



North Tyneside Council

Health and Wellbeing Board

15 March 2023

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

on **Thursday, 23 March 2023**

at **10.00 am**

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

Agenda Item

Page(s)

- 1. Apologies for Absence**
To receive apologies for absence from the meeting.
- 2. Appointment of Substitute Members**
To receive a report on the appointment of Substitute Members. Any Member of the Board who is unable to attend the meeting may appoint a substitute member. The Contact Officer must be notified prior to the commencement of the meeting.
- 3. Declarations of Interest and Dispensations**
Voting Members of the Board are invited to declare any registerable and/or non-registerable interests in matters appearing on the agenda, and the nature of that interest. They are also invited to disclose any dispensation in relation to any registerable and/or non-registerable interests that have been granted in respect of any matters appearing on the agenda.

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

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

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

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

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

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| 4. | Minutes
To confirm the minutes of the meeting held on 9 March 2023. | To follow |
| 5. | Joint Local Health & Wellbeing Strategy - Fair Employment and Good Work for All
To consider progress made in delivering the ambitions and actions relating to the Fair Employment and Good Work for All theme contained in the Joint Local Health & Wellbeing Strategy “Equally Well: A healthier, fairer future for North Tyneside 2021-25” and implementation plan. | 5 - 14 |
| 6. | Joint Local Health & Wellbeing Strategy - Our Lifestyles and Health Behaviours
To consider progress made in delivering the ambitions and actions relating to the Our Lifestyles and Health Behaviours theme contained in the Joint Local Health & Wellbeing Strategy “Equally Well: A healthier, fairer future for North Tyneside 2021-25” and implementation plan. | 15 - 56 |
| 7. | Joint Local Health & Wellbeing Strategy - An Integrated Health and Care System
To consider progress made in delivering the ambitions and actions relating to the Integrated Health and Care System theme contained in the Joint Local Health & Wellbeing Strategy “Equally Well: A healthier, fairer future for North Tyneside 2021-25” and implementation plan. | 57 - 66 |
| 8. | Place Based Partnership Working in North Tyneside
To provide an overview of proposed placed based partnership arrangements in North Tyneside in the context of the developing Integrated Care System across the North East and North Cumbria. | 67 - 74 |
| 9. | Health Protection Assurance Report 2023
To present an overview of the health protection system and outcomes for North Tyneside as part of the Director of Public Health’s responsibility to provide assurance to the Health and Wellbeing Board that the current arrangements for health protection are robust and equipped to meet the needs of the population. | 75 - 98 |
| 10. | Appointment to the Board
To appoint a representative from the Department of Work and Pensions to the Board. | To follow |

Members of the Health and Wellbeing Board:-

Councillor K Clark (Chair)

Councillor P Earley

Councillor J Kirwin

Councillor J O'Shea (Deputy Chair)

Councillor P Richardson

Julie Firth, Interim Director of Childrens Services

Eleanor Binks, Interim Director of Adult Services

Jackie Laughton, Assistant Chief Executive

John Sparkes, Director of Regeneration and Economic Development

Peter Mennell, Director of Housing and Property Services

Lisa Cook, Assistant Director of Education, Employment and Skills

Anya Paradis, North East and North Cumbria Integrated Care Board

Mark Adams, North East and North Cumbria Integrated Care Board

Julia Charlton, Healthwatch North Tyneside

Paul Jones, Healthwatch North Tyneside

Christine Briggs, NHS England

Patrick Garner, Newcastle Hospitals NHS Foundation Trust

Birju Bartoli, Northumbria Healthcare NHS Foundation Trust

Chloe Mann, Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust

Kirstin Richardson, Wallsend Primary Care Network

Chris Lilly, North Shields Primary Care Network

Richard Scott, Whitley Bay Primary Care Network

Kathryn Blomfield, North West Primary Care Network

Beverley Swan, TyneHealth

Craig Armstrong, North East Ambulance Service

Steven Thomas, Tyne & Wear Fire & Rescue Service

Claire Wheatley, Northumbria Police

Dawn McNally, Age UK North Tyneside

Geraint Morris, North of Tyne Pharmaceutical Committee

Cheryl Gavin, Voluntary and Community Sector Chief Officer Group

Dean Titterton, YMCA North Tyneside

Vacancy, Poverty Intervention Partnership Board

Vacancy, North Tyneside Business Forum

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North Tyneside Health & Wellbeing Board Report Date: 23 March 2023

Title: Equally Well
Progress Update: Fair
Employment and Good
Work for All

Report Authors:	Mark Barrett, Senior Manager, Employment and Skills, North Tyneside Council
	Julie Dodds, Head of Inclusive Economic Growth, North Tyneside Council
Responsible Lead:	John Sparkes, Director of Regeneration (Tel: 0191 643 1441) and Economic Development
Relevant Partnership Boards:	Economic Prosperity Sub-Committee Employability Partnership

1. Purpose: Progress Update: Creating fair employment and good work for all

This item relates to the 'creating fair employment and good work for all' theme of the Joint Health and Wellbeing Strategy, "Equally Well: A healthier, fairer future for North Tyneside 2021- 2025".

As outlined in 'Equally Well' good work improves health and wellbeing across people's lives, not only from an economic standpoint, but also in terms of quality of life.

This is a two-way relationship between work and health: good work is both a result and driver of good health, impacting on the lives of residents and their communities. The evidence is clear that poor health is linked to unemployment and poor-quality work. Closing employment gaps across North Tyneside can unlock prosperity and improve health and wellbeing.

North Tyneside Council's Employment and Skills service is made up of Connexions, Adult Learning, and Employability Projects. In conjunction with our NHS colleagues and the Voluntary, Community and Social Enterprise sector (VCSE), there is a range of provision across North Tyneside that enables residents to gain the skills to take ownership of their future to secure good jobs with living wages.

North Tyneside's approach to 'creating fair employment and good work for all' is closely linked to the regeneration of the Borough, expanding the support available and encouraging developers and local employers to offer training and job opportunities.

Our Inclusive Economic Strategy, 'An Inclusive economy in North Tyneside' aims to create conditions for businesses to flourish, to nurture investment and support long-term

opportunities for growth, creating jobs that reflect a transforming economy. The Strategy ensures that economic opportunity, generated by the Boroughs assets, is accessible to all.

In addition, partnerships are closely linked in with the work of the North of Tyne Combined Authority, in particular the Inclusive Economy Board and the recently established Employability Strategy Group. This board brings together experts from across the skills, economic development, housing, and education sectors to help strengthen education, skills and employment interventions, improve local education and employment outcomes, and ensure devolution has a positive impact for all residents.

This briefing paper will be supplemented by a presentation at the Board meeting, which will give further detail about the multi-agency 'Working Well' programme.

2. Recommendation(s):

The Board is recommended to: -

- a) Be assured that the respective partnerships are making progress in delivering the actions for creating fair employment and good work for all.
- b) Provide any comments on any areas requiring further action;
- b) Request the respective partnerships submit further progress reports to the Board in relation to its implementation plan for next year, the delivery of those actions and their outcomes.

3. Progress update: Fair employment and good work for all

The following section outlines key activity from respective partners highlighting progress against the implementation plan (also see Appendix 1):

Working with business to increase the number of jobs opportunities, including apprenticeships, available to residents.

- The Inclusive Economic Growth team in the Council is responsible for leading on business support and engagement through a range of programmes. This includes attracting new businesses through proactive and reactive inward investment activity. They also support existing businesses to grow and flourish by unlocking routes to growth through access to finance, property requirements, access to skills, supply chain and routes to market. North Tyneside has been particularly successful in attracting new inward investment and jobs over the last decade and officers continue to promote the borough outside of the region through the Invest North Tyneside brand.
- The team support the 90 largest businesses in North Tyneside through a strategic account management programme to develop a strong relationship and support any evolving growth opportunities and mitigate any threats.
- The Council's Business Factory programme helps over 200 new businesses a year to start-up in North Tyneside and bespoke business consultancy services are provided to growing SMEs across the borough.
- A range of activities were delivered during National Apprenticeship Week 2023 including almost 600 young people and 30 businesses attending the annual Get Up and Go Apprenticeship Fair on 11th February 2023.

- Get into Courses delivered in partnership with local employers that provide employability training and guaranteed interviews for jobseekers. Companies supported include Sitel, Smulders, EE, BT, Accenture and key sectors including Digital, Customer Service, Retail, Schools, Early Years and Social Care.

Delivering employability projects targeting support at the most disadvantaged groups

- A range of funded Employability projects are delivered by the Local Authority and VCSE organisations to support residents with multiple barriers to employment who require more intensive support. For example, YMCA North Tyneside in partnership with the Council deliver a Sector Based Work Academy in Hospitality and Catering. From classroom learning to hands-on training in a commercial kitchen, this authentic training environment has provided a smooth transition into employment for many of its participants, with some of them now preparing and serving food to the YMCA's Cafe customers while others are now employed in other roles across the organisation.
- The Phoenix Detached Youth Project run an employment and skills programme in partnership with the Joyce Trust and the Adult Learning Service. 6 trainees were supported from September 2021 to March 2022, learning hand skills in mainly joinery, and working towards their Level 1 in Construction. They attended Functional Skills doing their Maths and English needed to do an apprenticeship. During this time, they also prepared and worked towards their test for a C.S.C.S. construction safety card, PASMA Tower Scaffold, Level 1 diploma in construction, functional skills, Level 1 Health and Safety, and Health and Safety Awareness, of these 6 young people, 4 have secured apprenticeships.
- The Department of Work and Pensions commissioned the Restart project which supports long term unemployed into employment. Delivered by Reed in Partnership they have opened a base on Cobalt Business Park to support North Tyneside residents.

Launching 'Working Well North Tyneside'

- 'Working Well North Tyneside' began to provide a one-stop-shop from a new hub in North Shields in October 2022. The aim of 'Working Well' is to make it easier for residents to access employment and skills support, plus access other services and information from the hub. The delivery of 'Working Well' is led by North Tyneside Council and operates in partnership with the NHS, Department of Work and Pensions, and the local community and voluntary sector. As well as expert employment advice there is information on hand to address the wider barriers to employment including finance, debt, housing, and physical and mental health. Since opening over 1500 people have visited the Hub, which also offers a Warm Welcome to vulnerable residents.

Supporting residents over 50 years of age into employment

- A range of activity is underway to encourage residents over 50 years of age back into employment. The Department of Work and Pensions through its Jobcentre Plus Work Coaches are providing specific support to over 50s to encourage them to return to the labour market following a large increase in economic inactivity amongst over 50's following the Covid-19 pandemic.

Supporting digital skills development and digital champions training

- Local providers are supporting residents with digital confidence and skills including Age UK North Tyneside and VODA who are providing support through Digital Champions volunteers.
- North Tyneside Libraries, Cedarwood Trust and Working Well North Tyneside offer residents access to digital devices with support from Digital Champions.
- The Employment and Skills service has a Digital Outreach Coordinator who engages with the voluntary and community sector as well as small to medium employers around the borough to reach out to residents supporting development of digital literacy. Since commencing in 2020 the project has supported over 550 residents with digital skills training.

