Intel Northern. Claire was keen to

join the Board and the Director of Children's and Adults Service and the Chair of the Board agreed that this would offer a useful perspective to meetings.

The appointment would increase the membership of the Board from 22 to 23 members.

Resolved that Claire Wheatley, Northumbria Police be appointed to the Heath and Wellbeing Board.

North Tyneside
Health & Wellbeing Board Report
Date: 16 September 2021

Title: People's Health Trust

This item is for information only.

Report from:	Law & Governance	
Report Author:	Michael Robson, Democratic Services Officer, Law & Governance	(Tel: 0191 643 5359)
Relevant Partnership Board:	n/a	

1. Purpose:

This report presents details of the work undertaken by the People's Health Trust in relation to its resident-driven approaches to address the underlying causes of health inequalities.

Members of the Board are invited to consider this information, and the approaches adopted by the People's Health Trust in addressing health inequalities, when developing the new Joint Health & Wellbeing Strategy.

2. Information

The Chair of the Board had extended an invitation to John Hume, Chief Executive of the People's Health Trust, to attend today's Board meeting and present details of the Trust's work in addressing health inequalities. It was envisaged that this would help inform the Board's work to develop a new Joint Health and Wellbeing Strategy. Unfortunately, John is unavailable to attend today's meeting but he has submitted the attached information and case studies for the Board's consideration.

3. Appendices

The letter form the People's Health Trust is attached as an appendix.

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7 September 2021

Michael Robson

Law and Governance

North Tyneside Council

By EMAIL

Dear Mr Robson

North Tyneside Health and Wellbeing Board

Thank you for your email of 16 July 2021, inviting People's Health Trust to attend and give a presentation to the North Tyneside Health and Wellbeing Board. In my reply to you on 17th August, I explained I was unable to attend but that I would submit something for the Board to consider, which I am now doing.

About People's Health Trust

The Trust was set up to address health inequalities in Great Britain and create fairer places in which to grow, live, work and age. Over the past decade we have been working to ensure that where you live does not unfairly reduce the length of your life, or the quality of your health.

Through our funding and support, we encourage resident-driven approaches to impact local systems and target the underlying causes of health inequalities. The Trust funds projects addressing the circumstances that affect our life expectancy and quality of our health (the social determinants of health).

Across its funding programmes, the Trust provides funding, resources and guidance to organisations who wish to act upon ideas from residents living in neighbourhoods experiencing disadvantage to address social and economic determinants of health in the places they live. Residents have control over the design of their project's activities or actions, as well as how they are delivered. The Trust targets the lowest 30% according to Indices of Multiple Deprivation (IMD) as these are the neighbourhoods that require the greatest levels of support.

The Trust supports its funded partners to build residents' social connections alongside their individual and collective confidence and aspirations, in order to provide a platform for wider action on social determinants of health. This is achieved through a clear approach to engagement that encourages open dialogue and the sharing of ideas, interests, and learning through networks. This process builds residents' trust and their sense of belonging, supports increases in their individual and collective knowledge, understanding and skills, and leads to a better quality of life by increasing levels of control over the things that matter to people.

We deliver the Local Conversations programme, a long-term programme which aims to address neighbourhood health inequalities. Longbenton is one such neighbourhood, supported by Justice Prince CIC.

The importance of focusing on the social determinants of health

It is heartening to hear that North Tyneside wishes to tackle health inequalities and specifically the socio-economic causes. Our experience is that it is indeed critical to focus on the underlying causes of poor health in order to effectively target the real causes of poor health outcomes. These come from the everyday circumstances of people's lives: the social determinants of health, for example, their housing, the local environment, the availability of good jobs, the way that the local economy functions and levels of financial and food security, amongst several others. It is only through focusing on these social determinants of health that we will see sustainable improvements on health outcomes as part of any health inequalities strategy. Without greater levels of control over these social determinants of health and improvements in residents' quality of life, it is impossible to create enduring change to the unjust and avoidable differences in people's life expectancy and quality of health throughout their lives.

Why focus on local engagement?

People's Health Trust has learnt that uncovering the wisdom of local people to know what needs to change in their neighbourhood to improve their health and wellbeing, is a critical first step for any planned work with residents. Strong engagement processes are vital as the starting point to begin the process of co-production from.

In order to build a foundation for co-production, the Trust's evaluation programmes have revealed that building social connections locally within neighbourhoods is not a marginal part of this public health function, but is critical. This includes increasing the quantity and quality of social support networks; of friendships; of connections between neighbours; of connections between different groups and within groups (including community sector and statutory partners).

The Trust's programmes have revealed that strong and deep engagement processes that focus on listening to residents are critical in building social connections. Evidence suggests that this is hugely successful, with 46% of residents in the Trust's long-term 'Local Conversations' programme which Longbenton is part of, reported as talking to their neighbours on most days. This is significantly more compared to the England average (21%) and the average for similarly disadvantaged neighbourhoods (17%), based on comparison to the Community Life survey. Social connections are also health protective. We know from much of Professor Sir Michael Marmot's work that access to social support structures influence the social gradient that defines health inequalities.[1,2] Marmot demonstrates that access to a limited quantity and quality of social support structures leads to a higher likelihood of mortality and a lower quality of life, while access to strong social support structures increases the likelihood of a long and healthy life.

In disadvantaged communities with disproportionately receding public services[3], a lack of social status, and higher feelings of stigma and shame, residents are more likely to withdraw from social activity, as interactions reinforce these feelings of relative status.[4] Evidence also demonstrates that a lack of access to transportation - a common by-product of receding public services - puts people at particular risk.[5] As such, targeted work to increase and improve social connections within disadvantaged neighbourhoods is key to effectively addressing health inequalities. **Building control and taking action on social determinants**

By building strong foundations of connection, this also leads to other positive outcomes. At a statistically significant level, residents involved in Local Conversations are more satisfied with life, less anxious, and more likely to feel that the things they do in life are worthwhile, compared to averages for similarly deprived areas in England.

While these are health protective outcomes in themselves, the Trust's evidence also indicates participants involved in these engagement processes are significantly more likely to feel a stronger sense of neighbourhood belonging (81%) than England-wide averages (56%) and averages for those living in similarly-disadvantaged neighbourhoods (62%).

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[1] Marmot, M., et al. (1991). *Health inequalities among British civil servants: the Whitehall II study*

[2] Marmot, M. (2010). *Fair Society, Healthy Lives (The Marmot Review)*, (Last accessed 8 June 2020)

[3] Local government funding and life expectancy in England: a longitudinal ecological study - The Lancet Public Health

[4] Pickett K., Wilkinson, R. (2018). *The Inner Level: How More Equal Societies Reduce Stress, Restore Sanity and Improve Everyone's Well-Being*

[5] Cacioppo, J. T., Hawkley, L. (2009). *Perceived Social Isolation and Cognition* (Last accessed 9 June 2020)

When residents feel connected, have built trusting relationships and have a sense of control, they will also feel much a greater sense of agency and willingness to get involved in local initiatives. When compared to the Community Life survey:

- Residents involved in Local Conversations are much likelier to agree that when people in the area get involved in their local community, they can really change the way the area is run (82% compared to 51% in similarly deprived areas and 54% in England as a whole).
- Residents involved in Local Conversations residents agree that people in their neighbourhood pull together to improve their neighbourhood (76%) than in similarly deprived areas (47%), and in England as a whole (58%).

All of this provides a critical foundation for wider action on the social determinants. Through a process of local priority-setting alongside building partnerships and relationships with local stakeholders, it then becomes possible to identify and target specific social determinants of health and co-produce positive outcomes that directly impact people's health and wellbeing.

We believe the numerous attempts to address health inequalities fall down because they:

- Fail to address the needs identified by local people, rather than their perceived priorities;
- Marginalise already marginalised communities by not supporting them through a meaningful engagement process to full participate;
- Do not act on the social and economic factors which contribute so significantly to health inequalities, as the Marmot reports (2010 and 2020) so clearly showed.
-

We have the greatest of respect for any council trying to address the real causes of health inequalities at a time of unprecedented pressures. If we can provide more information, please do feel free to contact us.

Yours sincerely,

John Hume

Chief Executive

Phone: 020 7749 5151 Address: 2 Bath Place, Rivington Street, London, EC2A 3DR

Website: peoplehealthtrust.org.uk

Cc Cllr Karen Clark

Case studies

Case study: Longbenton, Newcastle - supported by Justice Prince
Start date: April 2014
Grant awarded by People's Health Trust: £706,186

Through a process of deep engagement, residents in Longbenton identified Employability and Training, Reducing Isolation and Increasing community resources and assets as the key social determinants which give rise to poor health in their neighbourhoods. They wised to prioritise these areas.

- There is a clear focus on environmental action as part of increasing community resources and assets. Environmental Action Teams oversee specific sections of the neighbourhood, have planted trees, held regular litter picks, delivered horticultural training, and have worked in partnership with the council on improving one of the play areas to restore it and make it accessible for disabled children. Residents have also led work with the council to replace tarmac on local footpaths, and developed their own environmentally-focused network.
- Evidence shows that this work has brought a sense of pride, greater levels of trust and a deeper sense of belonging to the neighbourhood[6], outcomes that steer towards a greater sense of control and, in time, better health outcomes.
- Justice Prince have also negotiated a land asset transfer for their community garden and have recently built a modular building, where they intend to run a social hub and food enterprise. This will increase community access to fruit and vegetables and support residents to grow their own. All profits go straight back into the community.
- The project's delivery model includes a range of decision-making mechanisms, ensuring residents can influence decisions and get involved in the ways most meaningful to them. This non-prescriptive approach supports the spread of control across the neighbourhood and underlies their success, with 85% of residents reporting having the power to make important decisions that can change the course of their lives.
- 98% of residents in Longbenton are now satisfied with the local area as a place to live, in contrast with an average of 76% in England, and an average 64% in similarly disadvantaged neighbourhoods.[7]
- Residents are leading a range of activities, have mapped local sources of power and charted how they can bring about change for themselves, their families and the wider community. Those first engaged in the project in 2014 remain closely involved and deeply passionate. 100% of residents involved report a growth in confidence through the project and 95% have learnt or developed new skills. Many have qualified as Community Organisers, and see clearly how their actions impact against the social determinants of health and how they can start to address health inequalities.

[6] Ibid
[7] Local Conversations residents' survey 2018, New Economics Foundation; Community Life Survey 2016-17, Cabinet Office.

Case study: Lozells, Birmingham - supported by Aspire & Succeed
Start date: April 2014
Grant awarded by People's Health Trust: £730,300

Aspire & Succeed covers approximately 791 households and 5,000 residents. The Local Conversation in Lozells has built strong engagement processes that deliberately transfer control gradually to residents across the neighbourhood, supported by the fact that staff members are seen as "inside" rather than "outside" in the community. Shale Ahmed, Project Manager for Aspire & Succeed in Lozells, Birmingham explains more about his experience of Local Conversations:

"Over the years there has been a lot of investment in the area but many of the people living here felt they couldn't see any impact. The Local Conversation programme designed and funded by People's Health Trust, in Lozells is different. When we started talking to people they wanted to get involved with the project because they recognised us – that gave them confidence to get involved and hope that things would change.

Although Lozells is in the top two per cent of deprived neighbourhoods in England, residents see it as a progressive place to live. There has been a lot happening since the start of the Local Conversation. Residents are working together to develop a shared vision for our community. The project has given us an opportunity to address local issues that matter to us.

It's all about listening to people. This approach has really helped us engage with local residents - they feel like they're involved from the start. We (at Aspire & Succeed) act as facilitators and support residents to come up with ideas. We know that no one activity is going to engage the whole neighbourhood so we need different activities and ideas to reach the most marginalised – something that takes time. Following our first major engagement process, local residents' decided on the three issues that were most important to them - children and young people; jobs and money; and place, environment and safety.

Environment has always been a big issue in our neighbourhood - children couldn't play in the park because people were taking drugs in there and razor blades and needles were dumped there. We all had our concerns but we actually had to also try to find solutions to them. We are here long term, trying to make a difference working from grass roots all the way to the top, tackling the issues together as community. We now have a relationship with the local street cleaners who know every road inside out and they know every 'grot spot' in Lozells.

We know their whole team - we work with their line manager, who is on a neighbourhood tasking group, so we hold him accountable and if he can't do something, we then go to their head office. We have connections with the whole department now, rather than just working with certain sections of waste management. We've set up an action group with the local residents of each road. There are always people who care about their community and want to improve things, it's just a case of identifying the people that have that passion and just give them some sort of direction, and then Lozells will blossom.

This approach has really helped us to engage with people, they feel like they're involved from the very start and that's really exciting. People can see the area is a progressive place to live where they feel happier about being in control of their own lives through taking action together with their neighbours and improving their health."

North Tyneside
Health & Wellbeing Board Report
Date: 16 September 2021

Title: Healthwatch North Tyneside Update

Report from: Healthwatch North Tyneside

Report Author: Paul Jones (Tel: 0191 2635321**)**

Relevant Partnership Board: North Tyneside Healthy Weight Alliance

1. Purpose:

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

2. Recommendation(s):

The Board is recommended to: -
a) Endorse the work undertaken to date
b) Note the issues raise with Healthwatch by local residents.

3. Policy Framework

This item relates directly to delivery of the vision, objectives and priorities contained within the refreshed Joint Health and Wellbeing Strategy 2013-23.

4. Information:

This report:
a) provides an update on the activities of Healthwatch North Tyneside during the first half of 2021/22;
b) highlights the key pieces of work being undertaken and the feedback we have received during this period; and
c) indicates some of our activities for the coming months.

5. Decision options:

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

6. Appendices:

The full report is attached to this covering note.

7. Contact officers:

Paul Jones, Director, Healthwatch North Tyneside, tel: 0191 2635321

9. Background information:

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

- Healthwatch North Tyneside uses information gathered from general and specific engagement events, research projects, surveys, enquiries Healthwatch North Tyneside receives from residents and the data from our Feedback Centre as the basis for this report.
- Healthwatch North Tyneside writes reports in relation to specific themes of work which are then shared with providers and commissioners. The Healthwatch Board also receives regular reports including summaries of issues we hear from residents of North Tyneside. Further information is published on our website www.healthwatchnorthtyneside.co.uk

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

There are no known financial implications identified in this report.

11 Legal

There are no legal implications directly arising from this report.

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

12 Consultation/community engagement

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

13 Human rights

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

14 Equalities and diversity

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

15 Risk management

A risk assessment has not taken place.

16 Crime and disorder

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

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healthwatch North Tyneside

Updates and key themes September 2021

www.healthwatchnorthtyneside.co.uk

0191 263 5321

1. Our year so far - April to Sept 2021

It's been a busy six months and we are on course to talk to more people in a year than ever before. We do our best to hear from all sections of the community in North Tyneside. The lockdown restrictions meant that our community engagement activities were limited, but we were very active online and managed to reach over 1,000 people through engaging at the GP led vaccine centres in North Tyneside – a massive thank you to the Primary Care Networks for their support

We are a small staff team currently at 3.6 FTE. We have a fantastic team of volunteers, who have dedicated approximately 1,100 hours of volunteering time between April and September. Our volunteers help us by supporting engagement events, interviewing people over the phone or in person about their experiences of services, administrative support in our office, running focus groups and being our Trustees. Without them we would not achieve what we do.

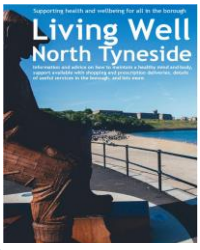
We published our annual report for 2021/21 in June. In this we highlighted how we worked during the pandemic, a key theme of this was partnership working. We are pleased to say that this has continued and we have been able to ensure that services hear people's views and respond.

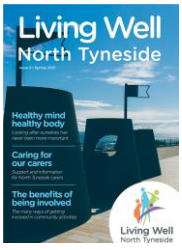
1,482 people have shared their views and experiences

1,806 people talked to us at 24 events across North Tyneside

1,224 residents participated in our GP access research

88,000 Information booklets distributed since Jan 2021



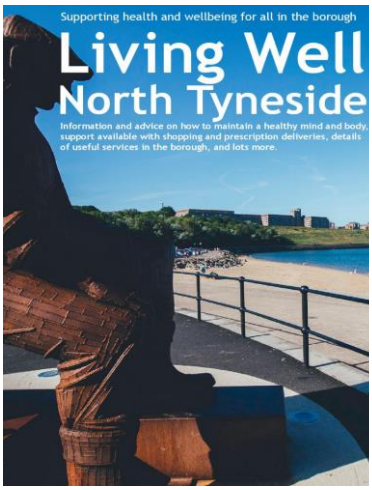


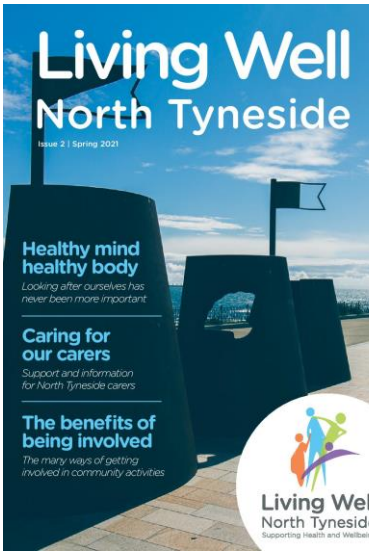
2. Providing Information

Healthwatch North Tyneside is commissioned to provide Information and signposting for local health and care services. Alongside providing an information service (available 5 days a week by phone, email, website and social media) we also lead particular campaigns to respond to gaps in information local people highlight to us.

During the pandemic we heard how people have had difficulty finding useful, trusted information about local health and care services, and about how to get involved in events and groups.

2.1 Living Well North Tyneside booklets





In December 2020 at the first PCN lead vaccine session at the Oxford Centres, Healthwatch North Tyneside identified an opportunity to share important information with people whilst they were waiting for their COVID vaccine. We worked with partners to test the appetite and ensure these could be handed out in a covid safe way.

We then led the drafting, development and distribution of two booklets with the support of the CCG and funding from the Public Health team at North Tyneside Council, VODA, Age UK, the Carers' Centre and our own funds.

33,000 copies of the first edition were handed out to people getting their vaccinations between January and March. It was targeted at older people and other higher risk groups who were prioritised for the vaccine. The content included what to do when you feel ill in North Tyneside, healthy mind and healthy body information, tips for keeping well in winter, and information about local support services.

The second edition included more general health and wellbeing information and 55,000 copies are being distributed at all of the North Tyneside vaccine sites.

Feedback from residents has been very positive.

We are in discussions about a further edition, again aimed at the priority groups, to link to the booster campaign.