North Tyneside Care Academy

- The North Tyneside Care Academy was launched in February 2023, which is a partnership between all care providers in North Tyneside including the local authority, the NHS, social care providers, the voluntary sector and schools and colleges. The Care Academy is designed not only to recruit more staff into the sector by highlighting the range of training and development on offer, but it is also a retention tool for the existing workforce to showcase career progression opportunities, training sessions and more.

Northumbria Healthcare NHS Foundation Trust

- Employment is one of the key pillars in the Trust's community promise which sets out exactly how they want to achieve a positive impact on the health and wellbeing of everyone who lives in the areas that they serve.

The Trust connects with schools across North Tyneside to promote health & care careers, including apprenticeships by attending careers fairs, employer engagement events such as mock interview events.

Working with partners the Trust runs employability workshops to promote different ways into careers and jobs. Many of the activities are linked to increasing opportunities to some of those groups furthest away from employment, including refugees and unemployed members of our community.

3.1. Challenges

There are specific barriers that some of our most economically inactive residents face in engaging with the labour market, particularly since the pandemic, and these residents require targeted support to move closer to, and access work e.g., residents with physical and mental health conditions, caring responsibilities, or transport costs.

Partners continue to work in conjunction with the North of Tyne Combined Authority to explore these barriers further and understand how to most effectively engage and support those who face such barriers.

4. Performance indicators

It is important to understand if our approach and strategic ambition is making a difference to reducing health inequalities.

Theme leads have agreed that measuring performance and understanding if the actions outlined above are reducing inequalities is an area of work for further action.

It is recommended that the Board agree that theme leads present a revised set of indicators to accompany the refreshed implementation plan in Year 2 at the June Health and Wellbeing Board.

5. Community engagement

North Tyneside Healthwatch on behalf of North Tyneside's Health and Wellbeing Board gathered views from residents and organisations about the implementation plan, with the findings reported to the November 2022 meeting.

The Healthwatch Consultation highlighted:

- The issue of in work poverty being a real issue for many families, particularly with increasing demands on household budgets due to the increase in the cost of living.
- Difficulty in juggling work with other commitments e.g., caring for children or dependents and the need for flexible working patterns.
- Respondents agree with the aim of 'good work' but felt pressure to 'take any job, not a good job or a job that was right for me'.
- Additional support to address barriers for particular groups to enter/stay in employment e.g. carers, long-term unemployed, women returning to work after raising children, disabled residents and those with other physical and mental health needs.

The Employability Partnership continuously engage with residents, employers, and business across North Tyneside and through the work of the North of Tyne Combined Authority to understand the employment and training needs of residents. The Partnership will take on board the findings from the Healthwatch consultation, alongside wider engagement work when refreshing the implementation plan in Year 2.

Working Well Consultation

A wide range of partners were involved in activities over the summer 2022 to consult and raise awareness of the Working Well brand to explain what services would be available. The events included:

- Awareness raising and promotion of the approach of Working Well:
 - 11th, 13th, 14th April
 - 19th - 22nd April
- Pre-launch resident consultation and advice:
 - 16-18th May
 - 20th May
 - 23rd-27th May
- Promoting Working Well at the Active North Tyneside Summer events:
 - 29th July - Springfield Park
 - 5th August - Richardson Dees
 - 12th August - Churchill Playing Fields
 - 19th August - Northumberland Park
- Careers Information Event for Young People on Friday 5th August 2022
- Ukrainian Jobs Fair on Wednesday 31st August 2022

The events were well attended and feedback from residents was positive. A key message that came from the consultation was the need for greater visibility and promotion of services. Comments from residents included:

- 'We didn't know the services existed.'
- 'Wish I'd known about it sooner'.
- 'I wouldn't seek out the support but will use it now I know it is there'.
- 'It will be great to have services in one place. I've been sent from one provider to another, been here, there and everywhere and still not received the help I needed'.

6. Appendices:

Appendix 1 – Progress: Implementation plan

7. Contact officers:

Mark Barrett, Senior Manager, Employment and Skills, North Tyneside Council
J07970 227094

Julie Dodds, Head of Inclusive Economic Growth, North Tyneside Council 07583
042186

8. Background information:

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

[Inclusive Economy Strategy overview](#)
[North of Tyne Strategic Skills Plan – 'Opportunity for All'](#)
[North of Tyne Employability Plan](#)

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

9 Finance and other resources

Any financial implications arising from the delivery of the implementation plan to delivery Equally Well, North Tyneside's Health and Well Being Strategy will be met from existing budgets.

10 Legal

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

11 Human rights

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

12 Equalities and diversity

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

13 Risk management

There is a risk that despite the considerable effort for joint action by the Health and Wellbeing Board, partners may not improve the inequalities in health seen in North Tyneside.

The health inequalities that existed prior to the COVID-19 pandemic have subsequently been amplified and more recently it is also widely acknowledged that the current rise in the cost of living is likely to have a disproportionate impact on some of our communities in North Tyneside.

A corporate risk has been identified for this scenario with a mitigation report was presented at the Audit Committee in November 2022, and this risk will continue to be monitored with regular reporting.

14 Crime and disorder

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

SIGN OFF

Chair/Deputy Chair of the Board	<input checked="" type="checkbox"/>
Director of Public Health	<input checked="" type="checkbox"/>
Interim Director of Children's Services	<input checked="" type="checkbox"/>
Interim Director of Adult Services	<input checked="" type="checkbox"/>
Director of Healthwatch North Tyneside	<input checked="" type="checkbox"/>
Integrated Care Board Director of Place	<input checked="" type="checkbox"/>

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Equally Well: Fair Employment and Good Work for All.

Leads: John Sparkes, Gary Charlton, Ruth Auton

Governance: North Tyneside Employability Partnership and Strategy Group

Actions	Responsibility	Short-term outcomes	Progress update	KPIs
<p>Needs Assessment of population and insight data to understand employment and skills of different residents and communities.</p> <p>Specific sector analysis to identify issues and solutions regarding recruitment and retention e.g., health and social care sector.</p> <p>Delivery of employability projects targeting support at disadvantaged groups.</p> <p>Pilot the North Shields Employability Hub – Working Well North Tyneside</p> <p>Rollout of Skills Bootcamps to support recruitment and progression</p> <p>Supporting over 50s back to work, upskilling people to work in the digital environment</p> <p>Digital Outreach Project (DOP) supporting informal digital skills development and digital champions training.</p> <p>Work with businesses involved in major developments to deliver corporate social responsibility commitments to increase the number of jobs opportunities, including apprenticeships, available to local residents.</p>	<p>Employment and Skills Team/ Public Health / Performance and Intelligence team</p> <p>Adults and Children’s Social Care</p> <p>Employment and Skills Team</p> <p>Employment and Skills Team</p> <p>Employment and Skills Team</p> <p>Employability Partnership and Strategy Group</p> <p>Employability Partnership and Strategy Group</p>	<p>In depth understanding of residents and communities needs for employment and skills support</p> <p>Targeted health and social care recruitment drive</p> <p>Increase in the skills levels of residents</p> <p>Increase in the number of people in Education and Training</p> <p>Increase the number of residents moving into work</p> <p>Increase the number of residents receiving enterprise support</p> <p>Increase the number of Apprenticeships available to local residents</p> <p>Supporting employers to provide healthy physical environments, promoting wellbeing and providing mental health support when required</p> <p>Numbers of people completing digital champion training</p>	<p>Linking up with work carried out via NTCA around understanding needs of economically inactive residents and barriers to employment – ongoing.</p> <p>Multi-agency North Tyneside Care Academy launched Feb 2023. Also ongoing work around workforce challenges in health and social care</p> <p>A range of employability projects have been delivered including Restart Project targeting long term unemployed.</p> <p>Working Well – Employability Hub launched in Oct 2022 – over 1100 visits.</p> <p>Skills bootcamps across range of sectors including logistics and transport, digital and cyber security, construction, and engineering.</p> <p>Over 50s targeted work through DWP Jobcentre Plus Work coaches</p> <p>Digital champions across the VCSE are supporting residents to access digital devices and services.</p> <p>Inclusive Economic Growth team offer a range of support including the business factory programme which helps over 200 new businesses a year.</p>	<p>Across our most disadvantaged communities we will see:</p> <p>Fewer NEET aged 18-24</p> <p>A reduction in unemployment %</p> <p>Reduction in long-term claimants of Jobseeker's Allowance</p> <p>Increase proportion of employed adults earning the living wage</p> <p>Reduction in the disability employment gap.</p> <p>Reduced rates of sickness absence across North Tyneside</p> <p>Community Engagement and mobilising community assets</p> <p>Community engagement to inform the development of the North Shields Employability Hub</p> <p>Digital Champions across communities</p> <p>Links to other priorities</p> <p>Enable all children, young people and adults to maximise their capabilities and have control over their lives – regarding lifelong learning</p> <p>Ensure healthy standard of living for all – re addressing in work poverty</p>

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North Tyneside Health & Wellbeing Board Report Date: 23 March 2023

Title: Equally Well
Progress Update: Our
Lifestyles and Health
Behaviours

Report from:	North Tyneside Council Northumbria Healthcare NHS FT NENC Integrated Care Board: North Tyneside Place
Report Author:	Louise Gray, Consultant in Public Health, North Tyneside Council
Responsible Leads:	Wendy Burke, Director of Public Health, North Tyneside Council Jill Harland, Consultant in Public Health, Northumbria Healthcare Gary Charlton, Deputy Director, Commissioning, NENC Integrated Care Board: North Tyneside Place
Relevant Partnership Boards:	North Tyneside Drugs Alliance North Tyneside Healthy Weight Alliance North Tyneside Strategic Alcohol Partnership North Tyneside Tobacco Alliance

1. Equally Well: Our Lifestyles and Health Behaviours - Progress Update

This item relates to the Our Lifestyles and Health Behaviours implementation plan of the Joint Health and Wellbeing Strategy, "*Equally Well: A healthier, fairer future for North Tyneside 2021- 2025*".

As outlined in *Equally Well*, making decisions about our health and lifestyles is dependent upon and shaped by the context within which we live. There are differences in how people make decisions and the opportunities to change their behaviours. This means that we will support our residents by tackling barriers to healthy lifestyle choices and address healthy behaviours in the context of their root causes in the wider determinants of health.

2. Recommendations:

The Board is recommended to: -

- a) Note the progress in delivering the Our Lifestyles and Health Behaviours theme by the above partnerships; and
- b) Endorse the recommendations of the Alcohol Health Needs Assessment, set out in Appendix 3 to this report.

3. Progress update

Appendix 2 of this report provides detail on the progress against impact areas of this implementation plan.