2.2 Living Well North Tyneside Website

Living Well
North Tyneside
Supporting Health and Wellbeing

Healthwatch North Tyneside is also an active member of **The Living Well North Tyneside Partnership**, a group of local organisations working to improve access to information in the borough. The Partnership includes North Tyneside Council, North Tyneside CCG, VODA, the four Primary Care Networks (PCNs) of GP Practices, TyneHealth GP Federation, and the Community and Healthcare Forum. The website is due to launch

2.3 Covid Vaccine programme information

We have been working closely with the CCG, TyneHealth, North Tyneside Council and VODA since December 2020 to provide public facing communications for the North Tyneside Vaccine programme including:

- Frequently Asked Questions for the whole system based on the questions residents have asked
- A central website with information about the vaccine programme in one place -TyneHealth
- Gathering feedback and raising issues with providers and decision makers to improve service delivery and residents' experiences
- Targeting engagement activities providing information and promoting the programme – including supporting surge and pop up activity on the ground.
- Fielding and resolving individual cases which do not fit within the majority of standard circumstances.

In response, we have produced information about how to Book appointments, change booking etc that has been used across North Tyneside. Our online guidance about 'how to change your covid appointment' has been accessed by **60,413** unique users in June, July and August, with over 1,000 paper copies also being distributed.

We are currently working with the Public Health team and VODA to continue to deliver outreach support for the covid and flu vaccine programmes across the borough, with a particular focus on areas with lower take up of the covid jabs.

3. Key issues people have told us about

3.1 GP Access and Livi

Access to primary care and GP services has the been the most commonly raised issue with Healthwatch North Tyneside since 2015. As an organisation we have conducted several evidence gathering and research projects to better understand local people's experiences and help providers to improve their services.

The Covid-19 pandemic led to significant shifts in the ways GP practices operated, particularly the shift towards greater use of virtual appointments. The pandemic also created greater pressures and demand for these services, particularly as lockdowns eased. Covid case numbers remained high while self-isolation caused shortages among practice staff.

We undertook a research project to understand people's experiences of accessing GP services and their expectations of services in the future. We gathered people's views and experiences between April and July 2021. During this time, lockdown restrictions were easing. We

conducted this research via an online survey, a paper survey handed out at vaccine centres across the borough, interviews at the vaccine centres and a small number of focus group engagements targeting groups in the community that we hadn't heard from.

Alongside this work, North Tyneside Clinical Commissioning Group (CCG) asked Healthwatch North Tyneside to develop and deliver a survey to hear the views and experiences of people who have used the Livi online GP service to see a GP. Livi is a digital app that lets patients, book and see a GP by video using a tablet or mobile phone. Appointments are available Monday to Friday 7am-10pm, Saturday and Sunday 8-4pm. North Tyneside CCG commissioned Livi for a 12-month pilot to deliver additional appointments for people registered with GP practices in North Tyneside.

In total we have heard from 1,224 people from across North Tyneside. We are currently analysing the data collected and providing feedback to the CCG, Primary Care Networks, TyneHealth and eventually individual practices. These reports are being prepared for publication.

GP Access – key issues

It is clear from the results of this research that local people are generally proud of the NHS and the response during the pandemic, and they want the NHS to be the best it can be. The detail in the feedback we received showed that people had put a lot of thought into their responses. When people get treatment and care they are overwhelmingly positive about it.

- People are tremendously appreciative of the work of primary care during the pandemic and the delivery of the vaccine programme. "We are extremely fortunate to live where we are…how lucky are we to have our wonderful NHS"

- However, there is significant frustration about not being able to get a face to face appointment and the timeliness of care appear to be growing concerns as lockdown restrictions ease. This is the most frequently commented on issue in our work at Healthwatch North Tyneside.

- Different GP practices have different approaches, particularly when it comes to how you book an appointment and their approaches to triage – again a major source of frustration for many residents. This is also a source of confusion for people, especially when different experiences of friends and family contribute so strongly to people's overall impression of how services are operating.

- Many of the changes to service delivery introduced during covid have been positive for some people – many find virtual appointments more convenient. For people the key issue is **choice** of method of appointment – with phone and video being popular options if people have skills,equipment, ability, confidence and feel it's appropriate for their issues. There is an opportunity to build on and further embed what has been successful whilst refining the things that are not working quite so well.

- There is a clear need to better inform people about their options for care, to explain how things work now and build confidence in the new ways of service delivery.

- There are distinct opportunities to involve residents in working up the longer term service changes.

We expect to publish the detailed findings of this work in the coming weeks.

Livi users experiences and views of the wider population

We are publishing a report into people's views and experiences of using Livi. This work has been commissioned by North Tyneside CCG and has contributed to the CCG's evaluation of the Livi pilot. The report will be available here www.healthwatchnorthtyneside.co.uk

3.2 Vaccine programmes - Covid and flu

The pandemic offered a unique opportunity to strengthen our relationships with the CCG, TyneHealth and VODA through delivery of the Covid Vaccination Programme. Healthwatch gathered people's experiences throughout, regularly feeding these back to providers and the public health team.

Feedback from users has been overwhelmingly positive "it was an utterly brilliant set up with friendly volunteers and support staff – it was perfection" with 89% describing their experience as excellent.

Our close working enabled issues to be resolved quickly. Examples include: changing how queuing systems worked, ensuring vaccine cards were handed out, and finding and publishing answers to questions.

We have produced two reports to North Tyneside's Vaccine Board highlighting key lessons, these included:

- The need for clear, system wide communications. Residents were confused by services being offered by different providers – GP delivered services vs those provided by national services e.g. Centre for Life. We expect this to be exacerbated with the large number of providers potentially involved in a booster programme.
- Frustrations with booking systems and how to change bookings.
- Having a single point of information for everyone to refer too – this was TyneHealth's website and will be Living Well North Tyneside in the future.
- The need for a helpline to support residents resolve issues, rather than people being bounced between their GP practice and 119. This is being considered for the booster programme.
- Issues with vaccine records being updated – the CCG oversaw the process of resolving problems which was incredibly helpful.

We have also been involved in tackling inequalities in vaccine uptake and targeting communications to particular groups in society, including working with the Carers' Centre to develop the approach to inviting carers for their vaccinations. More recently we have suggested that GP practices should contact those people who haven't yet taken up their vaccine offer – this hasn't happen to date.

We are currently visiting the current vaccine site to observe delivery and suggest ways to improve the services.

We will be continuing this vaccine focused activity into the booster and flu programme.

3.3 Menopause

In March 2021, we undertook exploratory online research into experiences of menopause support in the area. This was prompted by a request for information about local peer support that highlighted potential gaps in provision.

We received 65 detailed responses to our online survey, offering a clear insight into people's experiences. Many thanks to those who responded or who shared our survey.

People said:

- They felt poorly informed about what to expect during the menopause and struggled with symptoms for many years without realising the cause. Health, work, relationships and quality of life were adversely affected.
- Accessing information about menopause was described as a 'minefield'.
- Sharing experiences with others in the same situation made people feel more informed and less isolated.

- They wanted guidance on how and where to get reliable and comprehensive information and support.
- They felt the need for more comprehensive training for GPs to diagnose menopause-related symptoms and offer a range of holistic treatment options.
- They wanted more publicity and education about menopause.

We have raised the topic of menopause support with GPs and North Tyneside's Living Well Locally Board by sharing our report. It was further shared with the local committee on GP training and education. At our suggestion, a menopause support page will be added to the Living Well North Tyneside website when it is launched.

3.4 Waiting for treatment

Between December 2020 and June 2021 we gathered feedback about people's experiences of waiting for treatment. We heard from 38 people through interviews and an online survey. We plan to run this exercise again in the coming weeks.

People told us they found waiting for treatment "Stressful and exasperating" and "I know that everybody's under stress… and I appreciate that things aren't normal"

People said the following would be helpful during this difficult time:

- Regular communications to check in to ensure the patient is ok and provide updates about progress and timescales – people said they had to chase for progress updates and often "didn't know if I'd been forgotten about". At the same time people don't want to " be a bother to services" by constantly chasing. An agreed frequency of contact would be useful.
- Provide information about managing the condition and what to do if a condition worsens whilst they are waiting – particularly when it is difficult to access support from a GP.

- Many people would prefer their appointments to be rescheduled rather than cancelled completely. However, there is a risk in rescheduling when there is a lack of certainty over whether the appointments will take place. Whatever approach to appointment cancelling/rescheduling is taken, this must be explained to people.
- Be honest about what is going on and why.

Healthwatch England has recently published this information for patients waiting for treatment https://www.healthwatch.co.uk/advice-and-information/2021-09-06/what-expect-when-waiting-care?utm_source=20181130+-+Advice+and+information+alerts+RSS&utm_campaign=fb397a73c7-RSS_EMAIL_CAMPAIGN&utm_medium=email&utm_term=0_be486db2a7-fb397a73c7-247057297&mc_cid=fb397a73c7&mc_eid=3547ffb535

3.5 Maternity and child health during covid

We heard from 136 people about their experiences of maternity and child health services during covid. The feedback covers different points in time during the pandemic, and we know that services evolved and developed during that time as the pandemic progressed and service delivery adapted. The key themes we heard about are:

- Very positive feedback about individual staff and teams "All midwives during my birth were fantastic. The care I received was faultless. It far surpassed my expectations"
- There were challenges in getting support from professionals, particularly during the first lockdown
- Feelings of isolation and lack of support as family and friends were unable to help out because of lockdowns and social distancing
- The importance of continuity of care and relationships with professionals
- First time mums were highlighted as being particularly vulnerable because of limitations of support
- The importance of women having someone to support them at scans and key appointments. This was particularly challenging early in the first lockdown but the easing of restrictions last summer was greatly welcomed.
- Virtual classes/support are convenient for many people. The programme of online support which has been growing since last summer has been well received.
- Inequalities – some people paid for support privately when the public provision had been closed. Other people didn't know this was an option or could not afford it.
- Mental health - Many mothers have reported the impact on their mental health of being pregnant/having a baby during a pandemic. Normal anxieties have been heightened and people have felt very isolated and uncertain. Those with pre-existing mental health conditions have felt this more acutely. Mothers want staff to enquire about their mental health.

We are sharing detailed finding with providers and commissioners and recognise that services evolved significantly during the pandemic.

3.6 Pharmacy and prescriptions

During the lockdowns, we worked closely with VODA's good neighbours project to deliver prescriptions to people who were shielding. This allowed us to hear about the difficulties people had been having in accessing their prescriptions. In addition, we also received feedback directly to Healthwatch about others who were struggling. In response, we carried

out a short research project. 58 people responded to our survey and 6 interviews were carried out.

The key themes arising were:

- Pharmacy staff generally very helpful – people told us that pharmacy staff often resolved problems and chased practices when there was a problem with a prescription.
- People had limited understanding of the market, different providers and the options available. We identified that people were quite loyal to their chosen pharmacy for regular prescriptions, even when they were frustrated with the service.
- Charges and costs – concerns about charges being introduced for delivery of prescriptions during the pandemic.
- Choice in how to order prescriptions is important. People highlighted that they liked to have a choice in how to request a repeat prescription at a surgery. Phone line and online, via website and apps, are important, but a small number of people were frustrated that paper drop off requests were no longer accepted.
- Digital exclusion – people who are not online are missing out on accessing services from online providers and online ways to order prescriptions. There is a feeling that that they are being increasingly excluded and are finding it more difficult to access services.
- Multiple repeat prescriptions – we heard about:
    - Potential wastage – some people with a number of items on repeat prescription often struggle to only order 1 item, particularly when ordering by phone. They often end up ordering everything, even when they don't need it.
    - Having items on different days – some people have multiple items to order and pick up on different days. This can be confusing and result in multiple trips to the pharmacy. We identified at least 3 people whose prescription set up was changed to make it more convenient for both the user and services.
- Being kept informed about the progress of orders. There was some frustration with people not being kept informed:
    - When a repeat prescription is requested too early – some surgeries appear not to tell people that they cannot process these requests, resulting in confusion and delays.
    - When an item is not available – having to make repeated trips to a pharmacy to see if it is back in stock.
- Support and advice when product not available. If an item was not available, people told us they wanted guidance about alternatives and what they could do if their supply at home ran out.
- Long waits at some pharmacies – a few people mentioned longer queues at pharmacies, particularly where neighbouring pharmacies had closed down.

In response, Healthwatch North Tyneside has provided a guide to the different delivery services offered by pharmacies based in North Tyneside. We are also sharing the feedback with providers and commissioners.

3.7 Carers' experiences during Covid

In partnership with North Tyneside Carers' Centre and on behalf of North Tyneside's Carers' Partnership Board, we have coordinated a survey of carers, focusing on their experiences during Covid. This builds on the engagement activities conducted by the Carers' Centre and

Healthwatch during the pandemic. We received 258 responses to this survey, conducted between May and July 2021. The Carers Centre and Healthwatch have provided a first view of the data to the August Carers Partnership Board meeting.

The key issues from this research include:

- 50% of carers said they felt more isolated
- 20% of respondents said they had felt at breaking point, with a further 74% saying they had struggled to cope all or some of the time.
- Impacts on emotional and physical wellbeing were highlighted
- The closure of services or changes to the way services were delivered during lockdown had multiple impacts.

Our detailed analysis of the data continues and we will be presenting a report to the Future Care Board, other strategic groups, as well as providing feedback to individual services where possible.

3.8 Adult Social Care service user engagement

We have been separately commissioned by North Tyneside Council's Adult Social Care team to interview a proportion of service users about their recent experiences with the adult social care team. The feedback we gather feeds into the team's internal audit and quality review processes. We contacted 188 people between October and March and 64 participated in telephone interviews averaging 20 minutes in length.

Feedback has been generally very positive with people saying they felt listened to, involved in decisions and supported - "She kept checking I was happy with what we were considering. She really made sure things fitted who I am and how we live."

From this cohort of interviews we have identified some areas that can be improved, particularly around improving the information available, continuity and communications with customers and delivery of some activities, including carers assessments. The Adult Social care team have developed an action plan for these and a summary will be published.

We continue to interview users and are in the process of preparing the next report.

In our wider Healthwatch work we are also hearing about increased challenges of getting a care package in place, indicating pressures within the system.

4. Other issues

4.1 NHS system change and service user voice

We are starting to raise awareness of the planned NHS system changes with residents of North Tyneside.

We are working with the other 13 Healthwatch across the North East and North Cumbria ICS footprint to work with the ICS to ensure local people's voices are heard in the new arrangements and that Healthwatch's statutory role is understood.

More locally we are working closely with our neighbours at Healthwatch Northumberland and Healthwatch Newcastle and Gateshead about common themes across our North of Tyne and Gateshead area.

4.2 Inequalities and Digital Inclusion

Digital inclusion continues to be an important focus within our work, as people tell us about their ability and willingness to access services online. We are linking the evidence we gather to the digital inclusion research the CCG is funding by Newcastle and Northumbria Universities.

We are also feeding evidence from our research into the Inequalities Strategy working group. Since the pandemic, we have noticed an increased difference in service available to those able to pay for some services, dental treatment, domiciliary care some hospital consultant appointments, when compared to those receiving publicly funded services.

4.3 Mental Health

Healthwatch is working with service users and carers organisations to lead the co-production element of the Community Mental Health Transformation activity in North Tyneside. We are also looking at how to gather further feedback about younger people's mental health support.

4.4 Dentistry

We are increasingly hearing about challenges of accessing dental treatment from residents. This includes delays to appointments, children unable to get check ups and difficulty in finding an NHS dentist that is taking on patients. Some people have found themselves taken off their dentist's list after not attending for an extended period due to covid. We are also hearing that some treatments are being made available to private patients but delayed for NHS patients. We plan to gather evidence on this issue to better understand what is happening.

4.5 Waiting times, good communications and virtual appointments

We will continue to gather views and feedback about these issues over the coming months.

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North Tyneside Health & Wellbeing Board Report Date: 16 September 2021

Title: North Tyneside All Age Autism Strategy 2021-2026

Report from:	Director of Children's and Adult Services, North Tyneside Council	
Report Author:	Scott Woodhouse Strategic Commissioning Manager and Julie Young Commissioning Manager	(Tel: 0191 6437082)
Relevant Partnership Board:	Learning Disability Integration Board.	

1. Purpose:

The purpose of this report is to present the North Tyneside Autism Strategy to the Board for consideration and approval, and also to agree future reporting arrangements for updates on progress back to the Board.

The five year strategy will move North Tyneside to a position that positively supports autistic people and their family members with an ultimate aim that North Tyneside is "autism friendly". This is something that underpins the priorities in the strategy and encompasses the work required from a range of partner organisations.

The Board should also note that the strategy is also being presented to the North Tyneside Children's Board on 20 September 2021, as the strategy covers all age groups.

2. Recommendation(s):

The Board is recommended to: -

a) Agree the North Tyneside Autism Strategy 2021-2026, as set out in the appendix to this report;
b) Take account of the National Autism Strategy priorities for 2021 to 2026 as outlined in our local plan;
c) Agree that the scope and work of the Learning Disability Integration Board is extended to include Autism and that an Autism Strategy Steering Group is established to formulate and agree a detailed delivery plan;
d) Monitor progress of the priorities and to agree a timeframe for receiving future updates; and
e) Ensure the priorities identified in the Autism Strategy are linked into and aligned with updated priorities from the upcoming refresh of the Health and Wellbeing Strategy.

3. Policy Framework

This item relates to the following priorities as identified in the Joint Health and Wellbeing Strategy 2013-23.

- Improving the Health and Wellbeing of Families
    - We will provide a whole family approach to identify and address difficulties early
    - We will further develop our multi agency approach to supporting families with complex needs and long-term disadvantage
- Improving Mental Health and Emotional Wellbeing
    - We will work to connect people with local activities to reduce loneliness and isolation
- Addressing Premature Mortality to Reduce the Life Expectancy Gap
    - We will provide targeted healthy living support to our populations most in need and will work to empower local people to ensure approaches are sustainable and build skills and capacity
- Improving Life Expectancy
    - We will work with GP Practices and hospitals to improve access to health screening and Annual Health Checks and from learning from the LeDer reviews on early death with Autistic people.

4. Information:

The Autism Act 2009 says we need to make services better for autistic people and their carers and that not all people get the support they need, we have also heard this from local organisations and from the conversations we have had with local autistic people and their families.

The strategy we have developed as set out in this report will help to give us direction, but more importantly, that we have listened to local people, so we know what is important to them and what needs to change for North Tyneside residents.

We have worked in partnership over the last two years to ensure we had a strategy in place that was fully aligned to the requirements of local people but also was achievable and within the abilities of partner organisations that will deliver on the identified and agreed priorities.

We want autistic people and their families to be at the heart of the strategy and the priorities and everything we do. The six priority areas come from people and family members.

The working and reference groups have been meeting regularly to develop those six key priorities

- Being Listened to
- Awareness Raising
- Inclusive Communities
- Good Support
- Support through Life Changes
- Understanding yourself

This report presents a summary of the key areas that will be developed in North Tyneside to enable our Autistic residents and their families “to live their best lives”.

It is timely that the Government has published an update to the National Autism Strategy in July 2021 and we have been able to consider the work we had undertaken in North Tyneside to ensure that our strategy was aligned to and in keeping with the new national strategy. The six priority areas in the national strategy are:

- Helping people understand autism
- Helping autistic children and young people at school
- Helping autistic people find jobs and get the skills and training they need
- Making health and care services equal for autistic people
- Making sure autistic people get help in their communities
- Help autistic people in the justice system

The Learning Disability Integration Board will take the lead on the delivery of the strategy and the work plan to ensure the priority areas are developed and outcomes achieved. This is a multi-agency Board and an Autism Delivery Working Group will be put in place to undertake this work, this group will largely be those individuals and organisations that were included in the development of the strategy.