Highlights of progress against the implementation plan and achievements relating to key health behaviours include:

Tobacco

- Strengthening of the Northumbria Healthcare (NHCT) inpatient tobacco dependency offer. To date in 2022/23 667 North Tyneside inpatients have been given 'Very Brief Advice', with 128 accepting treatment to help them stop smoking and 90 accepting a referral to community Stop Smoking Services
- Development of a Best Start in Life Advisor pathway in NHCT to reduce prevalence of smoking in pregnancy. To date there have been 200 referrals for North Tyneside residents and a 49% quit rate

Alcohol

- Planning and delivery of sessions for schools and businesses to improve awareness of current context and services and provide schools and employers with confidence and skills to offer support and discuss alcohol misuse
- Completion of an Alcohol Health Needs Assessment (Appendix 3)
- Recruitment of a social worker to work more closely with the Drug and Alcohol treatment service (via additional drug and alcohol funding (known as SSMTRG))
- Delivery of high-quality alcohol treatment services in the borough, with increased capacity and a range of treatment options
- Ongoing development of a new Drug and Alcohol-Related Death (DARD) review process
- Ongoing work to improve access to healthcare for people with complex and multiple needs, including alcohol misuse, linked to additional funding

Healthy weight

- Adoption of the Healthy Weight Declaration by North Tyneside Council and NHCT to support a whole systems approach to addressing the obesogenic environment. The Healthy Weight Alliance is overseeing progress against the commitments via an action plan
- Targeted delivery of bespoke weight management programmes in communities with inequalities or barriers to accessing universal services e.g., areas of deprivation, the Bangladeshi community, people with Learning Disabilities and men
- Delivery of the child weight management programme, Healthy4Life, to 15 families in Quarter 3 of 2022/23 by Active North Tyneside.

Physical activity

- Delivery of the Active North Tyneside programme to improve access to affordable healthy behaviour change interventions. In the first three quarters of 2022/23 there have been over 31,000 attendances at Active North Tyneside community programmes. This includes Bikeability, 'No Limits Aqua' and the roll out of new physical activity programmes for pregnant women and new parents
- Work to embed the learning from the Active Hospitals pilot in NHCT, and funding secured to expand the 'Active Ward' work due to the positives noted in the pilot
- Introduction of programmes to increase physical activity in care home residents to improve physical and mental wellbeing and reduce frailty/falls and associated poor outcomes

Drug misuse

- Development of a new Drugs Alliance aligned to the work of the new Northumbria Combatting Drugs Partnership
- Completion of a Health Needs Assessment on drug misuse in North Tyneside (Appendix 4)

- As above, additional monies secured as part of the SSMTRG have enabled a social worker to be embedded in Adult Social Care but working more closely with the Drug and Alcohol treatment service and a new DARD process is currently being developed, inpatient detox pathways are being strengthened and work has started to improve access to healthcare for people with complex and multiple needs, including drug misuse

The implementation plan also sets out actions relating to two key conditions often linked to lifestyles and health behaviours, cardiovascular disease (CVD) and cancer. The prevalence of these conditions within our population often follows the same social gradient of many of the health behaviours significant to their development. For example, rates of emergency hospital admissions for strokes and heart attacks are generally higher in wards with higher levels of deprivation and so are new cancer diagnoses.

In 2022/23 work has progressed to develop a pilot for community CVD checks in the Wallsend area to identify undiagnosed cases of high blood pressure and atrial fibrillation, as these conditions are risk factors for heart attacks and strokes. In terms of cancer, targeted work is ongoing to raise awareness and improve uptake of screening programmes to support earlier diagnoses and the best possible outcomes

As with many public health outcomes, several of the outcomes and indicators in this implementation plan will not see immediate change in overall outcomes or differences between communities/groups due to the complex nature of health behaviours and their impact on health. This is also set against the current regional and national context of post-pandemic changes to health behaviours and health outcomes and the early impacts of the cost-of-living crisis.

4. Performance indicators

Appendix 2 of this report sets out progress against the short term, long term and proposed KPI outcomes. As noted in the strategy, major change to reduce health inequalities will not happen overnight, so we will be seeking gradual improvements in these indicators and a reduction in inequalities between different localities across North Tyneside. However, current reporting and data recording arrangements mean that some indicators are only reported at a local authority level, and some indicators are not frequently updated.

4.1 Prevalence of smoking

In 2021, 15.3% of adults in North Tyneside were current smokers. However, there was variation, and we know that people from our most deprived communities and other groups are more likely to smoke.

As previously reported, the most recent data shows that 8.3% of pregnant women smoked at the time of delivery in North Tyneside, which is the lowest rate in the North East and a positive reduction from 2010/11 (17%).

4.2 Alcohol-related hospital admissions

The Alcohol Health Needs Assessment (Appendix 3) contains more detail on alcohol-related hospital admissions, but the most recent data for North Tyneside shows:

- There were 2,300 hospital admissions for alcohol-specific conditions in adults in 2020/21. This equates to 1,097 per 100,000 of the population, which is higher than the England and North East value. It is the 3rd highest rate in the region and 9th highest rate in the country
- There were 105 hospital admissions in under 18s for alcohol-specific conditions from 2018/19 to 2020/21. This equates to a rate of 83.8 per 100,000, which is the highest rate in England

The North Tyneside Strategic Alcohol Partnership has explored this data further and found that admission rates are generally higher in more deprived parts of the borough and higher in males than females for adults, and females than males for under 18s. There also appears to be an association between alcohol-related admissions and a history of self-harm in under 18s, and work is planned to explore this further and identify next steps.

4.3 Children with excess weight

As previously reported to the Board, the National Child Measurement Programme (NCMP) is a nationally mandated public health programme where all children in state-supported schools in England are weighed and measured in Reception and Year 6.

The most recent data for North Tyneside (2021/22) shows:

- 25.6% of children in Reception are living with excess weight (e.g., overweight or obese).
- 38.7% of children in Year 6 are living with excess weight

However, there is variation across the borough, with almost 50% of children in Year 6 in the Riverside ward living with excess weight compared to 21% in Monkseaton North, and 53.1% in the 10% most deprived parts of the borough compared to 26.2% in the 10% least deprived. The overall prevalence of excess weight in North Tyneside represents an increase on the previous measurement year and is slightly higher than England values (24%).

The trend in NCMP data is concerning as it shows an increase in North Tyneside children with excess weight since the COVID-19 pandemic, which is also reflected nationally. This is an issue that the Healthy Weight Alliance continues to consider.

4.4 Physical activity in hospital patients

NHCT is one of four organisations in the country to have been part of the Active Hospitals pilot. This sought to improve healthcare professionals' awareness of the importance of physical activity in hospital patients and upskill them to promote this. The project focused on several clinical pathways and the creation of an 'Active Ward'.

Whilst there is not data to illustrate the levels of physical activity in hospital patients, across the pilot 330 staff attended Physical Activity Clinical Champion training and 77 staff accessed Moving Medicines Active Conversations Training. There were also 15 midwives trained to teach Aqua-Natal classes, eight trained as walk leaders and seven staff trained in the 'This Mum Moves' approach. As above, the Active Ward model will be rolled out to five further wards due to the success of the pilot in areas such as reduced falls and length-of-stay

4.5 Uptake of cancer screening programmes

Cancer screening programmes were stood down during the pandemic and there have been regional efforts across the system to increase activity. Locally, there was targeted work in the

North Shields area to increase uptake. It is too soon to understand the impact of this work and other activities on the long-term outcome measure of improved cancer awareness and earlier diagnoses in our residents. Table 1 below shows the most recent uptake of cancer screening. This is based on data from 2021/22, where 'coverage' is the percentage of eligible people registered to each practice who are adequately screened in the previous 30 (bowel), 36 (breast), 42 (cervical 25-49 years) or 66 months (cervical, 50-64 years). The table shows the variation between PCNs and that for three of four programmes, uptake in North Tyneside overall exceeded national uptake.

Table 1, coverage of cancer screening programmes, 2021-22 (source: OHID, 2022)

Measure	Coverage (%)					
	North Shields PCN	North West PCN	Wallsend PCN	Whitley Bay PCN	North Tyneside Place	England
Breast screening (50-70)	35%	52.3%	66.5%	70.3%	54.5%	62.3%
Cervical screening (25-49)	74.7%	77.3%	75.6%	81.4%	77.1%	68.6%
Cervical screening (50-64)	73.9%	76.7%	75.1%	79.5%	76.1%	75%
Bowel screening (60-74)	72.1%	74.7%	72.1%	77.4%	74.2%	70.3%

4.6 Drug-related deaths and unmet need

There are several indicators used to understand the scale of drug-related deaths as they can be calculated/coded in different ways depending on the legal classification of the substance involved. Statistics are based on the date of the death registration, rather than the death itself. As numbers are small, data is often grouped into three-year blocks and calculated as an age standardised rate per 100,000 of the population, to take account of different populations across the country.

There were 72 deaths related to drug poisoning in North Tyneside 2019-21. This is a rate of 12 per 100,000 of the population and is higher than the England rate, but lower than the regional rate, and an increase on the previous reporting period. Rates and numbers were higher than males than females. Due to the small numbers and sensitive nature of this work, there is no publicly available data at local level on the age profile and substances involved.

In 2021/21 there were 20 people from North Tyneside who died whilst in treatment for drugs and/or alcohol. Whilst these deaths were not necessarily all attributed to drug use/misuse, many were in people in treatment for opiate addiction and all deaths were subject to a detailed review by the treatment service in addition to any criminal and/or coronial processes.

'Unmet need' is a measure of the proportion of all people estimated to require treatment for substance misuse who are not currently receiving structured treatment. E.g., the higher the unmet need in an area, the more people there are who are not supported to manage their addiction. Table 2 below shows the unmet need in North Tyneside for crack, opiates and opiate and crack users (OCUs) in 2021/22. The prevalence estimates are based on data for 2017 (the most recent figure) and the numbers in treatment are taken from recorded numbers for 2021/22.

Table 2 – unmet need in 2021/22 (Source: NDTMS, 2023)

Drug group	Unmet need (%)	National unmet need (%)
Crack	65%	58%
Opiate	34%	47%
OCU	40%	54%

There was an increase in the numbers of people in drug treatment in 2021/22 across all three groups, so unmet need has reduced from the previous year, which is positive. The unmet need for crack users remains higher than the national average, but the gap is narrowing.

5. Community engagement

5.1 Response to Healthwatch findings

The Healthwatch findings relevant to the work of the Strategic Alcohol Partnership, Healthy Weight Alliance and Tobacco Alliance have been considered at officer and partnership level, where appropriate. Comments have also been shared with providers as part of normal contract monitoring and other process as appropriate e.g., difficulties in accessing support, impact of mental health and the impact of the cost-of-living crisis. This will also be used in shape key cross-cutting pieces of work going forward.

5.2 Other engagement

SSMTRG monies will also be used in 2023/24 to support a Service User Forum to ensure that those with lived experience of substance misuse (drugs and/or alcohol) can shape and influence services. This will the inform the work of the Drugs Alliance and Strategic Alcohol Partnership. Work has also taken place via the North Tyneside Patient Forum to inform the planning of the place-based hypertension case finding, and further work will take place to inform the evaluation. A co-production approach will also be used in planned work around under 18s, alcohol and self-harm.