5. Decision options:

The Board is recommended to agree the recommendations as set out in this report.

The Board may wish to consider deferring agreement pending further work to be completed if it does not consider the strategy or the approach as appropriate.

6. Reasons for recommended option:

It is important that there is a strategy in place to ensure we are compliant with expectations as set out in the Autism Act and that we have an agreed multi-agency partnership approach to meeting the requirements of the National Autism Strategy.

7. Appendices:

Appendix 1 - Draft All Age Autism Strategy 2021-26

8. Contact officers:

Scott Woodhouse, Strategic Commissioning Manager Adults, North Tyneside Council, 0191 643 7082
Julie Young, Commissioning Manager, North Tyneside Council, 0191 643 7561

9. Background information:

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

National Autism Strategy 2021-2026 issued 21st July 2021

https://www.gov.uk/government/publications/national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026/the-national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026

10 Finance and other resources

Any financial or resource implications arising out of the delivery of the strategy will be met by respective organisations and the funding they have identified. Where additional funding / grant is available to the Local Authority or the NHS this will identified and allocated against the requirements set out in the delivery plan. The Learning Disability Integration Board will consider this in line with any conditions that are applied.

11 Legal

There are no known legal implications of the Strategy. The Authority and the partners to this strategy are meeting their obligations to have a strategy in place.

12 Consultation/community engagement

Consultation has taken place over a 2-year period both in person, through questionnaires and through virtual sessions and one to one's, led by Inclusion North and the North Tyneside Parent Carer Forum, the Carers centre with several reference groups that have included:

- Parent carers
- Members of the Parent Carer Forum
- Youth Forum
- Children in Care Forum

We are retaining support with confirm and challenge from these groups during the delivery of the 5-year plan. All comments have influenced and directed the compilation of the Strategy and particularly the 6 key priorities which have come from families as what matters most to them.

13 Human rights

There are no human rights implications directly arising from this Strategy

14 Equalities and diversity

There are no equalities and diversity implications directly arising from this Strategy

15 Risk management

There are no specific risks identified in this Strategy

16 Crime and disorder

The North Tyneside All Age Autism Strategy takes account of the National Autism Strategy 2021-26 to support “Adults and Children who are autistic in the criminal justice system”, whether that be as an offender or as a victim of an offence.

SIGN OFF

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

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North Tyneside
Autism Strategy
2021- 2026

Massive move forward
Well done to all concerned

Contents

GLOSSARY OF TERMS

Term	*Description*
NHSE	National Health Service (England)
ODN	Operational Delivery Board
ADASS	Adult Directors of Adult Social Services
LGA	Local Government Association
CAMHS	Child and Adolescent Mental Health Service
SEND	Special Education Need and Disability
CYP	Children and Young People

1. Introduction

This strategy was written by a focus group of people who are committed and dedicated to building an inclusive community for autistic people.

This included:

- People with autism
- Family carers
- Organisations that support people with autism and their families
- Health and social care professionals
- Education professionals

2. What is Autism?

Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them.

Autistic people see, hear, and feel the world differently to other people. If you are autistic, you are autistic for life; autism is not an illness or disease and cannot be 'cured'. Often people feel being autistic is a fundamental aspect of their identity.

Autism is a spectrum condition. All autistic people share certain difficulties but being autistic will affect them in different ways. Some autistic people also have learning disability, mental health issues or other conditions, meaning people need different levels of support. All people on the autism spectrum learn and develop. With the right sort of support, all can be helped to live a more fulfilling life of their own choosing.

Throughout the course of this strategy, we use the term 'autism' as an umbrella to cover the range of diagnostic terms that exist to describe autism profiles, such as 'Autism Spectrum Disorder (ASD)', 'Autism Spectrum Condition (ASC)', 'Asperger Syndrome' and 'classic autism'.

3. National and Local Information

National

Autism is much more common than most people think. There are around 700,000 autistic people in the UK - that's more than 1 in 100. People from all nationalities and cultural, religious, and social backgrounds can be autistic, although it appears to affect more men than women.

- Autism does not just affect children. Autistic children grow up to be autistic adults.
- Autism is a hidden disability – you cannot always tell if someone is autistic.
- While autism is incurable, the right support at the right time can make an enormous difference to people's lives.
- 34% of children on the autism spectrum say that the worst thing about being at school is being picked on.
- 17% of autistic children have been suspended from school; 48% of these had been suspended three or more times; 4% had been expelled from one or more schools.
- At least one in three autistic adults are experiencing severe mental health difficulties due to a lack of support.
- Only 16% of autistic adults in the UK are in full-time paid employment and only 32% are in some kind of paid work.

In 2021 the National Autistic Society stated

- More than two in three autistic adults don't get the support they need
- Only 14% said they had enough mental health services in their area
- 50% of parents said they had to wait more than a year for support at school

Local Picture

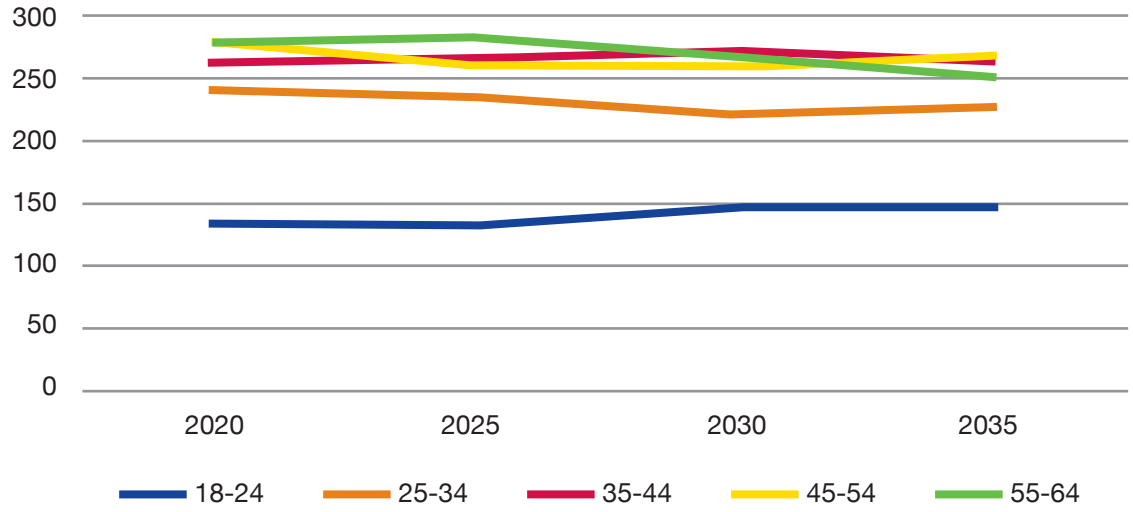
The population of North Tyneside is 205,985 (2011 Census).

Based on the indication that 1.1% of the UK population is autistic, it is estimated that there are over 2,265 autistic people in North Tyneside (applying this prevalence rate to the Office for National Statistics population estimates in 2016).

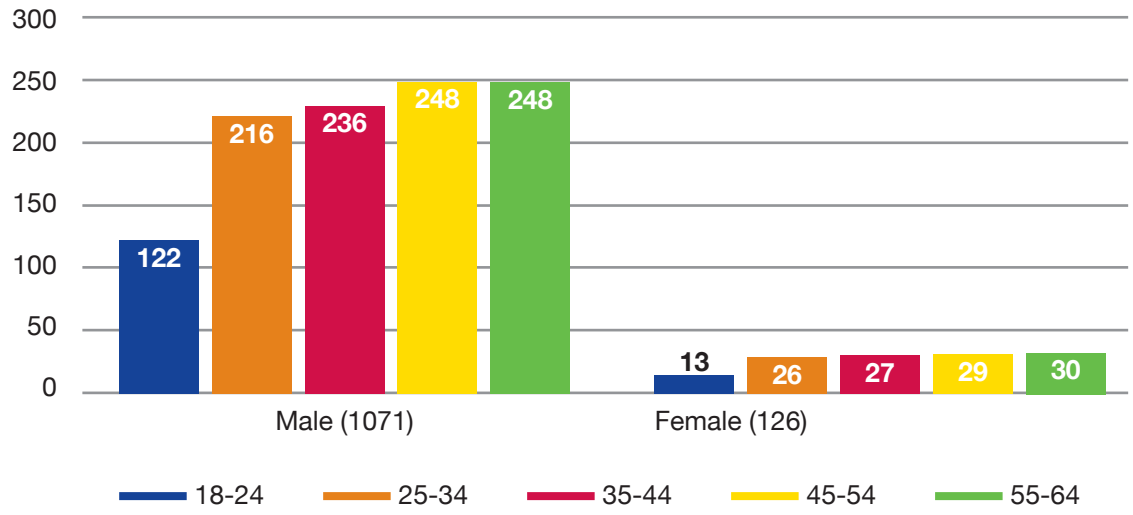
There are 186 people (both children and adults) known to social care with an autism diagnosis at June 2021.

Overall numbers for people with autism spectrum disorder are expected to increase over the next 5 to 15 years.

People aged 18-64 predicated to have autistic spectrum disorders



People aged 18-64 predicted to have autistic spectrum disorders, by age and gender



The North Tyneside school census in January 2021 found we had 481 young people with an autism spectrum disorder assessed need identified with special education need or disability support or an education health and care plan (EHCP) in Table 1.

From our education recording system in May 2021 there are 308 young people with autism spectrum disorder as their primary needs.

Academic year range	No's with ASD primary need
Under 5 years	2
5 to 11 years	130
12 to 16 years	108
17 to 25 years	67

Table 1: **ASD – Primary Need/ Census Year***

	Jan-16	Jan-17	Jan-18	Jan-19	Jan-20	Jan-21
EHCP	149	232	230	268	294	347
Sen Support	64	79	118	114	141	134
Total	**213**	**311**	**348**	**382**	**435**	**481**

*The source is the January 2021 school census based on the information about the pupils in our schools. It does not contain those educated out of borough, or post 16 but may include some who have an EHCP maintained by another local authority.

Table 2 is taken from the latest SEND sufficiency plan and needs assessment and gives the local versus national position but includes published data which includes non-maintained special schools located in the borough.

Table 2: **Types of Special Educational Need (SEN) in North Tyneside schools (including independent schools)**

	SEN Support		EHCP	
	England	North Tyneside	England	North Tyneside
Autistic Spectrum Disorder	6.8%	3.7%	30.1%	24.0%
Hearing Impairment	1.7%	1.4%	2.2%	1.1%
Moderate Learning Difficulty	21.2%	8.1%	10.7%	13.0%
Multi-Sensory Impairment	0.3%	0.2%	0.4%	0.1%
Other Difficulty/Disability	4.6%	8.3%	2.6%	2.9%
Physical Disability	2.3%	2.1%	4.9%	7.2%
Profound and Multiple Learning Difficulty	0.1%	0.1%	3.6%	3.9%
Severe Learning Difficulty	0.3%	0.2%	11.1%	5.1%
Social, Emotional and Mental Health	19.4%	24.4%	14.2%	18.4%
Spcific Learning Difficulty	14.6%	17.4%	3.6%	2.0%
Speech, Language and Communications needs	23.7%	32.8%	15.5%	21.3%
Visual Impairment	1.0%	0.7%	1.2%	0.9%
SEN support but no specialist assessment of type of need	4.0%	0.6%		

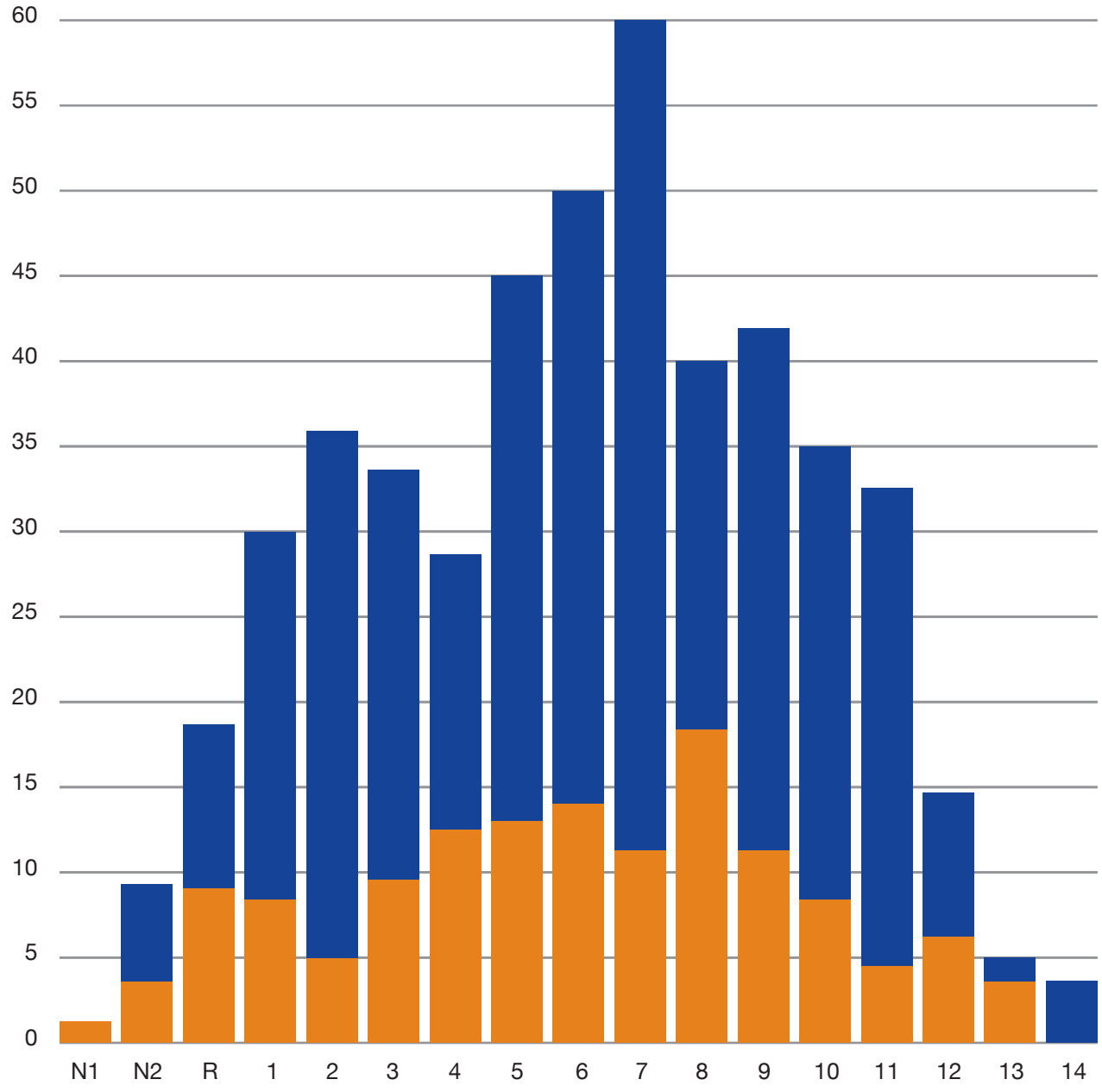
Note: SEND use of moderate etc learning difficulty is NOT referring to people with learning disability.

Both nationally and within North Tyneside schools the highest prevalence of need amongst those with SEN Support is for speech, language and communication needs. The second highest prevalence nationally is for those with moderate learning difficulties, whereas in North Tyneside it is for social, emotional and mental health needs.

Within the EHCP cohort, the most common need both nationally and in North Tyneside schools is autism, followed by speech, language and communication needs.

In the January 21 school census (in North Tyneside maintained schools and academies) there were 347 children with an EHCP and primary need recorded as ASD. 16 in foundation stage, 54 in KS1, 108 in KS2, 102 in KS3, 54 in KS4 and 13 in KS5. There were a further 134 SEN support pupils, in the January 20 school census, have ASD recorded as their primary need. 12 in foundation stage, 12 in KS1, 48 in KS2, 40 in KS3, 13 in KS4 and 9 in KS5.

SEN by year group (All/Jan-21)



4. Our Vision

Our vision is to work with people with autism and their families to make North Tyneside an inclusive place, where autistic people of all ages have the same opportunities as everyone else, and where they and their families feel supported. We want people to feel optimistic about their future and able to contribute to their communities.

5. Our Aim

The aim of this strategy is to ensure autistic children, young people, and adults and their families can have the same life chances as others in North Tyneside. This strategy provides focus and clarity on the local priorities for improving services and support for these people over the next five years. We are committed to continuing to listen to people and that autistic people and their families will be at the heart of everything we do.

6. Why do we need a strategy?

The Autism Act 2009 says we need to make services better. It tells us that not all autistic people get the support they need, we have also heard this from local organisations and from the conversations we have had with local autistic people and their families.

The policies we have detailed below, help to give us direction but more importantly we have listened to local people, so we know what is important to them and what needs to change for North Tyneside residents.

This strategy has been informed by:

Health and Social Care Integration and Innovation – working together (2021) – services working together to support autistic people.

The Autism Act 2009 places a duty on the Secretary of State for Health and Social Care to publish a strategy for meeting the needs of autistic adults in England, and to review it from time to time.

The National Autism Strategy 2021 to 2026

On the 21st July 2021 the new National Autism Strategy for young people and adults and the linked action plan for 2021 to 2026 has been published. Our local strategy takes account of those key priorities to support clients in North Tyneside.

The new national strategy has an "implementation plan" and there are links to both documents and the easy read version below. It also takes account of the impact of the COVID19 Pandemic and learning on how best to support Autistic people to live their best lives.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1004528/the-national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1005277/autism-strategy-implementation-plan-2021-to-2022-annex-a.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/995880/national-strategy-for-autistic-children-young-people-and-adults-easy-read.pdf

Its key themes are

- Helping people understand autism
- Helping autistic children and young people at school
- Helping autistic people find jobs and get the skills and training they need
- Making health and care services equal for autistic people
- Making sure autistic people get help in their communities
- Help autistic people in the justice system

The Care Act 2014

The Care Act 2014 covers the needs of people eligible for social care and the duties of preventative approaches such as early support; advance planning; helping people to maintain independence and wellbeing and avoid a crisis. The provision of advice and information which needs to be timely and in an appropriate format was given a greater focus.

The Care Act also requires statutory agencies to work together in partnership with individuals and families within assessment and care planning processes, including help with accommodation and employment/meaningful activity, supporting families, and accessing necessary health and social care services.

Additionally, the Act placed additional duties and responsibilities on local authorities with regards to supporting carers and to assess a carers own needs for support; explore the outcomes that a carer wants to achieve in their daily life; and the impact of caring responsibilities on their desire and ability to work and to partake in education, training or recreational activities.