6. Appendices:

Appendix 1: Implementation Plan

Appendix 2: Our Lifestyles and Health Behaviours. Detailed overview of progress and performance information, February 2023

Appendix 3: Alcohol Health Needs Assessment

Appendix 4: Drug Misuse Health Needs Assessment

7. Contact officers:

Louise Gray, Consultant in Public Health, North Tyneside Council. (0191) 643 1643

8. Background information:

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

- Cardiovascular disease prevention packs – Data supplement for North East and Yorkshire. OHID (2022). Available [online](#)
- Deaths related to drug poisoning by local authority. ONS (2022). Available [online](#)
- Deaths related to drug poisoning in England and Wales: 2021 registrations. ONS (2022). Available [online](#)

- Fingertips: Cancer services profile. OHID (2023). Available [online](#)
- Fingertips: Co-occurring substance misuse and mental health profile. OHID (2022). Available [online](#)
- Fingertips: Local Health – Small Area Public Health Data. OHID (2022). Available [online](#)
- Fingertips: Local Tobacco Control Profiles. OHID (2022). Available [online](#)
- From Harm to Hope: A 10-year Drugs Strategy. HM Government (2021). Available [online](#)
- Healthier Weight Intelligence Tool. OHID (2022). Available online.
- Commissioning Support Pack. National Drug Treatment Monitoring Service (2023)

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

Any financial implications arising from the delivery of the implementation plan to deliver *Equally Well*, North Tyneside’s Health and Wellbeing Strategy, will be met from existing budgets.

11 Legal

The Authority is required to prepare a joint Health and Wellbeing Strategy for the borough through the Health and Wellbeing Board, under section 116A of the Local Government and Public Involvement in Health Act 2007.

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

13 Human rights

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

14 Equalities and diversity

There are no equalities and diversity implications directly arising from this report. The aim of the *Equally Well* strategy, associated work plans and work of the associated partnership is to reduce inequality.

In undertaking the development of the Joint Health and Well Being Strategy and implementation plan, the aim has been to secure compliance with responsibilities under the Equality Act 2010 and the Public Sector Equality Duty under that Act.

An Equality Impact Assessment was carried out on the engagement approach. The aim was to remove or minimise any disadvantage for people wishing to take part in the engagement activity. Direct contact was made with specific groups representing people with protected characteristics under the Equality Act 2010 to encourage participation and provide engagement in a manner that will meet their needs

15 Risk management

There is a risk that, despite considerable effort for joint action, partners may not improve the inequalities in health seen in North Tyneside.

The health inequalities that existed prior to the COVID-19 pandemic have subsequently been amplified. More recently it is also acknowledged that the cost-of-living crisis is likely to have a disproportionate impact on some communities in North Tyneside.

A corporate risk has been identified for this scenario and a mitigation report was presented to the Audit Committee in November 2022. This risk will continue to be monitored with regular reporting in line with the Authority’s normal risk management processes.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report. The Alcohol Health Needs Assessment and Drugs Health Needs Assessments contain details of alcohol-related and drug-related crime in North Tyneside.

SIGN OFF

Chair/Deputy Chair of the Board

Director of Public Health

Director of Children’s and Adult Services

Director of Healthwatch North Tyneside

ICB Director of Place

Ambition: Our lifestyles and healthy behaviours

Leads: Wendy Burke, Jill Harland, Gary Charlton

Governance: Active North Tyneside, Tobacco Alliance, Healthy Weight Alliance, Strategic Alcohol Partnership, Living Well Locally Board, NHCT Inequalities Board

Actions	Responsibility	Short-term outcomes	Long-term outcomes	Proposed KPIs outcomes
<p>Strengthen treatment pathways for people who smoke to support them to quit, including those admitted to hospital and other targeted groups</p> <p>Support businesses to identify, support and signpost employees drinking at increasing and higher risk levels</p> <p>Target schools, GP practices and other community services in areas with high rates of under-18s and adults being admitted to hospital due to alcohol to ensure appropriate support in place</p> <p>Targeted delivery of bespoke weight management programmes in communities with inequalities, including a Healthy4Life pilot in school, HENRY, Body Benefit and HowFit approaches</p> <p>Delivery of the Active North Tyneside Programme to improve access to free/affordable healthy behaviour change interventions and physical activity</p> <p>Deliver a community offer for blood pressure, atrial fibrillation, and diabetes checks</p> <p>Embed and sustain learning from NHCT Active Hospitals pilot to continue to support people in hospital to with physical activity</p> <p>Develop partnership approach with VCS to reach vulnerable groups with poorer cancer outcomes</p> <p>Support people affected by drug misuse including exploring opportunities to embed a substance misuse social worker into treatment services, developing the M-PACT programme to support the wellbeing of children and families affected by substance misuse and developing processes to learn from drug-related deaths</p> <p>Ensure those with lived experience of substance misuse can shape and influence services</p> <p>Develop a Health Equity in All Policies (HEiAP) approach including training materials and champions to improve understanding of health inequalities across all Health and Wellbeing Board partners</p> <p>Promote a Making Every Contact Count (MECC) approach across the borough, particularly in targeted areas, to impact on lifestyles and behaviours</p>	<p>North Tyneside Council (Public Health, Early Help, Schools Improvement)</p> <p>Active North Tyneside Partnership</p> <p>Northumbria Healthcare NHS Foundation Trust (Public Health, Inequalities Board and Tobacco Dependency Steering Group)</p> <p>North Tyneside CCG</p> <p>North Tyneside Recovery Partnership</p>	<p>People who smoke are supported to quit</p> <p>Adults and under-18s who drink alcohol at harmful levels are identified and supported to reduce their drinking</p> <p>Adults and children are supported to achieve a healthy weight</p> <p>People have access to cancer services and interventions to support early diagnosis to promote the best possible outcomes</p> <p>Healthcare professionals have increased capability and opportunities to promote physical activity to people in hospital and are able to signpost patients appropriately</p> <p>People using drugs or affected by drugs are identified and supported, and so are their families</p>	<p>Children are exposed to less second-hand smoke and are less likely to start smoking due to a reduction in illicit tobacco</p> <p>People who require specialist alcohol support are identified and able to access appropriate services and all residents are less likely to be affected by all aspects of alcohol-related harm.</p> <p>Children are less likely to be affected by the broader effects of excess weight in childhood and less likely to become overweight as adults</p> <p>Inequalities in health outcomes driven by the food environment and wider environment are reduced, leading to lower levels of excess weight and cardiovascular disease</p> <p>Residents have improved awareness of cancer and are supported to receive earlier diagnoses to promote the best possible outcomes</p> <p>Harm from illicit drug use is reduced, in line with the findings of the Dame Carol Black review</p> <p>HWB Board partners promote HEiAP and MECC approaches to recognise and reduce the impact of inequalities</p>	<p>Across our most disadvantaged areas we will see:</p> <ul style="list-style-type: none"> • Reduction in smoking • Reduction in alcohol-related hospital admissions (adults and under 18s) •Reduction in children with excess weight (NCMP indicators) •Increased physical activity in hospital inpatients •Increased uptake of cancer screening programmes •Reduction in drug-related deaths and unmet need <p>Community mobilising community assets</p> <p>Consultation on approaches to reduce alcohol-related harm and improve healthy weight</p> <p>Co-production of cancer prevention work</p> <p>Co-production of MECC at scale work</p> <p>Needs a dotted line to 'Best Start in Life' workstream</p> <p>Reduction in smoking in pregnancy</p> <p><i>Needs a dotted line to 'The Places and Communities we live' – cycling, green space indicators</i></p>

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Our Lifestyles and Health Behaviours – Overview of progress and performance indicators

Update to Health and Wellbeing Board, March 2023



Report Author: Louise Gray, Consultant in Public Health,
North Tyneside Council

Relevant Partnership Boards: North Tyneside Drugs Alliance
North Tyneside Healthy Weight Alliance
North Tyneside Strategic Alcohol Partnership
North Tyneside Tobacco Alliance

Introduction

The Implementation Plan for the Our Lifestyles and Health Behaviours strand of *Equally Well* sets out several the short term and long-term outcomes and proposed KPIs. As noted in the strategy, major change to reduce health inequalities will not happen overnight, so we will be seeking gradual improvements in these indicators and a reduction in inequalities between different localities across North Tyneside. However, current reporting and data recording arrangements mean that some indicators are only reported at a local authority level, and some indicators are not frequently updated.

Also, progress against these outcomes and indicators is set against the current context of the impacts of the COVID-19 pandemic and cost-of-living crisis on people's health behaviours and lifestyles more generally. Our communities were not affected equally by the pandemic and will not be affected equally by the consequences of the cost-of-living crisis.

The Implementation Plan sets out six key performance indicators, however where this data is not available at a recent or granular level, some proxy indicators or anecdotal indicators can provide some local context and detail on progress in disadvantaged groups. This report provides additional detail to supplement the report to the Health and Wellbeing Board in March 2023 and data was taken from the sources listed in that report. For most indicators, more detail is available on request.

Overarching indicators

There are ambitions in *Equally Well* to improve life expectancy and healthy life expectancy for all our residents and reduce the gap between the most and least deprived areas. 'Life expectancy' is the average number of years a person would expect to live based on current mortality rates. It is important to note that this is the average value for the population, based on the current context.

The most recent data (2021) shows that life expectancy is lower in North Tyneside than the England average. Male life expectancy at birth was 77.0 years and female life expectancy at birth was 82.1 years.

Ward-level data is available for a slightly different time-period (2016-20). Generally, life expectancy is lower in wards with higher levels of deprivation:

- Overall male life expectancy at birth was 78.2 years, but this ranged from 71.7 years in Riverside to 83.0 years in Monkseaton North
- Overall female life expectancy was 82.2 years but ranged from 77.6 years in Riverside to 88.8 years in St Mary's.

'Healthy life expectancy' is the average number of years a person would expect to live in good health, based on current rates. Again, local figures are lower than England overall. In 2018-20 in North Tyneside male healthy life expectancy at birth was 61.6 years and female healthy life expectancy at birth was 57.2 years. This means that women in North Tyneside overall can expect to live longer than men but may spend longer in ill health.

Inequalities in life expectancy and healthy life expectancy are driven by a range of factors, as set out in *Equally Well*. This includes some of the key health behaviours and risk factors covered by the Our Lifestyles and Health Behaviours implementation plan.

Tobacco

There are ambitions to:

- Strengthen treatment pathways for people who smoke to encourage them to quit
- Reduce the exposure of children to second-hand smoke
- Reduce the exposure of residents to illicit tobacco
- See an overall reduction in smoking, particularly across our most disadvantaged areas.

Smoking is one of the biggest drivers of inequality. A partnership approach through the North Tyneside Tobacco Alliance has ensured there is a close alignment between the ambitions of the NHS Long Term Plan and local delivery, particularly around some priority population groups e.g., hospital inpatients and pregnant smokers.

Whilst the numbers of people who smoke is falling, a higher percentage of North Tyneside residents smoke than England overall. The report to the Health and Wellbeing Board in March 2023 shows that 15.3% of adults in North Tyneside were current smokers in 2021 compared to 13% in England. However, rates are not uniform across the population and people are more likely to smoke if they are:

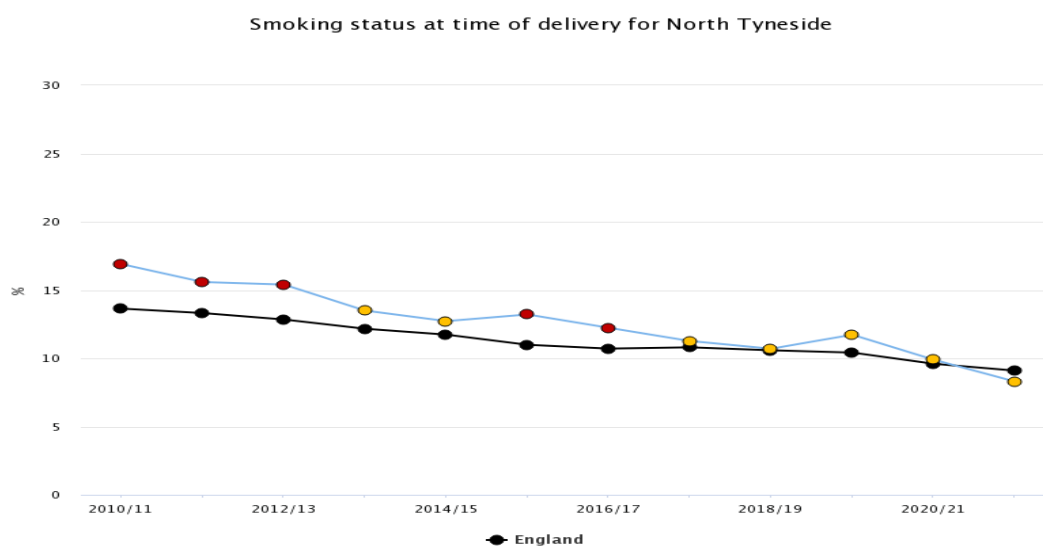
- Male
- Working in a manual occupation
- Renting from the local authority rather than owning their home.
- Living with a serious mental illness or long-term mental health conditions
- Receiving treatment for substance misuse

National data also shows that people living in more deprived areas were more likely to smoke than those in the least deprived.

In 2019/20 there were over 2,700 hospital admissions in North Tyneside that were attributed to smoking. The Northumbria Healthcare Trust (NHCT) inpatient offer has been strengthened. Inequalities data is not yet available for this work however, in a six-month period in 2022/23 96% of inpatients were asked about their smoking status. Of these, 12% were smokers and all were given Very Brief Advice and offered treatment. In total, 19% of smokers (128 patients) accepted treatment to stop smoking during their admission and 13% of smokers (90 patients) accepted a referral to the community Stop Smoking Service.

The report to the Health and Wellbeing Board also shows that 8.3% of pregnant women in North Tyneside were smoking at the time of delivery in 2021/22. This is the lowest rate in the North East and lower than the England value. Figure 1 below shows that smoking at the time of delivery rates is falling nationally (black circle) and locally (yellow and red circles).

Figure 1 – Trends in smoking in pregnancy in North Tyneside and England



There is no local inequalities data on smoking in pregnancy, but nationally rates are almost double in the 10% most deprived areas compared the least deprived areas. Therefore, smoking in pregnancy remains a priority area and the Best Start in Life pathway was introduced in 2022 in NHCT to provide opt-out support to pregnant smokers throughout their pregnancy and into the post-natal period. Since May 2022, Best Start in Life Advisors have received over 200 referrals for North Tyneside residents and have achieved a quit rate of 49%. Most referrals are from the 30% most deprived parts of North Tyneside, with a particular concentration from Wallsend. Work is ongoing to improve data reporting, and this should be in place for the next update.

Operational work continues locally and regionally to reduce the exposure of residents to illicit tobacco. North Tyneside Council, via Trading Standards and partners operates an intelligence-led approach to seize illicit tobacco (and vape products) and, where appropriate, take regulatory action. The detail of this work is discussed at the Tobacco Alliance and in other forums.

Alcohol

There are ambitions to:

- Support businesses to identify, support and signpost employees drinking at increasing and higher risk levels
- Reduce alcohol-related hospital admissions (adults and under 18s), particularly across our most disadvantaged areas
- Target schools, GP practices and other community services in areas with high rates of people being admitted to hospital due to alcohol to ensure that appropriate support is in place
- Identify people who require specialist alcohol support and ensure that they can access appropriate services
- Take steps to ensure that all residents are less likely to be affected by aspects of alcohol-related harm

The above areas have all been considered by the North Tyneside Strategic Alcohol Partnership in the past 12 months. The Alcohol Health Needs Assessment provides a very detailed overview of the level of need in North Tyneside in relation to alcohol, including granular data on inequalities. This will inform the new Alcohol Strategy for North Tyneside, which will be overseen by the North Tyneside Strategic Alcohol Partnership.

Healthy weight and physical activity

There are ambitions to:

- Provide targeted delivery of bespoke management programmes in communities with inequalities
- Reduce the numbers of children with excess weight, particularly in our most disadvantaged areas. This in turn will support them to be and therefore support them to be less likely to become overweight as adults
- Deliver the Active North Tyneside programme to improve access to free/affordable behaviour change interventions and physical activity
- Embed and sustain learning from NHCT Active Hospitals pilot to increase physical activity in people in hospital and increase the capability and opportunities that health professionals have to do this
- Reduce the inequalities in health outcomes driven by the food environment and wider environment, leading to lower levels of excess weight and cardiovascular disease

Current data suggests that 65.9% of adults in North Tyneside are overweight or obese, which is slightly higher than the England value of 63.5%. Drivers of obesity are complex and involve multiple factors at an individual and environmental level. However, there are known inequalities and certain communities are disproportionately affected, including those living in areas of deprivation, minority ethnic groups and people with learning disabilities. In addition, men are more likely to be overweight than women, but are also less likely to seek support.

There is a tiered approach to adult weight management:

- Tier 1 is universal services e.g., self-help services, local leisure services and the NHS Better Health resources
- Tier 2 services are commissioned by the Local Authority (via the Public Health Grant) to provide more specialist or intensive support over a defined period (e.g., 10-12 weeks) to people meeting certain criteria
- Tier 3 services are commissioned and provided by the NHS and include a 12-month multidisciplinary specialist programme
- Tier 4 services are also commissioned and provided by the NHS, including bariatric surgery where appropriate.

Additional Government funding was made available to local authorities in 2021/22 to increase local weight management provision. The national funding was not renewed for 2022/23, however the Director of Public Health was keen to continue to support this key work to tackle inequalities and improve health outcomes. This enabled a targeted tier 2 programme to be delivered to key groups in North Tyneside in 2022/23 at no cost to residents when several other local authorities withdrew their programmes. By the end of 2022/23, there will have been delivery of, or planned delivery of:

- Six cohorts of bespoke and co-designed Body Benefits programmes delivered by Active North Tyneside to the Bangladeshi community, people with learning disabilities and in an area of deprivation (supporting approx. 90-100 residents)
- Three cohorts of the 12th Man programme, a bespoke programme for men, delivered by the Newcastle United Foundation (supporting 34 residents to date)
- An offer of funded places for 12-weeks of Slimming World membership for residents (217 places in addition to surplus places from the 460 commissioned in 2021/22. To date 245 residents have activated their membership)

A report is currently being compiled to understand the outcomes, impact inequalities, strengths, and limitations of each programme. The learning from this and some regional analysis will be incorporated into decisions about future delivery in North Tyneside.

The report to the Health and Wellbeing Board in March 2023 shows overall prevalence of excess weight in children in the Borough and describes some of the variation. The National Child Measurement Programme (NCMP) shows a higher prevalence of excess weight in children living in more deprived areas compared to the least deprived areas. Figures 2 and 3 below show these differences in excess weight by ward in 2021/22.

Figure 2 – Prevalence in excess weight by ward in Reception, 2021/22

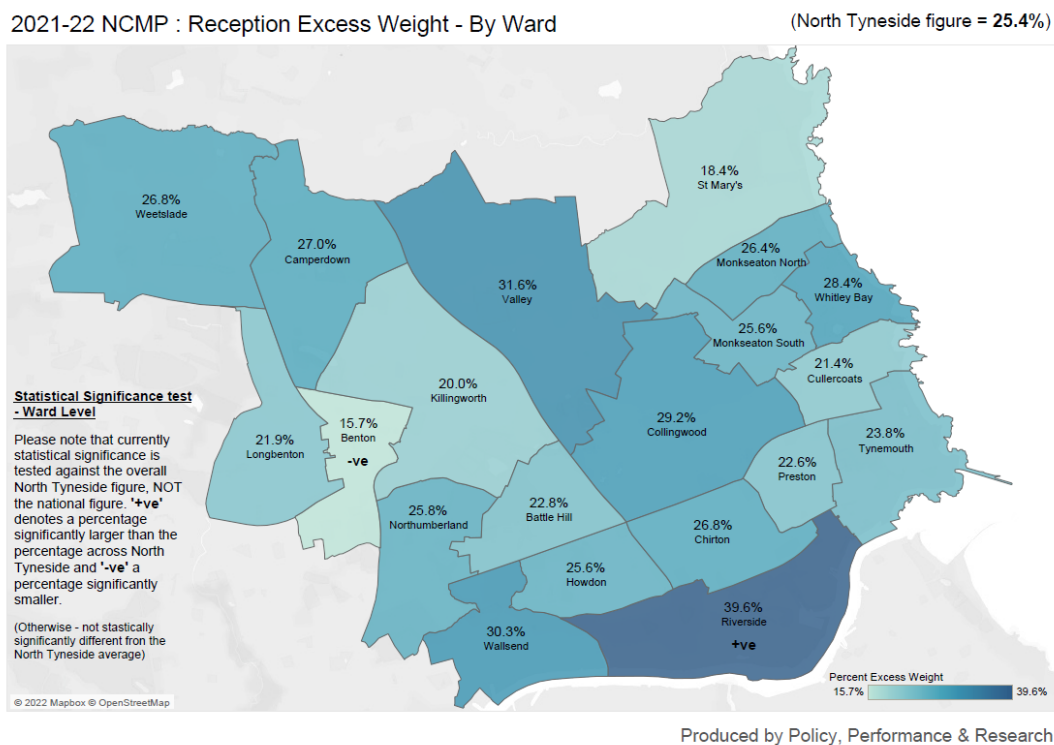


Figure 3 – Prevalence in excess weight by ward in Year 6, 2021/22

Low levels of physical activity and increased sedentary is known to exacerbate the problems of poor diet and nutrition. Physical activity also provides social benefits, and research suggests that children's academic achievement and behaviour can also improve with physical activity.

In North Tyneside 51.0% of children and young people were classed as physically active in 2021/22. This is higher than the England and regional value but represents a decrease from the previous two years. There is no local inequalities data for this indicator, but nationally there were differences by age, gender and ethnicity, and children from lower income houses are less likely to be physically active. In 2020/21, 64.8% of adults in North Tyneside were classed as physically active, which is higher than the regional value, but lower than the England value, and a decrease from the previous year. Again, there is no local inequalities data for this indicator, but national data shows similar inequalities to children.