The Children and Families Act 2014

The Children and Families Act 2014 addresses the needs of children and young people up to the age of 25, including those with Special Educational Needs or Disabilities (SEND). Reforms include a single coordinated birth to 25 Educational, Health and Care (EHC) Plan for these children and young people whilst in education; improving cooperation and collaboration between all the services that support individual and families, particularly local authorities, education providers and health services; and the introduction of the 'Local Offer' including centralised information, advice and guidance.

NHS Long Term Plan

The NHS Long Term Plan was released at the beginning of 2019. This has highlighted learning disabilities and autism among the key priorities for NHS services over the next 5-10 years and sets out a series of commitments to improve the services and support currently being provided.

The Long Term Plan also makes it clear that carers should not have to deal with emergencies on their own. It also makes specific reference to the need to prevent young carers struggling on their own with difficult and multiple challenges.

In November 2019, the Government announced the introduction of the Oliver McGowan Mandatory Training in Learning Disability and Autism for all health and social care staff, relevant to their role, this is still being considered but has been delayed due to the national pandemic.

The Local NHS 3 Year plan, makes a commitment to

Year 1 (2021/22)

- Agree the North Tyneside community offer for people with autism or suspected to have autism pre diagnosis and explore how we jointly work across health and social care within a multidisciplinary model of service delivery.
- Enhance information and advice offer for people with autism
- Improve pathways of care for hospital discharge and placement planning for people with an autism only diagnosis
- Develop the autism workforce plan to inform the Integrated Care System in addition to placed based workforce planning, including working with providers.
- Develop a training plan with a particular emphasis on changes to the Mental Health Act and Liberty Protection Safeguards

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Year 2 (2022/23)

- Implement the Community Model for Autism
- Crisis response with early intervention
- Post diagnostic support for young people

Year 3 (2023/24)

- All autistic residents in North Tyneside have an allocated key worker

Outcomes focus rather than diagnostically lead

North Tyneside partners acknowledge there are some perceived concerns from individuals and their families in accessing an Autism Diagnosis. This strategy supports people both pre and post diagnosis and whilst a diagnosis is important for individuals and families, a diagnosis may not necessarily change the outcomes for an individual.

The model being developed is not driven by a diagnosis. It is a person-centred outcomes model, with early help and early intervention being critical to understanding the outcomes for an individual and their family.

We have begun to pilot this approach by having early help workers placed in Children and Adolescent Mental Health Service, who offer individual support packages to families where the threshold for Children and Adolescent Mental Health Service was not met; therefore, working with the family to support managing the presenting behaviours within the family, not focussing on if there is a diagnosis or not.

We aim to further shape this approach through consultation with families

The NHS Operational Delivery Network which is a strategic group of Clinicians and Social care professionals and Commissioners have developed an Autism Pathway, this is a group that covers the North East and North Cumbria ODN, their role is to enhance quality of care, improve access, reduce inequality. The ODN has created an overarching toolkit which has 16 measures and standards and 11 recommendations to streamline the Autism pathway. https://www.england.nhs.uk/ourwork/part-rel/odn

ADASS/ LGA Outcomes and Improvement framework

This supports adults with learning disabilities and autism to have better lives and makes the following recommendations:

Challenging inequalities

1. ADASS should engage with DHSC and NHSE to ensure that the needs of people with LD are met fully by the next phase of the COVID vaccination programme, building on their experience to date.

Co-producing better support

2. Councils and their sector partners should ensure that their planning out of lockdown, and subsequent decision making reflects the voices of this community and works with it to co-produce better and more resilient support arrangements.

3. The pandemic fuelled innovation. Councils and their partners should learn the lessons from this and review commissioning and service provision in the light of what worked.

4. There is a need for greater awareness of learning disability and autism in the wider workforce e.g. housing that needs to be developed and strategic re-alignment – from buildings and services to opportunity and community.

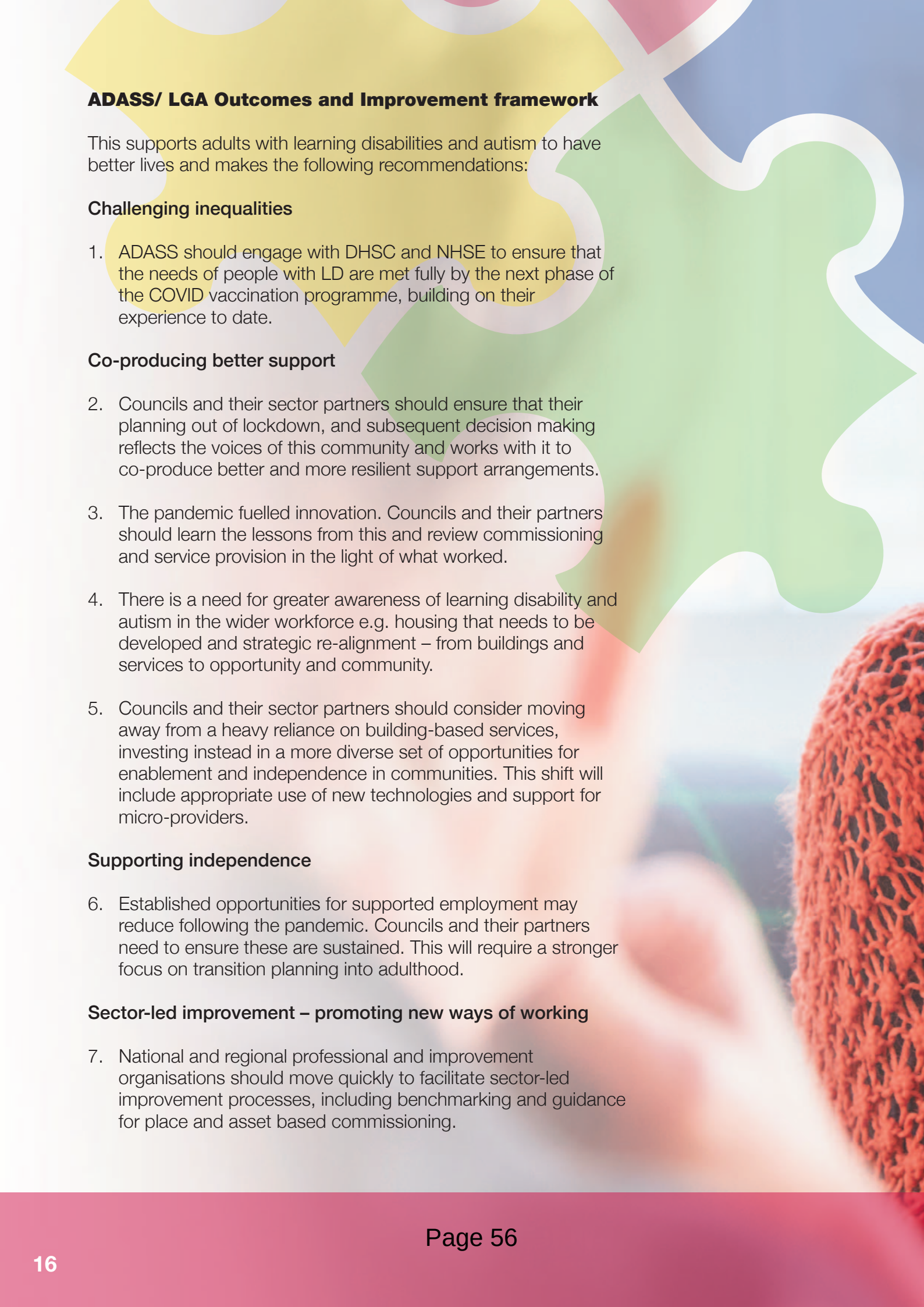
5. Councils and their sector partners should consider moving away from a heavy reliance on building-based services, investing instead in a more diverse set of opportunities for enablement and independence in communities. This shift will include appropriate use of new technologies and support for micro-providers.

Supporting independence

6. Established opportunities for supported employment may reduce following the pandemic. Councils and their partners need to ensure these are sustained. This will require a stronger focus on transition planning into adulthood.

Sector-led improvement – promoting new ways of working

7. National and regional professional and improvement organisations should move quickly to facilitate sector-led improvement processes, including benchmarking and guidance for place and asset based commissioning.



7. Covid-19

The Covid-19 pandemic has been particularly challenging for autistic people and their families. Some families have told us that they felt that they were left to struggle without support for months, and that professionals do not understand how this impacts on the whole family. Closure of services and schools has been particularly challenging and has increased waiting times for appointments for services that are already overstretched.

Parents have told us that they did not understand their Education Health Care Plans (EHCP's) or that they weren't able to access suitable material to aid their understanding.

Disruption to routine has caused major emotional and behavioral upheaval, several national and local lockdowns has further limited access to services.

Case study
Living and working with Autism during Covid-19

We caught up with Vickie to find out how she has found working at St. Oswald's Hospice throughout Covid-19 and how changes to everyday life have affected her.

"The pandemic has obviously been very stressful for everyone but coping with such massive changes to everyday life and having Autism has been tough.

I've continued to work on the Outpatient Unit at the Hospice throughout Covid-19 but there have been lots of changes to deal with.

"St Oswald's has been incredible ensuring that guidelines are followed and measures are put in place to keep staff, volunteers, patients and families safe but I've found certain aspects of my role more stressful. Before I knew I was autistic I struggled with daily anxiety, panic attacks and depression both at work and in everyday life.

"Since being diagnosed, I understand myself better and now realise that my panic attacks were actually due to sensory overload, which led to meltdowns. All of my senses were in overdrive from the amount of people, movement, noise, bright lights and smells. Covid-19 has resulted in lots of changes including more signage everywhere you go, everyone having to socially distance, facemasks being worn, which makes it harder to understand what people are saying and all of this has been very overwhelming for me and caused sensory overload.

"I'm also really missing having contact with others, before Covid-19 I would often hug other members of staff, but we obviously can't do this anymore.

"St Oswald's have been so supportive since I was diagnosed and during the last 12 months this has continued. My line manager and the Staff and Volunteer Support Team have provided lots of emotional support to help me cope with Covid-19. They are always there if I need them.

"I'm not ashamed of being Autistic and openly talk about it to my colleagues. Some of the other staff and my line manager have even read books about the condition to learn more about it and how it affects me and others."

Vickie said "I'm extremely grateful to St Oswald's for all of the support and adjustments they have made to enable me to continue to work and the support I've received during the pandemic. Only 16% of autistic people are in employment, being able to work means a lot to me and I see working throughout the pandemic as a huge achievement."

Family Carers experience through COVID
"Have found that the lockdown has been very isolating"
"Without the internet, difficult to get support, not sure of where to turn"

8. Developing our Plan

We have worked hard for over a year to bring together people, families, professionals, and services to help us to understand what we are getting right and what needs to change.

We have brought people together to map out what we have, how it works, what people value and what gets in the way of providing great support to people and families when they need it.

This has given us a great basis to work from and a fundamental understanding of what needs to change. Together we have identified six priorities that are grouped into three areas (see section 9 which describes the six priorities) we need to achieve to make a difference. These priorities will be our focus for the life of this strategy and move us firmly towards a better future for autistic people in North Tyneside.

For example:

- What could we do better – working with schools' inclusion, understanding Education, Health and Care Plans (EHCP's), not needing a diagnosis, more online support, accessing services differently learning from the pandemic.
- What we need – earlier intervention and self help and support pre and post diagnosis
- What we would like – a simpler system, services working together, to "tell our story once", to have things available when we need them, to develop this together and to be listened to.

9. Our Priorities

We have identified six high-level priorities from the co-production work we have carried out so far. We want autistic people and their families to be at the heart of everything we do.

Awareness raising

Although we heard examples of universal support being exemplary in what they delivered to all members of the community, we need to build on this. People and families had many experiences of both services and communities who did not know about autism and therefore couldn't even attempt to make reasonable adjustments for them to take part in or have access to what should be available to all.

We know many people don't need specialist services, however they require universal services, schools, and communities to think differently and openly about how they support and welcome all citizens.

Good support

Through working together with people and families we have consistently heard that we need to offer clarity of referral routes, dedicate more to early identification and awareness, and ensure we have less waiting time for referrals to clinicians for diagnosis.

All parties involved said we needed to work on the waiting times for assessments as they can be often over a year long – we need to understand the workforce and issues concerned with this and bring together the system work on solutions.

And access good support pre and post diagnosis.

Understanding yourself

We heard from people who said that they completely understand how being autistic affects the needs they have and the types of environments they need to thrive. However, for some people this didn't happen until many years after being diagnosed and them having to struggle with how they felt about the different ways in which they experience life compared to others.

For some people they then had an opportunity through people they met, or when they attended a group, to explore why they felt the way they did. They explained the value in meeting others who shared the same experiences and being given the space and tools to explore how to feel included and supported. This understanding was fundamental to autistic people and their families being able to cope and live a good a life.

Although providing better information that is easily accessible is needed, we heard that for some people they don't really know what might help them or what they need. Talking to others about how they have approached challenges might help in this area.

We want to make sure these things don't happen by chance and that all people have opportunities to explore this in a safe way for them.

Be listened to

We heard from people and families about individual workers, or teams and services that have been the lifeline they needed to get though some of the most challenging times, where people felt respected, supported, and listened to.

However, on too many occasions we heard that people and families do not feel they are listened to and their needs are not taken seriously. They have felt they have had to repeat their story and have not been believed when they have raised concerns, which has delayed the right support being available, they would like to "tell their story once". This also has a very damaging effect of the trust people and families hold towards the system.

We want all people and families to be supported at the earliest opportunity, and we want services to work in partnership with people and families so people can have happy, healthy, fulfilled lives in communities.

Support through life changes

The North Tyneside pathway must take account of all life changes.

Transition from children's to adults services is a common place where we see things starting to unravel for people, we need to make sure this point in time is well thought out and supported.

Autistic adults may need support through different life changing events, such as starting work or college; moving to a new house; new relationships or changes to support.

We know that with good support in these times, crisis can be averted, and people can make changes more smoothly, both big and small.

Inclusive communities

We want North Tyneside to be an autism friendly areas.

We heard of some great examples of spaces that encourage all people to come together to learn, play and explore, without judgement. We need this to be mirrored across the communities that we live in, and within our schools. We want this to be the model for North Tyneside.

We heard examples from people of children and young people not having the support they need and not feeling included or welcome in the spaces they attend, this included schools. The national pandemic has brought attention to how we can deliver things differently and we need to build on this learning going forward.

10. Making our plan happen

An action plan has been developed to support this strategy. The plan outlines the key actions that will be taken to address each of our priority areas. This plan will be reviewed and updated yearly.

We recognise that we have a long way to go and that the priorities or starting points may be different for children and adults.

Leads have been identified for all of the priority areas. These leads will be responsible establishing a working group and for making sure that work progresses, they will provide regular updates to the Learning Disability Care Forum and the Health & Wellbeing Board.

We will publish a 'Plan on a Page' so that people know what we are working on and this will be updated annually.

Safeguarding will be an overarching priority that we will consider throughout this work.

11. Governance

A steering group has been established to oversee this work. This consists of the Learning Disability Integration Board. All organisations involved are fully committed to delivering this plan and will ensure the plan is adopted and the relevant people are held accountable.

Additional task and finish groups will be established to progress each priority and area of work that has been identified in our plan, the lead for each group will be required to report on progress to the steering group.

A reference group of people with autism and carers will be established to support this work.

This plan was ratified by the Health and Wellbeing Board on 16th September 2021 and the Children's Board on the 20th September 2021.

This strategy will be delivered through a delivery plan which will contain detail about what will be done, by whom and by when. It will be refreshed annually.

The strategy and delivery plan will be overseen by the Learning Disability Integration Board. This board will take which will take a leadership role for ensuring the delivery of the key pieces of work which are needed to implement our priorities.

Autism is considered in several areas within North Tyneside, including the Future Care Board, the SEND Strategic Board; Whole Life Disability Board; Working Age Mental Health Board; Carers' Partnership Board; and Living Well Locally.

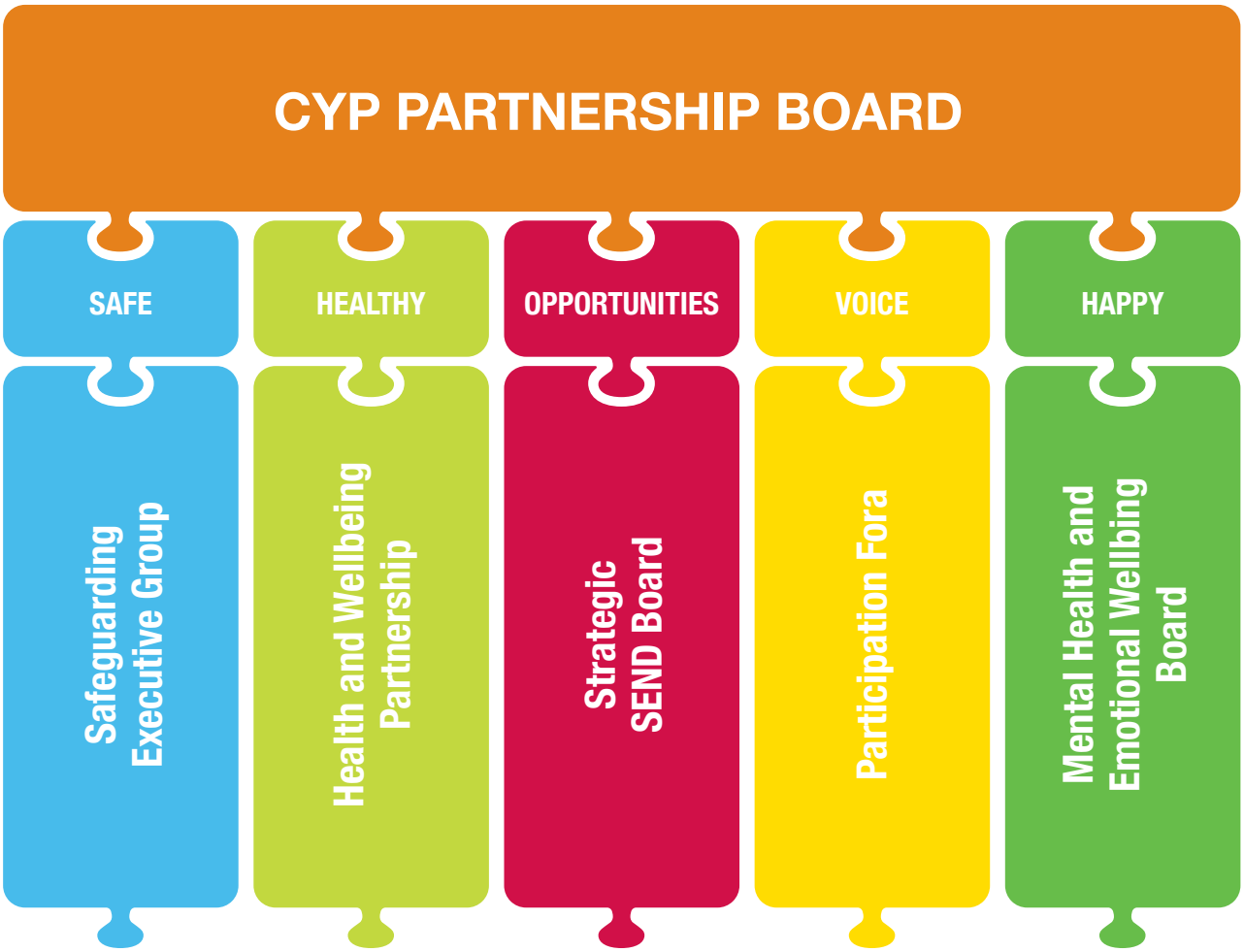
We need to strengthen links and communication with the following services.