Active North Tyneside is part of North Tyneside Council's Sport and Leisure Service and receives funding from the Public Health Grant to deliver a range of programmes to adults and children in the borough. Programmes aim to support behaviour change and increase physical activity at low or no cost to residents. Many programmes are co-designed with service users to ensure they meet needs and avoid barriers to access. Most are open to all residents but targeted in areas of deprivation or communities affected by inequalities.

To date in 2022/23, there have been over 31,000 attendances at Active North Tyneside programmes. Across the life course, programmes and events include:

- Active Bump, Birth and Baby – Programmes have been redesigned to strengthen and increase the offer for expectant and new families.
- Bikeability – over 700 children have accessed cycling training and sessions
- No Limits – the No Limits Aqua sessions have provided 400 free visits to swimming pools this year
- Hoops for Health, Dribble and Swish – Newcastle Eagles supported programmes in 21 schools in Q3 of 2022/23
- Family Fun Days – Over 7,500 family members attended events in four parks across the summer. Active North Tyneside also linked with the HAF Team, who provided a healthy lunch for all families attending
- Wellbeing Walks – Over 250 people attended the mayor’s annual Stride Out to the Lighthouse walk in August

The NHCT Active Hospital pilot has now concluded and has shown positive results. It has not been possible to robustly measure whether physical activity in inpatients has increased, but proxy measures such as the number of staff trained in physical activity interventions and some reductions in length-of-stay etc. suggest that there has been a positive impact. Funding has been secured to roll-out the ‘Active Ward’ model to an additional five wards due to the observed successes of the pilot ward.

A new frailty initiative was piloted in care homes in North Tyneside. CHEAT (Care Home Exercise and Activity Trainers) is a frailty initiative that started in January 2022 with the aim of increasing physical activity, which could in turn improve mental and physical wellbeing whilst also reducing falls and associated hospital attendances. The pilot was highly successful and Regional Ageing Well Frailty Funding has now been secured to roll the model out further in the region. For example, there was a reduction in falls, fractures and injuries per care home and falls per 100 care home residents. Early data suggests there was a 14% decrease in A&E attendances by care home residents in May-September 2022 compared to the same period in 2021, a fall in emergency admissions and an estimated cost saving of over £300,000. There was also powerful feedback qualitative feedback from professionals and residents, as well as improved measures of strength, balance and mobility.

North Tyneside Council and NHCT adopted the Healthy Weight Declaration in November 2022 to support a whole systems approach to addressing some of the multiple environmental factors that contribute to an individual’s weight and the prevalence of obesity in an area. This approach was endorsed by the Health and Wellbeing Board and is being overseen by the Healthy Weight Alliance. A detailed action plan is in place and progress is monitored at each meeting of the Alliance. This ongoing work will support the ambition to reduce the inequalities driven by the food environment and wider environment and hopefully in time will reduce the prevalence of excess weight and cardiovascular disease (CVD).

Cancer screening

There are ambitions to:

- Increase uptake of cancer screening programmes, particularly in our most disadvantaged areas
- Develop a partnership approach with the VCS to reach vulnerable groups with cancer outcomes
- Improve awareness of cancer in residents so that they are supported to receive earlier diagnoses to promote the best possible outcomes
- Facilitate access to cancer services and interventions to support earlier diagnosis to promote the best possible outcomes

As set out in the Board report, cancer screening programmes have resumed after being stood down during the pandemic. Work is underway to improve uptake and there is variation by programme and by Primary Care Network (PCN). Close working with the VCS and other members of the North

Tyneside Cancer Prevention Network has helped to provide local insights and target efforts to improve screening rates and reduce inequalities e.g., work in North Shields shown in Figure 4 below. Our community voice has been shared with the national screening programme to lobby for improved local practice.

Figure 4 – Graphic from targeted social media and other work to increase uptake of breast screening in North Shields

Drug-related deaths and drug misuse



There are ambitions to:

- Reduce drug-related deaths and unmet need, particularly across our most disadvantaged areas
- Identify and support people using drugs, and their families
- Ensure those with lived experience of substance misuse can change and influence services
- Reduce harm from illicit drug use in line with the findings of the Dame Carol Black Review

Whilst illicit drug use does not affect as many people in North Tyneside as alcohol, tobacco or obesity, the impact for the people using drugs and their wider networks can be significant. Data suggests that alcohol is the substance that people most frequently seek treatment for in North Tyneside, followed by opiates (e.g., heroin), cannabis, cocaine, and benzodiazepines. There is limited published data to explore inequalities, but there is regular scrutiny of the services commissioned via the Public Health Grant to ensure there are no inequalities in access and the quality of care provided.

The newly established North Tyneside Drug Alliance is aligned to the new national Drug Strategy, with several areas of focus. There has been work to raise awareness of drug-related deaths, near misses and the risks amongst professionals and the wider public. This includes work to increase the availability of naloxone, which is an antidote to opioid overdoses. There is no inequalities data regarding unmet need, but this is an area that the Drugs Alliance and relevant officers will consider if data becomes available.

In 2021 the number of drug poisoning deaths in England was the highest since records began in 1993 and 6.5% higher than 2020. The North East has the highest rate of deaths related to drug poisoning in the country. Overall, in England, deaths are highest among those born in the 1970s and approximately half involved an opiate. However, the number of deaths involving cocaine is increasing.

The report to the Health and Wellbeing Board in March 2023 states that deaths per 100,000 of the population are higher in North Tyneside than England overall, despite being one of the lowest in the region. Nationally there is a clear relationship between deprivation and deaths from drug misuse, with more than twice as many deaths in the 10% most deprived areas than in the 10% least deprived areas.

Numbers are too small to explore this trend locally, but anecdotally deaths tend to occur in more deprived wards. The Drugs Alliance are leading on the development of a new Drug and Alcohol-related Death process to learn from deaths and improve support and pathways in the future.

There is also ongoing work to support family members of people affected by substance misuse. This includes commissioning a family support service from the Public Health Grant (PROPS) and plans to roll out the M-PACT programme, with the first cohort being delivered in spring 2023. Work is also underway to strengthen the role of the service user voice, including potentially funding a new post in the future.

Cardiovascular disease

There are ambitions to:

- Deliver a community offer for blood pressure, atrial fibrillation (AF) and diabetes checks
- Reduce the inequalities in health outcomes driven by the food environment and wider environment, leading to lower levels of excess weight and cardiovascular disease

CVD is an umbrella term used to refer to conditions that affect the heart and blood vessels e.g., angina, heart failure, heart attacks, strokes, and vascular dementia. Several high-risk conditions also contribute to CVD, including hypertension (e.g., high blood pressure) and AF (which is an irregular and often abnormally fast heart rate). Many people do not initially develop symptoms from hypertension or AF, which means that there are likely to be around 23,000 people in North Tyneside with undiagnosed high blood pressure and 1,200 people with undiagnosed AF. Without effective management these people are at increased risk of a heart attack or stroke.

The NHS Plan identifies CVD as a clinical priority and the single biggest condition where lives can be saved by the NHS over the next 10 years. CVD is one of the biggest contributors to the gap in life expectancy between the most and least deprived populations. There is an ambition to help prevent 150,000 heart attacks, strokes, and dementia cases nationally over the next 10 years and to do this there has to be a community CVD prevention and case finding offer for our residents, as well as clinical management of cases in primary and secondary care.

The scale of CVD in North Tyneside can be seen in several ways. For example, primary care data shows how many people have a recorded diagnosis of hypertension or AF at a practice, PCN and place level, but this is only based on people who know they have these conditions. Secondary care data can also be used to see the rates of heart attacks and strokes in the population.

Data suggests that North Tyneside residents may have higher rates of CVD than England overall. For example:

- Over 34,000 residents have a diagnosis of high blood pressure on their GP record. This equates to 15.4% of the population and is higher than the England value of 13.9%. Rates are higher in the North West and lowest in Whitley Bay PCN.
- Over 5,000 residents have a diagnosis of AF on their GP record. This equates to 2.3% of the population and is higher than England (1.8%). Whitley Bay PCN has the highest percentage of patients diagnosed with AF and Wallsend PCN has the lowest
- There are more emergency hospital admissions for heart attacks and strokes than the England average
- There are more deaths from CVD and 'deaths considered preventable' than would be expected.

During the pandemic fewer people came forward for non-urgent/routine care where the early signs of CVD were previously detected, which has led to a reduction in new cases being identified. It's also likely that changes in health behaviours during the pandemic mean that some people are at an increased risk of CVD e.g., due to reductions in physical activity, increased alcohol consumption and

changes in diet. These factors drive inequalities in CVD; electoral wards with higher deprivation scores generally have higher rates of hospital admissions for heart attacks and strokes, and the most deprived 10% of the population are almost twice as likely to die from CVD as the 10% least deprived

Figure 5 below shows the variation in admission rates for heart attacks and strokes over a 5-year period in North Tyneside. Generally, rates are higher than the England value (recorded as 100 for the purpose of this calculation) and wards with known higher levels of deprivation tend to have the highest rates.

Figure 5 – Variation in hospital admission rate for heart attacks and strokes, 2016/17 to 2020/21
A multi-agency working group has built on the work that started prior to the COVID-19 pandemic

Indicator	Period	England	North Tyneside	Battle Hill	Benton	Camperdown	Chirton	Collingwood	Cullercoats	Howdon	Killingworth	Longbenton	Monkseaton North	Monkseaton South	Northumberland	Preston	Riverside	St Mary's	Tynemouth	Valley	Wallsend	Weetslade	Whitley Bay
Emergency hospital admissions for stroke, standardised admission ratio	2016/17 - 20/21	100.0	129.6	126.1	145.7	142.5	179.5	115.3	135.3	168.1	103.6	112.5	106.7	131.6	113.0	104.1	161.9	93.5	111.6	157.4	156.1	123.2	139.1
Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	2016/17 - 20/21	100.0	125.4	134.0	125.3	139.2	167.0	126.2	149.3	162.1	134.3	135.5	72.9	137.3	101.3	103.3	154.7	109.9	96.7	120.5	150.9	83.1	110.3

and a pilot will begin in the Wallsend area shortly to offer blood pressure and AF testing at community venues. If this pilot is successful, then the work will be rolled out to other parts of North Tyneside. This work builds on other place-based case finding for hypertension and AF, including workplace health checks (commissioned by Public Health and delivered by Newcastle United Foundation), community and home health checks delivered by Tyne and Wear Fire and Rescue Service, community-based NHS Health Checks (commissioned by Public Health and delivered by TyneHealth) and a new community health check offer from Parish Nurses.

Figure 6: Draft materials from Wallsend community CVD case-finding pilot

As above, work continues via the Healthy Weight Alliance and other forums to address the inequalities in health outcomes driven by the food environment and wider environment that contribute to excess weight and cardiovascular disease.

Alcohol Health Needs Assessment

Executive Summary - March 2023



1. Introduction

Alcohol is a key public health issue with its harmful effects related to excessive consumption felt by the individual, their relatives, and wider communities. This Health Needs Assessment (HNA) was undertaken in 2022/23 and aims to understand the need and impact of alcohol misuse within North Tyneside using a combination of quantitative and qualitative data sources.

This document summarises the key findings and the full HNA is available on request.

2. Background and local context

Whilst significant issues can arise from alcohol misuse and dependence, most individuals drinking alcohol do so in moderation, without considerable risks to their health and wellbeing.

Alcohol is involved in a range of social and cultural activities and contributes to a vibrant North Tyneside. There are 618 licensed alcohol premises within the borough, the majority of which are shops, supermarkets, pubs, bars, and restaurants. Higher concentrations of licensed premises exist in Whitley Bay, North Shields, and Wallsend; and some alcohol treatment service users commented that the wide availability of alcohol could contribute to their own increased consumption and misuse.

Agencies within North Tyneside undertake work to ensure licensed premises do not sell alcohol to children. However, data suggests that the most common route for children to access alcohol is from their parent/carer, despite good levels of awareness of CMO guidance of no alcohol at all advised for under 18s (72% of surveyed residents).

Alcohol has an annual societal cost of £21 billion in England, including healthcare costs, costs related to crime, loss of workplace productivity and impact to family and carers. The cost of alcohol harm within North Tyneside was estimated to be £74.2 million during 2015-16. Alcohol has been reported as being involved in 12.3% of crimes in North Tyneside between 2017-22 and involved in a large proportion of violent crimes with injury (45.6%), domestic abuse crimes (23.8%) and public order crimes (18.3%). There is a general increasing trend of the number of crimes reported as involving alcohol, particularly for violent crime and domestic abuse. Involvement of alcohol is also noted to be six times more common in crimes reported in the 10% most deprived areas of the borough. When criminality is linked to alcohol, courts can mandate an individual to attend an alcohol treatment service, however treatment staff report current difficulties in joint working between the criminal justice system and structured alcohol treatment services.

Data from 2015-18 (i.e., prior to the COVID-19 pandemic) shows that North Tyneside has lower levels of abstinence and higher levels of binge drinking and hazardous drinking compared to

the North East and England. Overall, 16.1 per 1,000 individuals in North Tyneside are classed as alcohol dependent which is higher than the national rate of 13.7 per 1,000.

3. Alcohol health needs in North Tyneside

Alcohol has been identified as a causal factor in over 60 medical conditions and is the leading risk factor for ill health in individuals aged 15 to 49. There are a range of services available within North Tyneside for the treatment of alcohol misuse or dependence, its related health harms, and the wider effects it causes.

Just under one quarter (24%) of the 2,685 individuals dependent on alcohol in North Tyneside are in structured alcohol treatment. This is commissioned by North Tyneside Council via the Public Health Grant. The remaining individuals (76%) not in treatment, represent high levels of unmet need. The main barriers to accessing treatment services appear to be individual factors such as motivation but also a lack of out of hours services and options for those with childcare responsibilities.

Most individuals in structured treatment are recorded as 'new presentations' (78%) with self-referral being the most common route (64%). Treatment services appear to cater well to the individuals, with 99% waiting under three weeks for the first intervention, 60% of all exits being those leaving treatment successfully and 36% of the treatment population leaving successfully and not returning within 6 months in 2020-21.

Individuals in treatment services in January 2023 reported positive experiences with the treatment services. However, deaths in treatment are higher in North Tyneside (1.67%) than England (1.39%) and two times higher in males than females.

Another indicator of the level of harm caused by alcohol is that 2.6% of the population registered with a GP practice in North Tyneside have a coding on their GP records which indicates that they misuse alcohol; this is likely an underestimate of true misuse rates.

Whilst alcohol-specific A&E attendances appear to be reducing, alcohol-specific hospital admissions are increasing both in young people (under 18) and in adults. The most common diagnosis for adult admissions is 'mental and behavioural disorders due to alcohol'. There is also a notable group of patients (28.2% for 2021) who have multiple hospital admissions throughout the year. For adults: men, 50–59-year-olds and those in more deprived parts of the borough, including Wallsend and Riverside, had greater levels of coding of alcohol misuse and higher numbers of alcohol-specific hospital admissions. For under 18s, greater levels of admissions were noted in females than males, but a similar pattern of deprivation was observed with both adults and young people in the 10% most deprived areas in the borough having at least three times higher admission rates than those in the 10% least deprived areas.

Despite having one of the highest hospital admission rates in the North East, alcohol-specific mortality rates are one of the lowest at 14.8 per 100,000. This rate is still significantly higher than the England rate of 10.9 per 100,000 and has been increasing in recent years. A large increase in the number of deaths was noted from 2019-20, a trend observed throughout England which appears related to the wider effects of the COVID-19 pandemic and are largely deaths due to alcoholic liver disease (83.1% of all North Tyneside alcohol-specific deaths). Alcohol-specific mortality follows similar trends to admissions in terms of being more common in males, 50–59-year-olds and the 10% most deprived areas in North Tyneside.

4. Impact on vulnerable groups

There appears to be higher levels of alcohol misuse in certain groups/populations in North Tyneside and they may be more vulnerable to alcohol harms. More detail is provided in the full HNA, but key groups potentially facing inequalities or issues are summarised below.

Pregnancy

There is limited available data regarding the number of pregnant individuals with alcohol misuse or dependency, but a pathway is in place at Northumbria Healthcare NHS Foundation Trust to support any individual who discloses harmful alcohol use.

Carers

Carers and housebound patients were more likely to be coded in their primary care records as having alcohol misuse compared to the general population. Some carers specifically affected by someone else's misuse report they may drink alcohol to cope whilst others reduce or stop consuming alcohol to help support their loved one.

Young carers

In 2022 31% of surveyed year 8 and 10 pupils reported they had consumed an alcohol drink in the month preceding the survey and this was more likely in young carers (44%) compared to those who weren't young carers (30%). Almost one fifth (19%) reported observing a parent/carer drinking too much alcohol at some point and in 2020-21, 118 children in the borough were living with their parent whilst the parent was in structured alcohol treatment.

Services are in place to support young people around their own consumption and those affected by others.

People with mental health conditions

There is a complex relationship between alcohol misuse and mental health conditions, with both being possible risk factors for the other. Alcohol misuse is recorded to be higher in primary care patients with mental health diagnosis. There is some variation in these rates dependent on the specific mental health condition involved.

Locally, the hospital admissions where the main or contributory diagnosis is 'mental and behavioural disorders attributable to alcohol' are almost double the England rate (648 per 100,000 vs 379 per 100,000). In 2020/21, 67% of patients new to alcohol-treatment services had an identified mental health treatment need, with 32% of these not receiving any treatment for this.

5. Recommendations

Based the findings, this HNA makes several recommendations, focusing on strategic leadership; prevention, early intervention, and screening; data and intelligence; structure alcohol treatment; and groups more vulnerable to alcohol harm.

Strategic Leadership

The North Tyneside Alcohol Strategic Partnership on behalf of the North Tyneside Health and Wellbeing Board should continue to strengthen strategic leadership and facilitate a whole-system approach to reduce alcohol misuse and address the harms caused by alcohol to individuals and the wider communities including:

- Continued work with NHS partners and health-related agencies with reporting to the North Tyneside Joint Health and Wellbeing Board and the North East Drug and Alcohol Commissioners' Network
- Continued joined-up working and coordination of effort between key partnerships to address wider alcohol-related issues including strengthening links with the local community safety partnership, Safer North Tyneside.
- Continued work to reduce inequalities which contribute to and are affected by alcohol-related harm, with specific focus on more vulnerable groups.
- Continued work to reduce consumption in those drinking at above low risk levels.

Prevention, Screening and Early Intervention

North Tyneside Strategic Alcohol Partnership should ensure improvement of prevention of alcohol-related harm including influence of alcohol consumption and early intervention for those identified as being at risk of alcohol-related harm. This work should be informed by service user voice and aligned with ongoing regional work at the Drug and Alcohol Commissioners' Network and ICS Alcohol Programme, and should include:

- Continued work to raise public awareness of the CMO guidance regarding low-risk levels of alcohol consumption for adults and that an alcohol-free childhood is the safest and healthiest option.

- Roll-out of Making Every Contact Count (MECC) and "Have A Word"/Identification and Brief Advice training to all frontline staff to support screening and intervention for individuals with levels of consumption which are greater than the CMO guidance,
- Participation in regional training (being developed by the ICS Alcohol Programme) by all health and social care staff.
- Working with Balance North East around advocacy and regulation to reduce local availability of alcohol, particularly for vulnerable groups.
- Continued work with partners and the public around the work of Licensing and Trading Standards, this will include: a targeted social media campaign to encourage reporting of concerns about licensed premises; ensuring the reporting mechanism makes more specific reference to underage sales; and providing 1:1 educational advice to all licensed premises over the next 18 months regarding their responsibility to comply with licensing conditions.

Data and Intelligence

On behalf of the Health and Wellbeing Board, North Tyneside Strategic Alcohol Partnership, should seek assurances about data quality and address identified gaps in data recording. This work should be aligned with regional work at the Drug and Alcohol Commissioners' Network and ICS Alcohol Programme, and should include:

- Regular scrutiny of timely data and intelligence to evaluate interventions and services for alcohol misuse and their effect on outcomes.
- Improved data recording by health and healthcare staff in relation to alcohol consumption, using standardised methods (e.g., AUDIT-C questionnaire) and in line with the CMO recommended standard measurement of units of alcohol.
- Standardised data recording of alcohol consumption and those classified as having harmful or dependent levels of drinking in primary care, mental health, and maternity services.
- Work to understand high intensity users of A&E and those with multiple admissions to explore appropriate interventions.
- A standardised approach to coding of alcohol use in crime data by all involved in the Police and Crime sector.
- Inclusion of a mandatory field regarding 'involvement of alcohol' when recording anti-social behaviour crimes to allow a greater understanding of the scale and impact of the problem.
- Continue to monitor and analyse alcohol-related trends, particularly in relation to health inequalities and vulnerable groups.

Alcohol Treatment Services

North Tyneside Council through the delegated and statutory responsibility of the Director of Public Health should, through commissioning and contract management of alcohol treatment services, ensure:

- Improved access into structured treatment for those who are dependent on alcohol to support individuals and reduce the current high levels of unmet need within the borough.
- Improved treatment access for women with childcare responsibilities to ensure that this does not pose a barrier, with a particular focus on reducing concern about stigma and fear of Children's Social Care for parents seeking alcohol treatment.

- Increased 'out of hours' offer to improve access to structured treatment for those in full time employment.
- Improved links between NTRP, Adult Social Care and criminal justice services via co-ordinated multi-agency work to ensure that people with identified alcohol needs who are recently released from prison or involved in the criminal justice system are identified and supported into treatment.
- A clear pathway between NTRP & Community Mental Health Services, as mental health conditions are the most frequent cause of alcohol-specific hospital admissions.
- Increased awareness of alcohol-related services and projects with front-line staff, residents, and members of the public e.g., leaflets, electronic resources and information within the Our North Tyneside residents' magazine.