- Drug and alcohol
- Mental health
- Public Health
- Homelessness,
- Suicide prevention
- Criminal justice
- Employment
- Community groups and providers

Collaboration with these boards/groups and services will be required to ensure the needs of people with autism and their families, are being fully considered and addressed. Relevant actions from our delivery plan may also need to be incorporated into the work plans of these other boards.

North Tyneside Autism Strategy Governance Arrangements

Links also into Carers Board, Mental Health Boards (children and young people, working age adults and older persons/later in life)


CYP PARTNERSHIP BOARD
SAFE
HEALTHY
OPPORTUNITIES
VOICE
HAPPY
Safeguarding Executive Group
Health and Wellbeing Partnership
Strategic SEND Board
Participation Fora
Mental Health and Emotional Wellbing Board

This plan has been agreed
by the following organisations.

North Tyneside Council

NHS
Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

NHS
North Tyneside
Clinical Commissioning Group

North Tyneside
Carers' Centre

North Tyneside Parent Carer Forum

inclusion
north

healthwatch
North Tyneside

North Tyneside
Health & Wellbeing Board Report
Date: 16 September 2021

Title: Healthy Weight Declaration

Report from: North Tyneside Council, Public Health Team

Report Author: Behnam Khazaeli (Senior Public Health Manager) (Tel: 0191 6436918**)**

Relevant Partnership Board: North Tyneside Healthy Weight Alliance

1. Purpose:

The purpose of the report is to introduce the Healthy Weight Declaration (HWD) and propose that the Health and Wellbeing Board supports the adoption of the HWD.

2. Recommendation(s):

The Board is recommended to: -

a) take a lead role, through the work of the Healthy Weight Alliance, in ensuring there is a whole systems approach to preventing excess weight by addressing both the obesogenic environment in which we all live, as well as supporting individuals; and
b) encourage and support North Tyneside Council and Northumbria Healthcare NHS Trust to adopt the Healthy Weight Declaration and achieve its 16 commitments.

3. Policy Framework

This item relates directly to delivery of the vision, objectives and priorities contained within the refreshed Joint Health and Wellbeing Strategy 2013-23.

4. Information:

4.1 Background

The COVID-19 pandemic has put the obesity epidemic once again into the spotlight and the urgency of tackling the obesity time bomb has been brought to the fore by evidence of the link to an increased risk from COVID-19.

Living with excess weight puts people at greater risk of serious illness or death from COVID-19, with risk growing substantially as body mass index (BMI) increases. Almost 8% of critically ill patients with COVID-19 in intensive care units have been morbidly obese, compared with 2.9% of the general population.

Evidence regarding the nation's eating and exercise habits during the COVID-19 pandemic suggests that more people have exercised during lockdown, however the nation's exercise levels have not increased overall since before the pandemic.

Meanwhile, snack food and alcohol sales in high street shops have increased substantially.

In response the Government launched a new obesity strategy in July 2020 the Better Health campaign to get the nation fit and healthy, protect themselves against COVID-19 and protect the NHS.

Tackling obesity is one of the greatest long-term health challenges that we face and helping people to achieve and maintain a healthy weight is one of the most important things we can do to improve the health of the population. Obesity is the result of complex relationships between genetic, socioeconomic, and cultural influences and as a result requires a whole systems approach, across the lifecourse to address the root causes. This includes interventions which address both the obesogenic environment in which we all live, as well as support for individuals. Having strong support across a system can help to drive change, ensuring that healthy weight is considered in all policies and practice.

North Tyneside Council through its Health and Wellbeing Board has an established a Healthy Weight Alliance in place. Partner organisations have come together to develop a plan to address obesity at a population level across the borough. The HWD could provide an effective platform and framework to deliver this plan.

4.2 What is the Local Authority Declaration on Healthy Weight?
The HWD was developed by Food Active a charitable organisation established in the North West region. It aims to support organizations and their partners to take action to prevent excess weight and secure the health and wellbeing of the population. The HWD is a strategic, system-wide commitment to tackling excess weight and physical inactivity.

The declaration comprises of '16 standard commitments' which are designed to be bold but achievable, with the opportunity for areas to make further local commitments to supplement the declaration if they wish. The 16 commitments are grouped under the following headings (please see information pack on the HWD):

- Strategic / System Leadership
- Commercial Determinants
- Health Promoting Infrastructure / Environments
- Organisational Change / Culture Shift
- Monitoring & Evaluation

The HWD has been adopted by several local authorities nationally and within the North East region, Gateshead, Sunderland, Stockton, and Darlington are all considering implementation.

Adopting the HWD would demonstrate a system leadership commitment to tackling some of the complex challenges being faced locally in relation to obesity.

The proposed HWD will contribute to the new Health and Wellbeing Strategy which reflects the Mayor and Cabinet's focus on tackling inequalities.

4.3 Work undertaken to date
A Healthy Weight Alliance workshop was held on the 27th July with partners across the system (e.g. CCG, PCN's, Northumbria Healthcare Trust, VCS) led by the public health team and chaired by the Councillor Karen Clark, setting out the context and challenges of tackling obesity in North Tyneside and outlining the benefits of adopting the HWD.

The proposal to adopt a HWD was well received by partners and gained overwhelming support. In addition, Northumbria Healthcare Trust (NHCT) have also expressed an interest adopting the HWD, which will support their work as an Active Hospital. The intention is to aim for a joint launch event with the Trust in January 2022

5. Decision options:

The Board may now either: -
a) note the Healthy Weight Declaration and take no further action; or
b) agree the recommendations set out in Section 2 of the report.

6. Reasons for recommended option:

The Health and Wellbeing Board is recommended to agree option b. in order to provide a robust and systematic approach to tackling obesity across the borough.

7. Appendices:

Appendix 1: HWD evidence briefing
Appendix 2: Obesity in North Tyneside

8. Contact officers:

Behnam Khazaeli, Senior Public Health Manager, tel: (0191) 6436918 / 07974592836

9. Background information:

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

North Tyneside Council Constitution
Health & Social Care Act 2012
National Health Service Act 2006
HM Government (2018) Childhood Obesity Plan Chapter 2
HM Government (2020) Tackling obesity: empowering adults and children to live healthier lives.
NHS England (2018) The NHS Long Term Plan.
Department of Health and Social Care (2018).
Professor Michael Marmot (2020) Health equity in England: The Marmot Review ten years on.
Public Health England (2019) Whole systems approach to obesity
Public Health England (2020) Review into factors affecting COVID 19.

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

The cost to sign up to the HWD is £1950 plus VAT which will be paid for through the public health ring fenced budget. Any financial implications for services or projects arising from the HWD will be within current budget envelopes or secured through external funding where appropriate.

11 Legal

In accordance with the Health & Social Care Act 2012 the Board is responsible for encouraging the commissioners of health and social care services to work in an integrated manner to improve the health and wellbeing of people.

12 Consultation/community engagement

A stakeholder event was held on the 27th July, with partners across the system (e.g., CCG, PCN's, Northumbria Healthcare Trust, VCS) and internal council services.

13 Human rights

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

14 Equalities and diversity

There are no equality and diversity implications arising directly from this report. The HWD will consider equalities implications and especially the impact of obesity on those in poverty, on different ethnic groups and social class. A full equality impact assessment is not considered necessary at this stage but will be considered as the action plan and projects takes shape.

15 Risk management

There are no risks from the Healthy Weight Declaration. Risks will be identified by the North Tyneside Healthy Weight Alliance and managed as a system.

16 Crime and disorder

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

SIGN OFF

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

LOCAL AUTHORITY DECLARATION ON healthy weight

WHY A LOCAL AUTHORITY DECLARATION ON HEALTHY WEIGHT IS NEEDED

EVIDENCE BRIEFING

FOOD ACT!VE

SECOND EDITION
SUMMER 2020

LOCAL AUTHORITY DECLARATION ON healthy weight

THE LOCAL AUTHORITY DECLARATION ON HEALTHY WEIGHT

The Local Authority Declaration on Healthy Weight presents the opportunity for local authorities to lead local action and demonstrate good practice in adopting a systems approach to tackling obesity and promoting the health and well-being of communities. It is a statement, individually owned by each adoptive authority. It encapsulates a vision to promote healthy weight to improve the health and well-being of the local population.

The declaration (hereafter HWD) is a strategic commitment made across all council departments to reduce unhealthy weight in local communities, protect the health and wellbeing of staff and citizens and to make an economic impact on health and social care and the local economy. The declaration includes 16 standard commitments whereby Local Authorities pledge to achieve action on improving policy and healthy weight outcomes in relation to specific areas of the council's work.

Within the declaration there is also the opportunity for Local Authorities to add local commitments relevant to their needs and aspirations. These local priorities are usually determined through consultation which may include the Health and Wellbeing Board, CCG, public consultation.

POLICY CONTEXT

Since its launch in August 2015 increasing numbers of Local Authorities across England continue to adopt the HWD, with 23 councils to have adopted at the time of publication

Ranging from authorities in the North West, Yorkshire & Humber and to the South West of the country, these authorities include both unitary, two-tier and district authorities, all with unique experiences of adoption

During this time there have been changes within the policy landscape, regional and sub-regional governance and infrastructures and within local government itself. In addition to advances in policy, we have seen a change in the patterns and prevalence of overweight and obesity; whilst overweight prevalence in adults may have stabilised in recent years. Obesity prevalence in adults (aged 16+) in England and Scotland has increased since the 1990s. Unhealthy weight is an issue which continues to persist, there are inequalities in its prevalence and the cost to the individual and the economy is profound.

A renewed focus on prevention and a continued joined-up approach to reducing unhealthy weight, and its associated inequalities is recognised and reflected in recent national policy, including the following publications:

The Government's Childhood Obesity A Plan for Action: Chapter 2[1]: The Plan outlines the actions the government will take towards its goal of halving childhood obesity and reducing the gap in obesity between children from the most and least deprived areas by 2030[1].

The Government's Obesity Strategy[2]**:** The strategy was published in response to the emerging links between COVID-19 and obesity and aims to empower people to improve their health by losing weight, not only to reduce the risk of non-communicable diseases but also to the reduce risk of developing severe symptoms and complications of COVID-19.

The NHS Long Term Plan[3]: sets out to deliver a renewed focus on preventing illness and tackling health inequalities. The plan makes reference to how the NHS will increase its contribution to tackling some of the most significant causes of ill health with a focus on obesity and diabetes.

Prevention is Better than Cure[4]: a document launched by the Department for Health and Social Care in late 2018, sets out a vision for putting prevention at the heart of the nation's health; ' to improve healthy life expectancy so that, by 2035, we are enjoying at least five extra years of healthy, independent life, whilst closing the gap between the richest and poorest.' The document recognises the importance of working across government, social care, individuals, families, communities, employers and charities to enable change.

Advancing our health: prevention in the 2020s[5]: sets a vision to shift away from the tradition of dealing with the consequences of poor health to promoting the conditions for good health. It builds on the commitment made to 'improve healthy life expectancy by 2035. In addressing some of the prevention challenges the paper sets out: publication of Chapter 3 of The Childhood Obesity Plan focusing on infant feeding, clear labelling, food reformulation improving the nutritional content of foods, and support for individuals to achieve and maintain a healthier weight. A commitment to increase the number of people switching from driving to public transport, cycling and walking.

Health Equity in England[6]: The Marmot Review 10 Years On: this report commissioned and produced 10 years on from the landmark study 'Fair Society, Healthy Lives' (The Marmot Review) demonstrates that;

- People can expect to spend more of their lives in poor health
- Improvements to life expectancy have stalled, and declined for the poorest 10% of women
- The health gap has grown between wealthy and deprived areas
- Place matters; there are inequalities in health amongst different regions in the UK experiencing similar levels of derivation.

Working at 'place' with a range of stakeholders to address the socio-economic factors affecting health inequality is key.

Place-based systems of care will have a strong focus on the NHS, however they should also involve local authorities, who themselves may be considered an 'anchor institution' and can significantly impact on the well-being of the communities in which they serve.

Public Health England's Whole Systems Approach to Obesity[7]; The causes of obesity are complex and exist in the places where we live, work and play. A growing body of evidence suggests that whole systems approaches (WSA) could help tackle complex problems like obesity. Public Health England (PHE), the (LGA) and Leeds Beckett University have worked in partnership to developing a 'whole systems' obesity programme to support practitioners at a local level adapt and work in a way that enables all stakeholders to be engaged in the healthy weight agenda. Although developed at different times there are clear similarities across the WSA and HWD programmes in terms of supporting local areas to tackle obesity and promote healthy weight through a long-term, cross-sector, health in all policies approach. The HWD can either be used by local authorities as a standalone process to address healthy weight, or in tandem with the WSA. A joint Public Health England/Health Equalities Group (HEG) narrative has been developed to describe how the approaches can be used together.

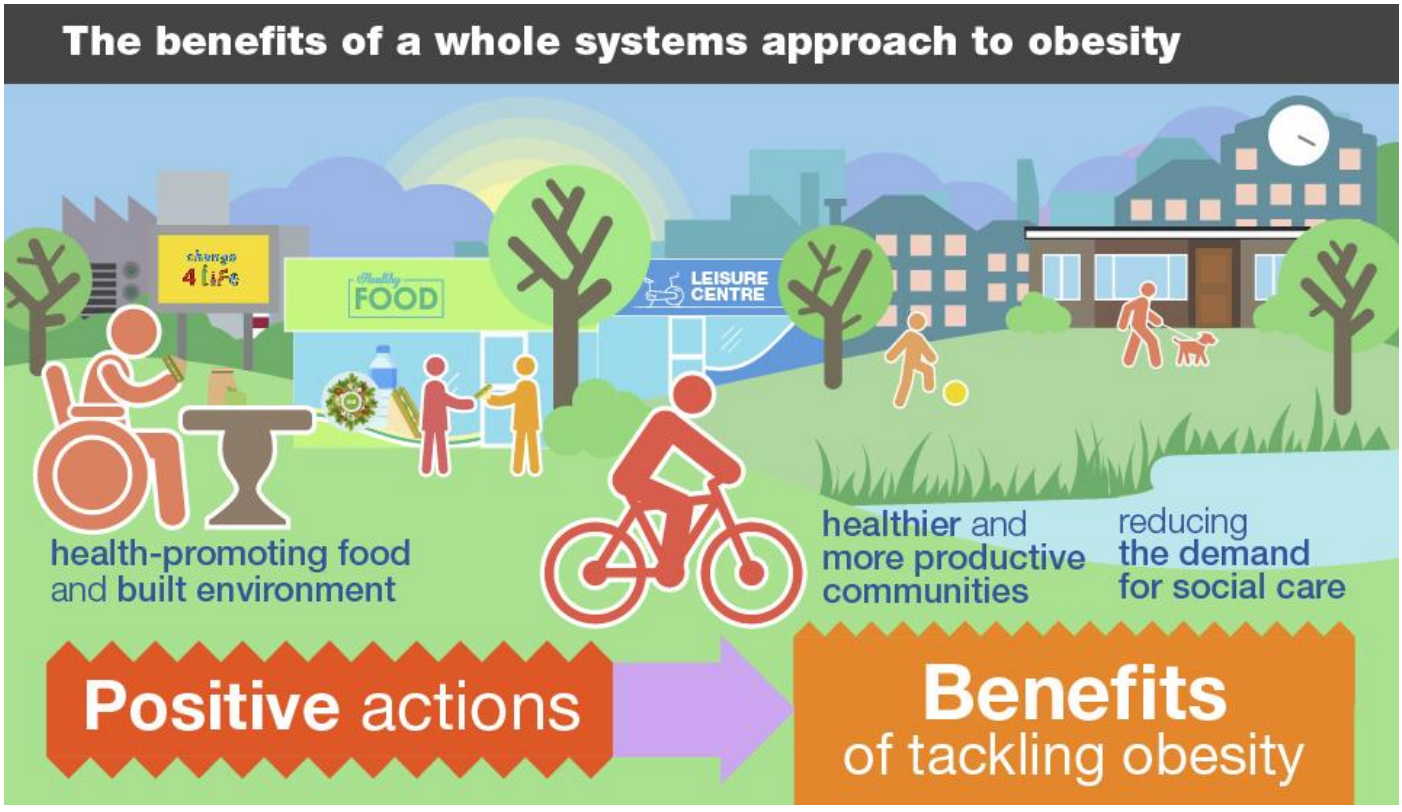
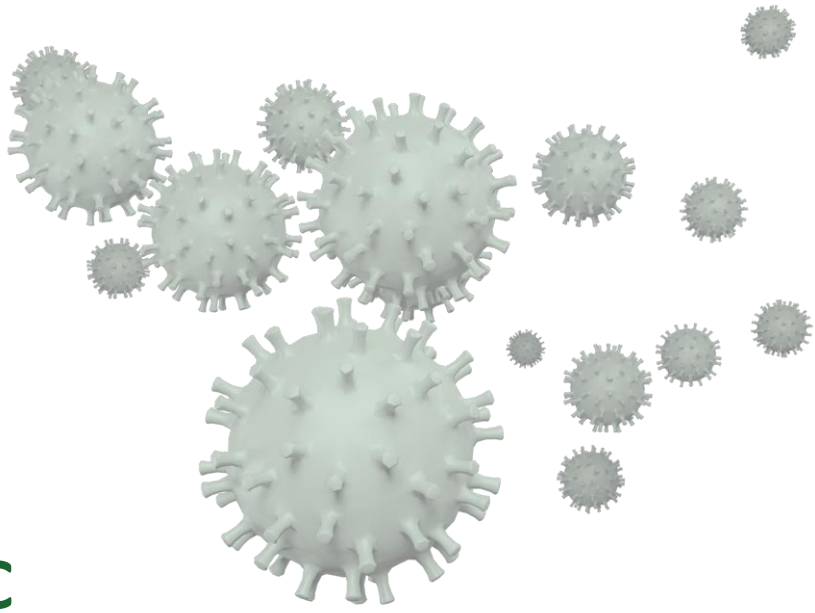


Fig 1. The benefits of a whole systems approach to obesity; Public Health England



COVID-19 PANDEMIC

In light of the current COVID-19 pandemic, Public Health England have recently launched a 'Review into disparities in the risk and outcomes of COVID-19[8]', analysing how different factors – may impact on people's health outcomes. This report brings together findings from UK and international studies published during the COVID-19 pandemic. It offers information about excess weight and its association with COVID-19 for the following outcomes; hospitalisation, admission to intensive care and risk of mortality.

There is emerging evidence that some population groups have an increased risk of adverse outcomes from COVID-19 including some ethnic groups, males, levels of obesity, those in deprived communities, older people, some occupations, people living in care homes, and other vulnerable groups. There is the potential that some of these risk factors may exacerbate existing health inequalities in the population.

A specific objective is to try and understand; the association of obesity or underlying health conditions with increased risk of complications from COVID-19. A UK report suggests that two thirds of people who have fallen seriously ill from contracting COVID 19 were overweight or had obesity[9]. Whilst in Italy data suggests 99% of deaths have been in patients with pre-existing conditions, including those which are commonly seen in people with obesity such as hypertension, cancer, diabetes and heart diseases[10]. The World Obesity Federation, in its recent policy briefing, acknowledges the increased risk of COVID 19 from obesity and underlying health conditions[11].

It is important therefore that we also consider the Healthy Weight Declaration, within the medium to long term impact resulting from this pandemic; as we exit from emergency planning and transition to recovery, as part of continuity planning and building resilience within our communities.

There will be many consequences as a result of the pandemic and the 'lock down' measures; surveys suggest food insecurity has increased, impact of stress on the workforce in particular in NHS settings has increased, there has been interruption in the delivery of primary and community health care services, concern over the impact on mental health and anxiety, adverse changes to lifestyle behaviour and increased risk to some of the most vulnerable in society. It will be more important, now than ever, that we work as part of an integrated system, with local stakeholders to ensure that environments are shaped and opportunities provided that empower and promote the health of communities and the workforce.

AN OPPORTUNITY TO REFLECT

Much learning has been generated as a result of a range of authorities adopting, implementing and evaluating the HWD over recent years. It is recognised that by signing up to the declaration, this is seen as a long-term ambition and whilst there may be some early successes following adoption, it is likely that ongoing impact will be achieved over time.

Food Active continues to engage with commissioners, local and national stakeholders to review impact of the declaration and develop materials and share learning that can support Local Authorities in implementing the declaration and meeting their commitments to reduce the prevalence of unhealthy weight. (Further information is available within the appendices).

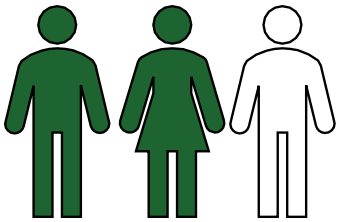
In January 2016 Blackpool became the first authority in the North West to adopt the HWD. In supporting Local Authorities, Food Active in consultation with stakeholders, has facilitated a review of the HWD.

This recent review has been undertaken to meet a number of objectives and based on the request of commissioners and stakeholders, actively implementing the HWD. In particular it was felt that new evidence associated with healthy weight should be reflected in the commitments, whilst enabling authorities to consider how the declaration can impact not only on healthy weight outcomes but support converging agenda's.

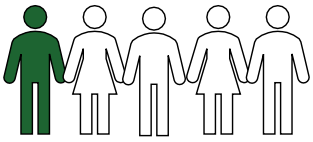
The review has taken into consideration ongoing feedback reflecting on successes, challenges, barriers to adoption, evaluating impact and in addition, to consider whether the declaration commitments were still considered 'fit for purpose'. The outcome of the consultation, current policy context and relevant evidence base are reflected in the new draft of the declaration commitments and following evidence brief.

'Unhealthy Weight[12]* is a serious public health problem that increases disability, disease, and deaths and has substantial long term economic, well-being and social costs. The proportion of the population affected by unhealthy weight continues to rise;'

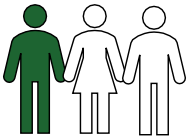
- Since 1980, the prevalence of obesity has doubled in more than 70 countries and has continuously increased in most other countries[12].
- Although the prevalence of obesity among children has been lower than that among adults, the rate of increase in childhood obesity in many countries has been greater than the rate of increase in adult obesity[12].
- High BMI accounted for 4.0 million deaths globally in 2015, nearly 40% of which occurred in persons who were not obese. More than two thirds of deaths related to high BMI were due to cardiovascular disease[13].
- It is estimated that obesity is linked to more than 30,000 deaths each year and can shorten life expectancy by up to nine years[13].
- In the UK, more than half of premature deaths are associated with potentially preventable risk factors including; unhealthy diets; obesity and low physical activity[13].
- Cardiovascular disease remains the leading cause of mortality suggesting renewed and sustained effort is required to reduce risk factors such as high body mass index, high fasting glucose, high blood pressure and high cholesterol (all ranked in the top 10 risk factors in the UK)[14].



The majority of adults in England in 2018 were overweight or obese (67% men and 60% of women). Obesity prevalence continues to rise; in 2018, 3 out of 10 men and women (26% and 29% respectively) were obese[15].



2018/19 indicates the proportion of reception year children were affected by overweight and obesity in England is 22.6%[16]



This increases to 34.3% by year 6[16]

- In 2018 around 1 in 10 children in Reception (aged 4-5 years) were obese, this increases to 1 in 5 children in Year 6 (aged 10-11 years)[16].
- Current data shows that 4.4% of year 6 school children in England are affected by severe obesity, the highest rate on record[17].
- Child obesity prevalence is strongly correlated with socio-economic status and is highest among children living in the most deprived local authorities[16].
- Obesity varies by household income in women. Obesity is more than twice as common among low income women[15].
- Prevalence of both adult and child obesity in England varies by region[15,16].
- Being overweight or obese increases the risk of a wide range of chronic diseases, principally type 2 diabetes, hypertension, cardiovascular disease including stroke, as well as cancer[17].

**unhealthy weight refers to overweight and obesity*

In addition;

Health Survey for England data 2018 indicates:

- 27% of the adult population reported less than 30 minutes of moderate or vigorous physical activity (MVPA) per week and were classed as 'inactive'[18].
- 28% of adults were eating the recommended five portions of fruit and vegetables a day.
- 18% of children and young people are meeting the current Chief Medical Officer guidelines of taking part in sport and physical activity for at least 60 minutes every day. A further 26% sit just below this threshold[19].
- 18% of children aged 5 to 15 ate five standard portions of fruit and vegetables per day[20].

Impact on Health and Social Care;

- Obesity results in a less physically active population leading to reduced productivity and increased sickness absence.
- Annual spend on the treatment of obesity and diabetes is greater than the amount spent on the police, the fire service and the judicial system combined.
- Rising levels of overweight and obesity could lead to an extra £2.51 billion a year in NHS costs alone by 2035[21].
- Reducing the prevalence of overweight and obesity by just 1% each year below predicted trends would save 300 million in NHS healthcare and NHS social care costs in the year 2035 alone[21].
- Life expectancy is increasing, yet not all is experienced in good health, therefore promoting health and preventing disease is essential both for individuals but also to reduce the economic and social impact.

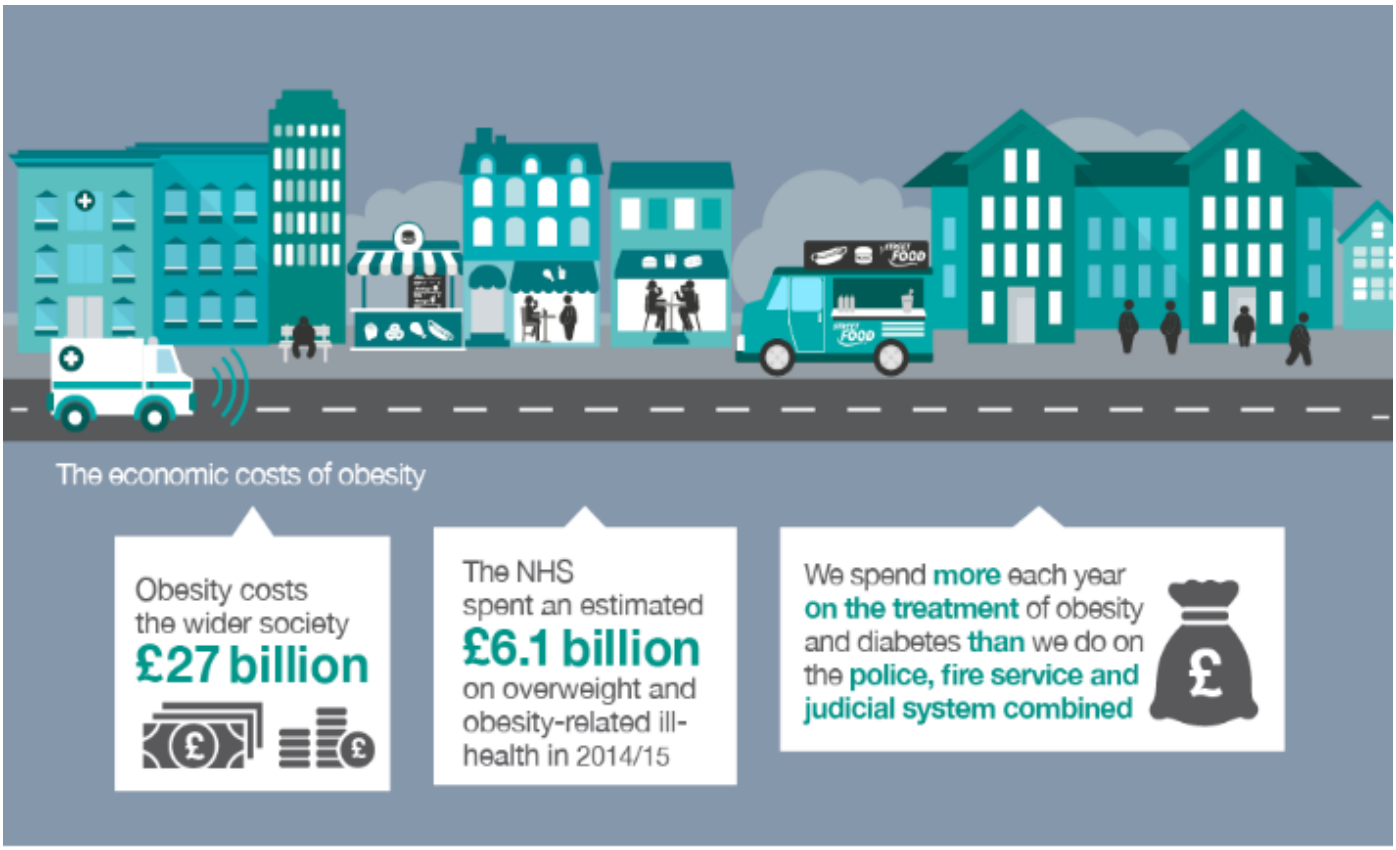


Fig 2. The economic costs of obesity taken from; Public Health England Health Matters: The Food Environment[12]

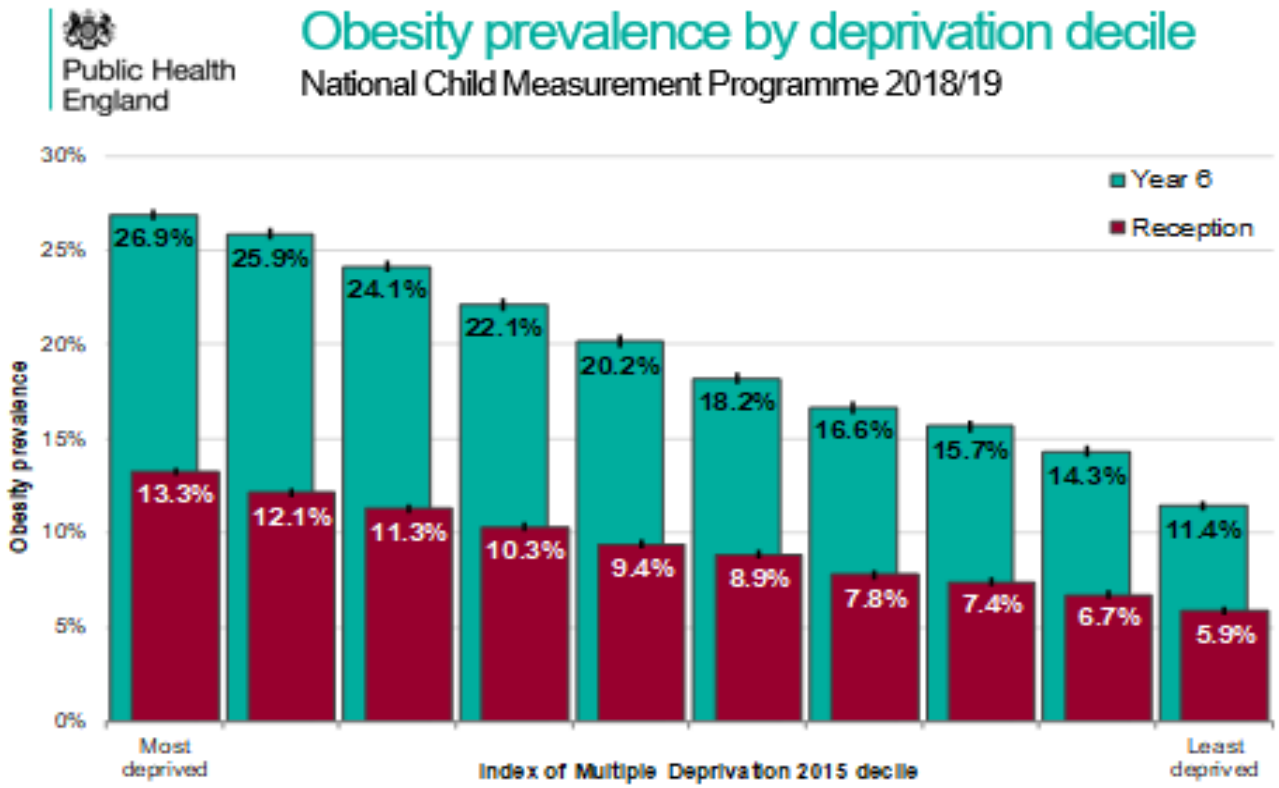


Fig.3 Childhood Obesity Prevalence by Deprivation Decile. NCMP Data 2018/19. Source Public Health England

'Unhealthy weight is affected by health inequalities and more common in lower socio-economic groups;'*

Inequalities in health are unjust and avoidable differences in people's health across the population and they continue to persist. In parts of the UK the conditions for living life in good health are poor and continue to deteriorate. Across England, more than one in five people (22%) now live in poverty[22]. The British economy spends an estimated £78bn pounds dealing with the effects of poverty[23]. People born in the most deprived 10% of local areas in England are expected to die nearly a decade earlier and have 18 fewer years in good health[24]. Health inequalities are estimated to cost the UK £32-33 billion per year in terms of illness, lost taxes and productivity[25].

Inequalities in life expectancy have widened for both sexes since 2011-13, more so for women. The gap between most and least deprived is over 9.5 years for males and over 7.7 years for females[26].

For women, healthy life expectancy has declined since 2009–11 and for both men and women, years spent in poor health have increased[27].

Obesity varies by household income in women. Obesity is more than twice as common among low income women as in women in the highest household income quintile (37.6% compared with 18.3%)[14].

In men there is a smaller decrease in obesity prevalence from the lowest income quintile to the highest, however this decrease does not appear to be significantly different across income quintiles[14].

Child obesity prevalence is closely associated with socioeconomic status. Obesity prevalence in the most deprived 10% of areas in England is more than twice the prevalence in the least deprived 10%[15].

*unhealthy weight refers to overweight and obesity

- The inequalities gap in child obesity is widening among children in Year 6[15].
- Children from black and minority ethnic families are also more likely than children from white families to be overweight or obese and this inequality gap is increasing[28].

Diet and nutrition in early life influence outcomes in later life and are therefore important indicators of health inequalities[29,30]. Healthy diets in school children, established at an early age lead to better health outcomes and educational attainment, and protect against high blood pressure, cholesterol and diabetes in adulthood[31].

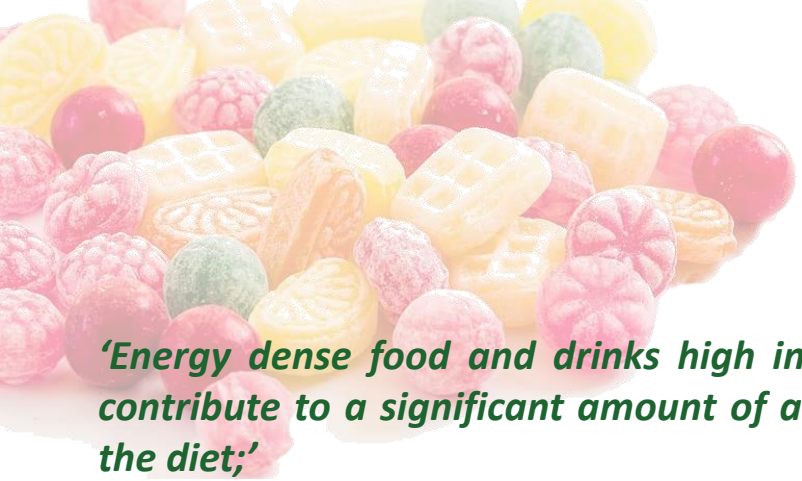
Therefore health inequalities in the incidence of child obesity have a multiplying effect for health outcomes in later life. There is also a growing body of evidence that suggests overweight and obesity has its roots in early life, before exposure to a large number of environmental factors[32].

Maternal obesity is linked to an increased risk of pregnancy related complications and children becoming obese in later life[33,34]. Overweight children are more likely to become overweight adults[35].

'Poor diet and an unhealthy weight are risk factors for CVD, cancer and type 2 diabetes which contribute powerfully to poor health and premature death;'*

- Abdominal obesity is a particular risk for the cluster of diseases that have become known as the metabolic syndrome – type 2 diabetes, hypertension, and dyslipidaemia – and is strongly linked to an increased risk of cardiovascular disease[17].
- The biggest risk factor for cancer after smoking is unhealthy weight. There is strong evidence that being overweight or obese is associated with 12 different types of cancer[36]. Around 17,000 cases of cancer each year in the UK are linked to being overweight or obese[37].
- In England, adults with obesity are five times more likely to be diagnosed with diabetes than adults of a healthy weight[38].
- More than one in three children are affected by overweight or obesity by the time they leave primary school and increasingly they are developing type 2 diabetes and liver problems during childhood.
- Improving lifestyle behaviours that include healthy diets and regular physical activity could prevent around 80% of premature heart disease, diabetes and stroke[39].

*unhealthy weight refers to overweight and obesity



'Energy dense food and drinks high in fat and sugar and low in nutrients contribute to a significant amount of additional and unnecessary calories in the diet;'

Evidence shows that energy dense diets such as those that are high in sugar and fat can contribute to excess calorie intake, which if sustained leads to weight gain, obesity and tooth decay[40].

The National Diet and Nutrition Survey (NDNS) data assesses the diet, nutrient intake and nutritional status of the general population in the UK. The most recent survey report shows trends over time in food consumption and nutrient intakes in the UK between 2008/09-2016/17[41], summarised below:

- Trends demonstrate little change in intake of fruit and vegetables over the 9-year period, mean fruit and vegetable intake remains below the 5 A Day recommendation.
- Average intakes of saturated fatty acids exceeded the current recommendation of no more than 11% of food energy over the 9-year period.
- Average intakes of AOAC* fibre over the 9 years remained well below current recommendations in all age/sex groups.
- For consumers of oily fish, changes in intake were small and there was no consistent pattern, intake remained below current recommendations.
- Free sugar intake in children and adults has decreased, however average intakes continue to exceed the current recommendations of no more than 5% of total energy from free sugars.

The largest changes in free sugars intake were seen in children. Children aged 1.5 to 3 years, 4 to 10 years and 11 to 18 years had an average yearly reduction of 2.7, 2.4 and 3.5 percentage points respectively, over the 9 years[41].

There has been a significant downward trend in the percentage of children consuming sugar-sweetened soft drinks[41], however there is still a way to go to meet current recommendations of no more than 5% of total energy from free sugars for both adults and children.

The Global Burden of Disease study (2010) found that most disability amongst 5 to 9 year olds in the UK was caused by poor oral health. An average of 2.24 hours of children's healthy lives was lost for every child aged 5 to 9 years because of poor oral health. [42]

*Carbohydrates that are not digested nor absorbed by the gut, including lignin.

'Increased intake of foods high in fat and sugar and low in fruit and vegetables are strongly linked to those in manual occupations;'

'People living in more socially deprived areas have less access to healthy foods;'

'There is greater availability and access to food and drinks high in fat and sugar, which are increasing eaten outside of the home, contributing to excess energy intake;'

There are several indicators that low income households in the UK may be struggling to follow the Government's national food model[43] (Eatwell Guide), this includes inequalities in obesity statistics in deprived areas, increased food bank usage and analysis of NDNS data demonstrating evidence of income differences in diet and nutrient intake[41];

- NDNS Trend data shows that there was an increase in total fruit and vegetable intake oily fish and AOAC fibre intake with increasing equivalised income for all age/sex groups.
- Adults aged 19 to 64 years showed a significant average decrease in free sugars intake as a percentage of total energy of 0.3 percentage points (CI 0.1, 0.4) for every £10,000 increase in equivalised income.
- Intake of micronutrients tended to be higher with increasing equivalised income[41].

Research has shown that over a third (39%) of people in the richest fifth of the population eat the recommended amount of five portions of fruit and vegetables every day, falling to only 15% of those in the poorest fifth[44].

In addition the Faculty of Public Health indicates that as well as getting fewer micronutrients, low-income households are more likely to consume highly processed, high sugar and high saturated fat foods[45]. A report by the Fabian Society finds that 'progress made in access to food, health, and better diets in the UK over recent decades has left those on lower incomes behind', with considerable numbers of families in the UK finding it difficult to budget for the main essentials of food, housing and utilities. Food is often the flexible budget item, becoming less affordable for those on low incomes[46].

A study to compare the cost of following the Eatwell Guide, with household expenditure found that 26.9% of households would need to spend more than a quarter of their disposable income after housing costs to meet the Eatwell Guide costs. For households with children in the bottom two deciles, earning less than £15,860, 42% of after-housing disposable income would have to be spent to meet the Eatwell Guide costs[43].

Whilst there are several studies that suggest healthier diets are becoming more expensive[47] there are some disparities; a study looking at the Eatwell Guide concluded that although achieving the UK dietary recommendations would require large changes to the current average diet; these changes would not lead to significant changes in the price of the diet[48].

Studies looking at access in individual local areas, found that some areas suffer from a lack of access to good food at the right price, and that food prices can often be cheaper in larger, harder to access food stores. In some low-income areas, particular foods are unavailable, there is insufficient or inadequate public transport and food prices would be different for the same food in different shops (even different stores under the same retailer), which could negatively impact those living further away from the cheaper shop[46]. Respondents in a recent survey suggested that unaffordable food prices have led to changes to their shopping behaviours, which were greatest among low household incomes of £10,000 or less. 38% of respondents stated they had started shopping in a cheaper supermarket to avoid high food prices. A further 23% said they had purchased cheaper and less healthy food, rising to 34% in households with a household income of £10,000 or less. Furthermore, 10% of respondents reported that they had sacrificed some of their food intake so that other family members, such as children, could eat – rising to 14% in low income households[49]. The Trussell Trust reports that 823,145 emergency food parcels given to people in crisis by food banks in its network between April to September 2019. The busiest period on record as the need for emergency parcels soared to 23%[50].

It may also be argued that people generally have easy access to cheap, highly palatable and energy - dense food frequently lacking in nutritional value - such as fast food. Over a quarter of adults and one fifth of children eat food from out-of-home outlets at least once a week[12]. The concentration of fast food outlets and takeaways varies by local authority in England. However mapping shows a strong association between deprivation and the density of fast food outlets, with more deprived areas having more fast food outlets per 100,000 population.

Map available here.

There is a clear correlation between income, diet and health outcomes. Obesity is getting worse in low-income households and diet-related health inequality is growing.

'Food insecurity and malnutrition in the UK; 'there is a current struggle to address malnutrition in all its forms, with "food insecurity and obesity rising'

The UK Stakeholders for Sustainable Development, a cross-sector network of organisations working to drive action on the UN's Sustainable Development Goals, have highlighted a number of nutrition-related challenges in the UK. A recent report, 'Measuring Up', demonstrates the large variations according to socioeconomic status of two major challenges; high and growing levels of obesity and diet related disease, confounded by some of the highest levels of household food insecurity in Europe[51].

It is acknowledged that this issue is underpinned by a food system which is struggling to provide healthy, sustainable, diverse diets for the UK population[51]. A 2018 report by the Food and Agriculture Organisation (FAO) estimated that 2.2 million people in the UK were severely food insecure[52]. A 2017, UNICEF report found that that in the UK approximately 19% of children under age 15 live with an adult who is moderately or severely food insecure, of whom half are severely food insecure[53].

'Advertising and marketing of foods and drinks high in fat and sugar increases their consumption;'

Food choices are influenced by a combination of economic and societal influences; there is an external element of influence on behaviour as a result of food industry marketing campaigns. Choice is influenced via TV advertising, programme sponsorship, cinema, radio and billboards, social media, advergames and internet pop-ups. A 2009 systematic review of evidence into food marketing to children set out how contemporary food marketing 'predominantly promotes' low nutrition foods. The study found that between 50 and 80 per cent of food and drink marketing is for low nutrition foods[54]. A recent systematic review published in 2019 found '*a strong body of evidence that exposure to food marketing impacts children's attitudes, preferences and consumption of unhealthy foods, with detrimental consequences to health*' [55].

Food marketing has the ability to affect category level changes, which is particularly marked in relation to children, meaning that people are more likely to develop a preference for the types of food that are marketed to them[56].

Evidence strongly suggests that price promotions both temporary and multi-buy type promotions increase the volume of food or drink purchased during a single shopping trip[57]. Consumer spending on price promotions in the UK is the highest in Europe[40]. Price promotions on unhealthy foods and drinks tend to offer a greater reduction in price or greater product volume for a set cost than promotions on healthy foods and drink[58,59].

‘Education, information and the increased availability of healthy alternatives help individuals to make healthy, informed food and drink choices;’

Health marketing is important as both a motivator and enabler for consumers to change their own and their families’ diets and can help underpin action by others such as the food industry.

A report published by Public Health England and the Institute of Health Equity “Improving health literacy to reduce health inequalities”, showed that up to 61 per cent of the working age population in England finds it difficult to understand health and wellbeing information.

Low levels of health literacy impact significantly upon a person’s ability to engage with preventative programmes and make informed healthy lifestyle choices[60].

Whilst it is recognised that consumer education and the provision of clear information are important, a number of independent reports have highlighted that in order to be effective in tackling obesity, and particularly to help the poorest in society, activity needs to go beyond just health messages and information to consumers, a systemic program of multiple interventions is likely to be effective, developing a whole systems approach to addressing inequalities and health literacy[61,62,63].

‘Modern physical activity environments contribute to sedentary lifestyles;’

People in the UK are around 20% less active now than in the 1960s. If current trends continue, we will be 35% less active by 2030. The link between physical inactivity and obesity is well established; low physical activity is one of the top 10 causes of disease and disability in England. Regular physical activity can help to prevent and manage over 20 chronic conditions and diseases, many of which are on the rise and affecting people at an earlier age[64].

- Physical inactivity is responsible for 1 in 6 deaths in the UK[65].
- 1 in 4 women and 1 in 5 men in England are classed as physically inactive. This is costing the UK an estimated £7.4 billion a year, including £0.9 billion to the NHS alone[64].
- People living in the least prosperous areas are twice as likely to be physically inactive as those living in more prosperous areas[64].
- Physical activity levels decline with age, by 75 years, only 1 in 10 men and 1 in 20 women are sufficiently active for good health[64].
- Only 18% of children and young people are meeting the current Chief Medical Officer guidelines of taking part in sport and physical activity for at least 60 minutes every day[19].

- Boys (20%) are more likely to be active every day than girls (14%)[19].
- 39% of children in the least affluent families do fewer than 30 minutes of activity a day, compared to 26% of children from the most affluent families [19].
- Physical activity can reduce the risk of early death by as much as 30% and reduce the risk of developing type 2 diabetes by 30-40%[64].
- Regular physical activity is also associated with a reduced risk, obesity, osteoporosis and colon/breast cancer and with improved mental health[64]
- Being active plays a key role in brain development in early childhood , and is also good for longer-term educational attainment[68].
- Increased energy levels boost workplace productivity and reduce sickness absence. An active population can even reduce levels of crime and antisocial behaviour[69].

As well as being physically active, adults are advised to minimise the time spent being sedentary; even for individuals who are active at the recommended levels, spending large amounts of time sedentary can increases the risk of ill-health[64].

There are several reasons why we are much less active than we were half a century ago. Social, cultural and economic changes have removed physical activity from daily life increasing sedentary behaviour. Fewer individuals have manual jobs[70]. Technology advances at home and in the work place encourages sitting for long periods – watching TV, at the computer, playing games or using mobile phones and tablets.

There is an over-reliance on cars and many features of cities, towns, public places and buildings promote physical inactivity prioritising convenience and speed ahead of walking or cycling.

Concerns about vandalism and maintenance have left public spaces without facilities such as benches and toilets that encourage their use and allow older or disabled people to venture out.

Since the 1960s people have become less and less active in their daily lives, largely as a result of technological changes and an increase in sedentary activities. A growing body of evidence points to the risks of sedentary behaviour[71]; becoming more active can lower risk of cardiovascular disease by 20-35% and coronary heart disease and stroke compared to those who have a sedentary lifestyle[72] .

'Urban planning can have a significant impact on opportunities for physical activity, promoting safer environments for walking, cycling and recreation;'

The way land is used in communities can have a significant impact on the public's health[73,74]. The design and quality of the environment can determine the choices made by individuals and communities[75].

By giving consideration to urban design, understanding land use patterns, and creating transportation systems that promote walking and cycling; this can assist in generating active, healthier, and more liveable communities[76,77].

In relation to public spaces, studies have shown show that those living closest to parks were more likely to achieve recommended physical activity levels and less likely to be overweight or obese[78], those with close access to green space live longer than those without it[79], (even adjusting for factors such as social class, employment and smoking) and the health of older people increases where there is more space for walking near home, with parks and tree-lined streets nearby[80].

Children become more active when they live closer to parks, playgrounds and recreation areas[81]. This is shown to be most significant among the least well off.

Sustrans research shows that the National Cycle Network saves the UK economy over £160 million each year by reducing levels of obesity. Of this saving, over £22 million is saved from the NHS budget by doubling the number of local journeys already being made by foot, bike and public transport spending in health budgets could be reduced by more than £110 billion over the next 30 years [82,83].

There is some evidence to suggest that traffic calming can increase physical activity levels[84]. A 2014 study of systematic review methodology to evaluate published systematic reviews (Umbrella Review) of the effects on health and health inequalities of 20 mph zones and limits; suggests that such interventions are effective in reducing accidents and injuries, traffic speed and volume, as well as improving perceptions of safety. Whilst there were no direct studies of the effects on health inequalities, the study suggest that targeting such interventions in more deprived areas may be beneficial[85].

'Psychosocial pathways directly impact on physical health outcomes and influence health-related behaviours, such as diet & physical activity;'

There is an association with exposure to greenspace and beneficial effects on mental health by reducing stress, aiding restoration, and providing places for much needed leisure within busy lifestyles. Environments can shape behaviours the characteristics of environments can promote positive psychological experiences and for physical activity that in turn promotes well-being[86,87].

Population level public health strategies can address psychosocial factors and pathways placing emphasis on addressing protective factors.

Life can be more difficult for overweight or obese children, they are more likely to experience bullying, stigmatisation and low self-esteem[88]. Promoting positive mental health is about 'feeling good and 'functioning well'[89]. Promoting and protecting the mental health of everyone is vital to improve the quality of people's lives. It is important to promote good mental health because it has been associated with better physical health. Having good mental health and wellbeing makes it easier to deal better with the different stresses (physical and mental) and problems in life.

'Improved resilience and mental well-being, through promoting the benefits of good nutrition and being active can lead to increased efficiencies and productivity of the workforce;'

The health of the UK workforce is recognised in a number of key government policies, including the NHS Five Year Forward View[90] & National Institute for Health and Care Excellence (NICE) Public Health Guidance for the Workplace[91]. Many employers recognise that they have an obligation to the health and wellbeing of their workforce. Investing in the health of employees can reduce sickness absence, increase productivity, staff loyalty and better staff retention[92].

Up to 10% of sick leave and higher levels of productivity loss at work may be attributed to lifestyle behaviours and obesity[93]. Up to 25% of the UK's working age population suffer from a long-term condition which can be weight-related[94]. There is evidence that good nutritional care can help prevent and manage conditions such as overweight and obesity, musculoskeletal conditions and mood disorders such as depressions and anxiety[93].

In addition, evidence indicates that lifestyle interventions in the workplace for weight-related outcomes[95], favour multi-component interventions which focus on both physical activity and nutrition. There is also an indication that a greater reduction in body weight occurs when the intervention addresses the environment in the workplace (i.e. vending/canteens)[93].

NICE guidance on the promotion of physical activity in the workplace outlines the evidence to support the following interventions, that may have a positive impact on physical activity[92]:

- use of posters and signs to increase stair use
- workplace walking interventions
- workplace health screening
- employee-designed interventions that include written health and physical activity information and active commuting
- incentive schemes and flexible working

Workplace health interventions may improve productivity by 1-2% which is likely to more than offset the costs of implementing interventions[93].

'Globally the food system contributes to 20-30% of greenhouse gas emissions, accounts for 70% of all human water use and is a major source of water pollution;'

'The impacts of climatic and environmental change are starting to make food production more difficult and unpredictable;'

'Enough food energy for the global population is generated, yet it doesn't deliver adequate & affordable nutrition for all; a shift to a healthy & sustainable food system is needed;'

Promotion of physical activity can help shift away from heavy car traffic and promote increased & improved green spaces, contributing to more inclusive, safe & sustainable cities.

It is acknowledged that the current food system is having an adverse effect on the environment, significantly impacting on deforestation, land use change, biodiversity loss and the marine system. The whole food chain from farming through to transport, cooking and waste disposal impact's on the environment, contributes to the effects of climate change and the population's health. *'As the global population grows, urbanises and becomes wealthier, it is demanding more resource intensive, energy rich foods – notably animal products - potentially damaging the environment further and exacerbating problems of obesity and chronic diseases '*[96].

In addition about half the global population is inadequately or inappropriately nourished, once the combined burdens of hunger, micronutrient deficiencies and obesity are taken into account.

A sustainable food systems is one that aim's to achieve food and nutrition security and healthy diets whilst limiting negative environmental impact[97]. A combination of approaches are recognised as having the ability to bring about positive change;

- improving the environmental efficiency of production so as to produce more food with less impact
- address power imbalances in the food system
- reduce the amount of food that is lost or wasted along the whole supply chain
- shift consumption to more healthy & sustainable diets[96].

Whilst there is a recognition these changes will require impact across the global food system there are opportunities locally; through sustainable development strategies and practices, local food systems and procurement infrastructures. Examples might include; stimulating demand for local, sustainable food through public procurement; supporting community-based agriculture schemes, bringing farming and green spaces into the urban and peri-urban environments, providing open access and exposure to green spaces for local communities and to develop and support local policies and contracts that aim to reduce wasted food within public sector food provision and wider large-scale catering[98].

Nationally approximately 230 councils[99] have declared a climate emergency; taking action to reduce their own carbon emissions and working with partners and local communities to tackle the impact of climate change on their local area. The LGA passed a motion at its 2019 annual conference in support of the UN Sustainable Development Goals (SDGs) and the role of local government in delivering them. This included a declaration of a 'Climate Emergency' and a commitment to support councils to continue to improve air quality, protect against flooding, and ensure transport, waste and energy policies are environmentally sustainable[99]. The development of blue and green infrastructures and circular economies provide opportunities to impact on population health and promote healthy weight.

Given the challenges we face and competing priorities in many localities such as the 'health versus wealth argument' there is a rationale to identify converging agenda's and understand how interventions in one area can also have a very positive effect on other issues. Addressing physical activity for example; whilst physical activity may be a desirable outcome of urban planning, it is unlikely to be the single or major priority for decision makers.

However providing the environment and infrastructure to enable people to walk and cycle has numerous benefits; reducing air pollution, increasing social cohesion, addressing inequality (both are affordable mobility modes), boost economic prosperity (increased usage of local services), increased feeling of safety, whilst reducing traffic congestion and accidents[100]. Blue and green infrastructures offer ecological, economic, health and social benefits through natural solutions and are key tool's to sustainable spatial planning and development[101].

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1.1 Engagement with the Local Food and Drink Sector

The Government's Childhood Obesity A Plan for Action: Chapter 2; Part 2 of the government's plan for action to significantly reduce childhood obesity by supporting healthier choices. The Plan outlines the actions the government will take towards its goal of halving childhood obesity and reducing the gap in obesity between children from the most and least deprived areas by 2030. Specific priorities include sugar reduction, calorie reduction, advertising and promotions and further action's for local areas and schools. It follows part one of the childhood obesity plan.
www.gov.uk/government/publications/childhood-obesity-a-plan-for-action-chapter-2

There are a number of supporting documents including case studies describing the progress being made across the country to improve children's nutrition, health and wellbeing: https://www.gov.uk/government/collections/childhood-obesity-plan-case-studies

Public Health England's (PHE's) Calorie Reduction Programme: the scope and ambition for action; The calorie reduction programme challenges the food industry to achieve a 20% reduction in calories by 2024. Work with industry initially focused on reducing sugar, now that's underway, plans have been developed to extend work to reduce the calories people consume overall.
https://www.gov.uk/government/publications/calorie-reduction-the-scope-and-ambition-for-action

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/751529/consultation-on-calorie-labelling-outside-of-the-home.pdf

The Prevention Green Paper Advancing our health: prevention in the 2020s; sets out the government's plan for prevention priorities. This includes building upon actions within Chapters 1 and 2 of the Childhood Obesity Plan as well as publishing a third chapter. Chapter 3 of the Childhood Obesity Strategy, will focus on: infant feeding, clear labelling, food reformulation improving the nutritional content of foods, and support for individuals to achieve and maintain a healthier weight. In addition, driving forward policies in Chapter 2, including ending the sale of energy drinks to children.
https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document

The Soil Association's 'out-to lunch' campaign; provides food establishments with an opportunity to sign up and support 7 simple steps towards offering real food choices to children and a level of service to families. Further information is available at: http://www.soilassociation.org/outtolunch

SUGAR SMART; is a campaign run by Sustain to help local authorities, organisations, workplaces and individuals to reduce the amount of sugar we consume. Ideas for campaigns and local sugar smart initiatives are available at: https://www.sugarsmartuk.org/

Food Awards and Charter Schemes; can provide support for local business' to improve their healthy food offer, consider responsible retailing, food safety and sustainability. Examples of regional good practice include:

- Lancashire County Council's Recipe4Health Award
http://www.lancashire.gov.uk/business/trading-standards/recipe-4-health/recipe-4-health-award.aspx
- Blackpool Healthier Choices Award
https://www.blackpool.gov.uk/Business/Business-support-and-advice/Healthier-Choices-Award.aspx

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1.2 Provision in Public Buildings, Facilities and Institutions

The Governments 'A Plan for Public Procurement'; sets out standards that the public sector and suppliers are encouraged to follow when buying food and catering services. It proposes a voluntary approach, involving use of a balanced scorecard and an e-marketplace, to improve food procurement in the public sector. The plan includes provision of a toolkit which enables food procurers to consider a variety of factors when making decisions about procurement.
https://www.gov.uk/government/publications/a-plan-for-public-procurement-food-and-catering

Sustainable Procurement: the Government Buying Standards for Food and Catering:
https://www.gov.uk/government/publications/sustainable-procurement-the-gbs-for-food-and-catering-services

In addition there are specifications for the GBS, listed by sector:
https://www.gov.uk/government/collections/sustainable-procurement-the-government-buying-standards-gbs

The Hospital Food Standards Panel's Report on Standards for Food and Drink in NHS Hospitals; makes recommendations that all NHS hospitals should develop and maintain a food and drink strategy which should include: the nutrition and hydration needs of patients, healthier eating for the whole hospital community, especially staff and sustainable procurement of food and catering services. The NHS CQUIN 2017-19 Indicator 1b, 'Healthy food for NHS staff, visitors and patents' was set out to assist in improving the food and drink environment in hospitals. Since the CQUIN has ended, it is anticipated that ongoing commitment will be identified via the NHS Standard Contract and a re-fresh of the Hospital Food Standards.

A Toolkit to Support the Development of a Hospital Food and Drink Strategy is available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416446/2903530_DH_Toolkit.final.pdf

Food for Life; provide a range of support packages and accreditation schemes to improve the food offer and recognise good practice in a range of settings within hospitals, schools, early years settings, universities, care homes and workplaces. Support is available for NHS Trusts to understand their options for reviewing retail and vending contracts and working with contract-holders to improve the food on offer.
http://www.foodforlife.org.uk/

Vending Guidance; is also available to promote healthier vending in public settings. Evidence of behaviour change as a result of applying guidance and examples of good practice include:

- Public Health England: Hospital Vending Machines: helping people make healthier choices
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/726721/Leeds_Vending_v3.4.pdf
- Food Active Position statement on healthier vending: http://www.foodactive.org.uk/wp-content/uploads/2019/02/Position-Statement-Healthier-Vending1.pdf
- Local Government Association: Healthier Food Procurement
https://www.local.gov.uk/sites/default/files/documents/healthier-food-procuremen-ade%20WEB.pdf

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1.3 Urban Planning and Active Design

NHS England's Healthy New Towns Programme; has worked with 10 demonstrator sites across England to explore how the development of new places could create healthier and connected communities with integrated and high-quality services - putting 'Health into Place'.
https://www.england.nhs.uk/ourwork/innovation/healthy-new-towns/

Creating Healthy Places: Perspectives from NHS England's Healthy New Towns Programme:
https://www.kingsfund.org.uk/publications/creating-healthy-places

Using the Planning System to Promote Healthy Weight Environments; this guidance aims to provide practical support for local authorities that wish to use the planning system to achieve important public health outcomes around diet, obesity and physical activity. It provides a framework and starting point for local authorities to clearly set out in local planning guidance how best to achieve healthy weight environments.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863821/PHE_Planning_healthy_weight_environments_guidance__1_.pdf

Sport England Active Design Guidelines; aim to get more people moving through suitable design and layout of cities, towns and villages. Ten principles for active design are presented in the document. The guidance aims to unify health, design and planning by promoting the right conditions and environments for individuals and communities to lead active lifestyles. The document presents practical guidance and principles that can be used in day to day work.
http://www.sportengland.org/media/1036460/spe003-active-design-published-october-2015-high-quality-for-web-2.pdf

Sustrans Active Travel Toolkit - Making the Economic Case for Active Travel; A site providing evidence to demonstrate key areas where walking and cycling contribute to economic performance and the impact of different walking and cycling schemes. In addition to tools to help measure active travel and economic performance.
https://www.sustrans.org.uk/our-blog/research/all-themes/all/active-travel-toolkit-making-the-economic-case-for-active-travel/

Living Streets' Low Traffic Neighbourhoods: An Introduction for Policy Makers; expertise and guidance from those who've designed, implemented and campaigned for award-winning low traffic neighbourhoods.
https://www.livingstreets.org.uk/media/3843/lcc021-low-traffic-neighbourhoods-intro-v8.pdf

NICE Guideline (NG90) Physical Activity and the Environment; This guideline covers how to improve the physical environment to encourage and support physical activity. The aim is to increase the general population's physical activity levels.
https://www.nice.org.uk/guidance/ng90

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1.3 Urban Planning and Active Design (cont.)

Supplementary Planning Guidance can enable local authorities to manage proliferations of fast food outlets.

Sustain's Hot Food Takeaways: Planning A Route to Healthier Communities: draws on the experience of planning authorities in collecting evidence to support and defend planning policies to restrict new hot food takeaways.
https://www.sustainweb.org/publications/hot_food_takeaways/

Examples of regional good practice include:
- St Helens Metropolitan Borough Council Supplementary Planning Document for Hot Food Takeaways
https://www.sthelens.gov.uk/media/3181/hot-food-takeaway.pdf
- Leeds City council Hot Food Takeaway Supplementary Planning Document
https://www.leeds.gov.uk/Local%20Plans/SPD%27s/Hot%20Food%20Takeaway%20SPD%20Adopted.pdf
- Lancashire County Council Hot Food Takeaways and Spatial Planning Public Health Advisory Note
https://www.lancashire.gov.uk/media/913626/hot-food-takeaway-advisory-note.pdf

The Food Environment Assessment Tool (Feat); enables detailed exploration of the geography of food retail access across England, Scotland and Wales. It is designed around the needs of professionals in public health, environmental health and planning roles, locally and nationally.
https://www.feat-tool.org.uk/

20 MPH Speed Limit Zones; in residential areas are generating growing public health support. 20's Plenty for Us is a 'not for profit' organisation linking over 270 local campaigns around the country; providing briefings, reports and case studies on the impact of local campaigns and interventions on health.
http://www.20splenty.org/

1.4 Sustainable Development

Ministry of Housing, Communities & Local Government; guidance on healthy and safe communities; guidance on how positive planning can contribute to healthier communities, including blue and green infrastructures, healthier food environments, regeneration and land use.
https://www.gov.uk/guidance/health-and-wellbeing#achieving-healthy-and-inclusive-communities

The Sustainable Development Unit; established on behalf of the health and care system in England to support the NHS, public health and social care to embed and promote the three elements of sustainable development - environmental, social and financial. The SDU develops tools, policy and research which enable people and organisations to promote sustainable development and adapt to climate change, reducing emissions, saving money and improving the health of people and communities
https://www.sduhealth.org.uk/delivery/plan.aspx

Food Matters: Building Local Food Systems Handbook; addresses a number of food issues: climate change, GMO, peak oil, meat consumption and presents some of the very practical actions that are happening around the country to mitigate these problems.
https://www.foodmatters.org/toolkits/

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1.5 Staff Wellbeing and Literacy

Change4Life; the Governments social marketing campaign, aiming to inspire a broad coalition of people, including the NHS, local authorities, businesses, charities, schools, families, community leaders - to play a part in improving the nation's health and well-being by encouraging everyone to eat well, move more and live longer. There is a specific element of the website providing information and support for local authorities, local businesses and convenience stores.
http://www.nhs.uk/Change4Life/Pages/local-authoritysupporters.aspx?filter=LocalAuthorities
http://www.nhs.uk/change4life/pages/partner-convenience-stores.aspx

Start4Life; expansion of the Change4Life Campaign offering NHS help and advice during pregnancy, birth and parenthood, including specific support around infant feeding and weaning.
https://www.nhs.uk/start4life

Public Health England All Our Health: Personalised Care and Population Health; A framework of evidence to guide healthcare professionals in preventing illness, protecting health and promoting wellbeing, including downloadable resources and e-learning. Examples include:

- Healthier Weight Promotion: consistent messaging

https://www.gov.uk/government/publications/healthier-weight-promotion-consistent-messaging

- Workplace Health

https://www.gov.uk/government/publications/workplace-health-applying-all-our-health

Public Health England Health Matters; public health issues facts, resources and information on major public health issues for public health professionals, local authorities and CCG commissioners. Examples include:

- Obesity and the Food environment

https://www.gov.uk/government/collections/health-matters-public-health-issues#obesity-and-the-food-environment

Public Health England's One You Campaign; created to help adults get healthier and feel better offering free tips, tools and support to make small, practical healthy lifestyle changes.
https://www.nhs.uk/oneyou/

Public Health England's Better Health 'Let's Do This' campaign; developed as part of the Government's obesity strategy to encourage adults to kickstart their health with practical support to eat well and move more. https://www.nhs.uk/better-health/

Workplace Well-being Charter; is an opportunity for employers to demonstrate their commitment to the health and well-being of their workforce. The Standards and the supporting toolkit materials and topic guides, funded by Public Health England, aim to support local health and wellbeing partnerships and employers to maximise the potential of their staff, and to make small changes that have large impacts on staff health and wellbeing. www.wellbeingcharter.org.uk

British Dietetic Association Work Ready; A dietitian-led programme to help keep the workforce healthy and well at work. Work Ready offers a range of expertise and services to all sectors and types of business.
https://www.bdaworkready.co.uk/about-us/

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1.5 Staff Wellbeing and Literacy (cont.)

HENRY – Health Exercise and Nutrition for the Really Young; is an evidenced based intervention to protect young children from the prevention of obesity. Support packages include training for health and early years practitioners in the HENRY approach to tackling child obesity, structured individual or group-based family interventions, parent-led peer support schemes to promote a healthy family lifestyle in local communities enabling childcare settings to model a healthy lifestyle in their approach to food, activity and emotional well-being. http://www.henry.org.uk

Food Active Weight Stigma and Communications Guidance; a host of resources to support stigma-free communications of the HWD as well as all weight or food related media coverage. Available for commissioning authorities via the Healthy Weight Declaration Resource Hub. http://www.foodactive.org.uk/the-healthy-weight-declaration-resource-hub/

All Parliamentary Group on Obesity: UK Parliamentary Guidelines Positive Communication About Obesity; guidance to help Parliamentarians to have more open and productive conversations about obesity and feel more confident speaking about obesity in public and with constituents. https://static1.squarespace.com/static/5975e650be6594496c79e2fb/t/5e5c1176d48f8f22c9faa790/1583092091985/Full+Parliamentary+Guidelines.pdf

1.6 Whole Systems Approach to Obesity

The Obesity Health Alliance; is a coalition of over 40 organisations working together to prevent obesity-related ill-health. Facilitated by supporting evidence based population level policies to help address the wider environmental factors that lead to excess weight. This includes sharing insight and expertise among members and developing and advocating evidence-based policy recommendations and resources. www.obesityhealthalliance.org.uk

Public Health England Guidance Health inequalities: Place-based Approaches to Reduce Inequalities; aims to reinforce a common understanding of the complex causes and costs of health inequalities and provide a practical framework and tools for places to reduce health inequalities. https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities

Public Health England Promoting Healthy Weight in Children, Young People and Families; A resource to support local authorities consider evidence based actions for a wide range of audiences in local authority, NHS and services who have differing backgrounds and understanding of childhood obesity. The resource includes case study examples of local good practice. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750679/promoting_healthy_weight_in_children_young_people_and_families_resource.pdf

Local Government Association Whole Systems Approach to Obesity; A guide to support local approaches to achieving a healthier weight: The guide describes a 6-phase process, which can be used flexibly by local authorities, taking into account existing structures, relationships and actions that are already in place to tackle obesity. https://www.local.gov.uk/sites/default/files/documents/1.100_Whole_systems_approach_to_obesityWEB.pdf

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1.6 Whole Systems Approach to Obesity (cont.)

Public Health England Whole Systems Approach to Obesity; This guide and set of resources can be used to support the implementation of a whole systems approach to obesity.
It is intended for local authorities and partners, including the NHS, local businesses and the community and voluntary sector.
https://www.gov.uk/government/publications/whole-systems-approach-to-obesity

Food Active Local Authority Declaration on Healthy Weight Hub; A central repository of useful documents, case studies and tools for Local Authorities who may be adopting or implementing the Healthy Weight Declaration.
http://www.foodactive.org.uk/the-healthy-weight-declaration-resource-hub/

Food Active's Healthy Weight Declaration Impact and Influences Case Study Report; a number of case studies written and presented by Local Authority Officers who have implemented the declaration.
http://www.foodactive.org.uk/wp-content/uploads/2019/11/HWD-Impact-and-Influence-Report-November-2019-FINAL.pdf

Food Active & Public Health England Joint Narrative on Whole Systems Approaches to Obesity; a document highlighting how the HWD and WSA approaches can work in synergy. Available for commissioning authorities via the Healthy Weight Declaration Resource Hub.
http://www.foodactive.org.uk/the-healthy-weight-declaration-resource-hub/

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FOOD ACT!VE

HEALTH EQUALITIES GROUP

LOCAL AUTHORITY DECLARATION ON healthy weight

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Appendix 2

Obesity in North Tyneside

Obesity is a common, serious, and costly chronic disease. Having obesity puts people at risk for many other serious chronic diseases and increases the risk of severe illness from COVID-19. Almost two-thirds of adults in England are living with excess weight for their height (BMI ≥25kg/m2), with similar figures in Scotland, Wales and Northern Ireland.

Excess weight affects all population groups but is higher for those people aged between 55-74 years, people living in deprived areas and in some Black, Asian and Minority Ethnic (BAME) groups compared with the general population. It is established that the health risk of excess weight for some BAME groups occur at a lower BMI than for White populations.

Living with excess weight is a risk factor for a range of chronic diseases, including type 2 diabetes, cardiovascular disease, many cancers, liver, and respiratory disease. Obesity is also associated with reduced life expectancy, and lower quality of life.

Evidence [(1)] on the links between weight status and COVID-19 outcomes are drawn primarily from three sources: retrospective cohort studies, clinical audits of patients with COVID-19 in hospital and routine primary care records with data linkage to outcomes. This evidence suggests excess weight is associated with an increased risk of the following for COVID-19: a positive test, hospitalisation, advanced levels of treatment (including mechanical ventilation or admission to intensive or critical care) and death.

The risks seem to increase progressively with increasing BMI above the healthy weight range, even after adjustment for potential confounding factors, including demographic and socio-economic factors. There is also some evidence to suggest that disparities in excess weight may explain some of the observed differences in outcomes linked to COVID-19 for older adults and some BAME groups.

66.2% of all adults (18 years +) in North Tyneside are reported to be either overweight or obese and this figure is above the England average of 62.3% and that of the North East (64.9%) [(2)]. The relationship between deprivation and obesity is less pronounced in adults as it is in children. Comparing the most deprived and least deprived quintiles in England there is a 13% increase in the proportion of adults that are overweight compared to their more affluent counterparts. The published Health Survey for England data highlighted that almost 7 out of 10 men are overweight or obese (66.9%) and almost 6 out of 10 women are overweight or obese (59.7%) [(3)]. North Tyneside has similar rates to the England average; however, the challenge still remains that almost 2/3 of adults in England and North Tyneside are either overweight or obese.

Being overweight or obese is the main modifiable risk factor for type 2 diabetes. In England, obese adults are five times more likely to be diagnosed with type 2

diabetes than adults of a healthy weight. Currently 90% of adults with type 2 diabetes are overweight or obese [4].

The Indices of Multiple Deprivation 2015, which measure and rank local levels of deprivation, are calculated by the Department for Communities and Local Government. The indices are based on 37 indicators, across seven domains (income deprivation; employment deprivation; health deprivation and disability; education, skills, and training deprivation; crime; barriers to housing and services; and living environment). The Index of Multiple Deprivation measures the overall deprivation experienced by those living in an area. Women and men living in the most deprived areas are more likely to be obese than those living in the least deprived areas.

Although the borough of North Tyneside is now one of the least deprived in the North East, stark inequalities persist within the borough. We know that in North Tyneside there are more reported domestic abuse incidents in wards with higher levels of deprivation. For North Tyneside any proposal for a weight management programme focusing on areas of deprivation must consider the following areas (please see ward profiles as separate attachments):

- Riverside
- Chirton
- Wallsend
- Howdon
- Longbenton
- Valley
- Collingwood

The root causes of obesity are complex and addressing this requires a set of equally complex solutions that involves reducing excess daily calorie consumption and increasing daily physical activity. Other contributory factors are known to affect healthy weight.
Physical activity has an important role to play in obesity prevention for both children and adults. Physical activity also has other health benefits which include preventing cardio-vascular disease and treating depression and anxiety. The Chief Medical Officers of the UK recommend that children aged 5-18 should be engaged in 60 minutes of physical activity each day and for adults the recommended level is 150 minutes per week.

Percentage of Adults Active (aged 16+):

England	67.2%
North East	64.9%
North Tyneside	67.1%

(5)

North Tyneside has similar rates to the England average but remains above the North East average in terms of the percentage of physically active adults.

Factors such as fast-food outlets in deprived areas also impacts on obesity. There is consistent evidence which links the number and density of hot food outlets and deprivation. The Foresight report found that obesity levels and density of hot food outlets tend to be higher in deprived areas than in wealthy areas [6].

The North East and North Tyneside have a higher concentration of fast-food outlets compared to England. It is important to note that the data is based upon a snap-shot taken in 2014 and this was prior to the introduction of the adoption of local planning supplementary document (policy DM3.717) which prevents the development of A5 use within a 400m radius of any middle and secondary school in North Tyneside. The Covid-19 pandemic has also seen a relaxation of rules around planning rules so pubs and restaurants for example can operate as hot food takeaways during the coronavirus outbreak.

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