North Tyneside Strategic Alcohol Partnership should have oversight of this and ensure the work is informed by service user voice.

Vulnerable Groups

North Tyneside Strategic Alcohol Partnership should strengthen the approach to certain vulnerable groups. This work should be informed by service user voice and should include:

- Focussed work on individuals with complex, multiple needs (e.g., alcohol misuse) to improve their access to relevant healthcare services.
- Developing specific targeted secondary prevention in groups with a higher prevalence of alcohol misuse and related harm, specifically those with mental health conditions and young carers.
- Continuing to raise awareness of the Bottled-Up project to ensure that children identified as living with alcohol-dependent parent(s) receive the appropriate support.
- Development of an identified Young Persons Worker within the PROPS service to provide further support to children living with alcohol-dependent parent(s) or who consume harmful levels of alcohol themselves.
- Strengthening links between education and Children's Social Care/Early Help in relation to high rates of alcohol-specific hospital admissions in under 18s and development of targeted interventions on the harmful impacts of alcohol misuse in childhood and later life.
- Targeted work by PCN directors for GP practices in areas of higher deprivation to reduce the harm to those in the practice population who misuse alcohol, given the higher rates of alcohol-related admissions, mortality, and crime in more deprived communities.

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DRAFT - Drugs Misuse Needs Assessment

1. Introduction

The purpose of this JSNA is to provide an up-to-date summary of substance misuse issues, nationally, regionally and in North Tyneside.

Drug misuse refers to taking illegal drugs, or taking medicines in a way not recommended by a GP or the manufacturer. The misuse of drugs can lead to physical or psychological dependency¹.

The Misuse of Drugs Act 1971 was established to make new provision with respect to dangerous or otherwise harmful drugs and related matters². Under the Act, illegal drugs are categorised into three classes: A, B and C.

- Class A drugs, considered the most harmful to health including: heroin, cocaine (including crack), methadone, ecstasy, LSD and magic mushrooms
- Class B drugs, also considered to be dangerous but less so than class A drugs, include: amphetamine, codeine, dihydrocodeine, Ritalin, barbiturates
- Class C drugs, considered to be the least harmful to health but still illegal to possess and give or sell to other people. These include: cannabis, methaqualone, anabolic steroids, ketamine, GHB, benzodiazepines

Drug misuse estimates vary year on year, but the latest figures from 2019-20 show that 9.4% of people aged 16 to 59 in England reported using any drug in the last year, roughly 1 in 11 people³. Overall, drug misuse rates across England have increased slightly in recent years, following a long-term decline, and demand for illicit drugs has remained high⁴.

Drug misuse is a known cause of premature mortality, and is linked to a range of negative impacts for individuals, families and communities. These include increased likelihood of long-term health conditions, reduction to quality of life and economic opportunities, and increased social issues including homelessness, violence and exploitation that can require interventions from state and community service-level provision. The most recent rate for drug specific hospital admissions is 50.22 per 100,000 for England, not changing much from previous years. Drug related death rates however have increased in the last year and the current rate for England (2019-21) is 7.9 per 100,000⁵.

The most commonly used drug in the UK is cannabis, an estimated 2.6 million people in England and Wales used the drug in the year 2020⁴, and the amount users have spent on consumption was valued at £2.4 billion. The second most prevalent drug in the UK is powder cocaine with 2.6% of the 16-59 year old population using it in the last year⁶.

Table.1 Drug types ranked from most commonly used to least 16-59 year olds

Drug Type	% of people who used drug in the year ending March 2020 16 - 59 year olds
<i>Any Drug</i>	9.4
<i>Any Class A Drug</i>	3.4

Cannabis	7.8
Powder Cocaine	2.6
Nitrous Oxide	2.4
Ecstasy	1.4
Ketamine	0.8
Hallucinogens	0.7
Any amphetamines	0.4
New psychoactive substances	0.3
Crack cocaine	0.1
Opiates	0.1

Source: Office for Notional Statistics – Deaths related to drug poisoning in England and Wales

Table.2 Drug types ranked from most commonly used to least 16-24 year olds

Drug Type	% of people who used drug in the year ending March 2020 16 - 24 year olds
<i>Any Drug</i>	21.0
<i>Any Class A Drug</i>	7.4
Cannabis	18.7
Nitrous Oxide	8.7
Powder Cocaine	5.3
Ecstasy	4.0
Ketamine	3.2
Hallucinogens	1.9
New psychoactive substances	1.3
Any amphetamines	0.7
Crack cocaine	0.1
Opiates	0.1

Source: Office for Notional Statistics – Deaths related to drug poisoning in England and Wales

In December 2021, the UK Government published a 10-year plan, taking an evidence-based and modern approach to addressing the demand for, and supply of, drugs⁷. The collective ambition is to achieve a general shift in the country’s relationship with drugs and to reduce overall drug use towards a historic 30-year low. Local authorities are expected to have a drug strategy in place and a local drugs partnership to address areas of need, such as a drug related death process.

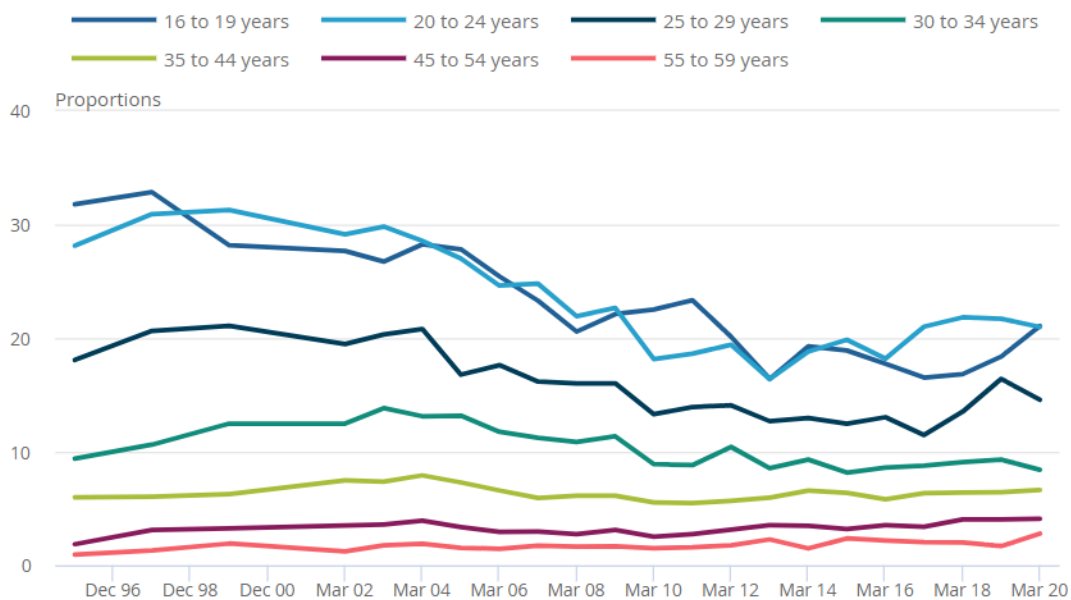
2. Key issues

Prevalence of drug use

Following a long-term decline in drug misuse trends from 1995 to 2013, the figures at a national level have recently increased. The proportion of adults in England and Wales reporting any drug misuse in the last year, between the year ending March 2013 and March 2020, has increased by 15% (16-59 year olds) and 28% (16-24 year olds)⁶.

The latest data for drug misuse in England and Wales, from 2018-20, shows that prevalence continues to be the highest amongst 16-24 year olds⁶, particularly in the 16-19 year old age group, where there appears to be a trending increase since the year ending March 2017.

Figure.1 Proportion of adults who reported using a drug in the last year by age, England and Wales, December 1995 to March 2020



Source: Office for National Statistics – Crime Survey for England and Wales.

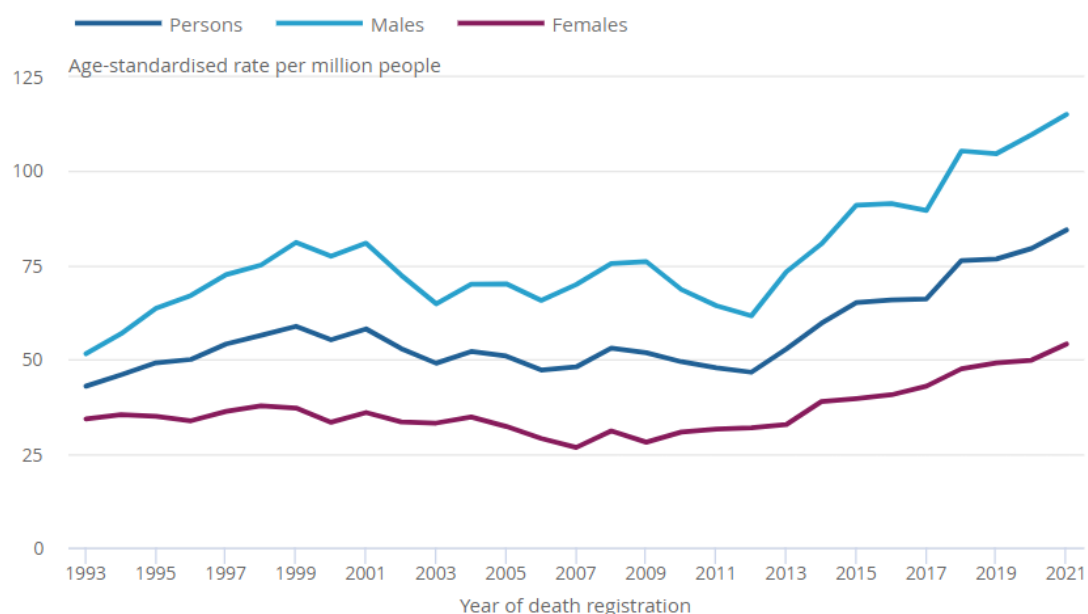
Similar to the trends seen in drug related death data, the rate of any drug use in the last year was more than double for men than women⁶.

Increasing trend in drug related deaths

Nationally, the rate of drug related deaths has continued to increase over recent years, with a 6.2% increase in 2021 from the previous year⁸.

The rate of drug related deaths continues to be highest among those born in the 1970s, those aged 45 to 49 years old, and are over double in males than females.

Figure.2 Age-standardised mortality rates for death related to drug poisoning, by sex, England and Wales, registered between 1993 and 2021.



Source: Office for National Statistics – Deaths related to drug poisoning in England and Wales.

Approximately half of all drug related deaths registered in 2021 involved an opiate, and deaths involving cocaine continue to rise which has been the case for the last 10 years, with an 8.1% increase from 2020⁸.

Regionally, the North East continues to have the highest rate of drug related deaths with a rate of 16.34 deaths per 100,000, which is higher than the rate for all other regions in England⁸.

North Tyneside has seen an increase in drug related deaths in the last year, in line with the national and regional trends. When looking at the crude rates, North Tyneside currently sit 10th out of 12 local authorities in the North East for drug related deaths⁵ with a rate of 12.0 per 100,000 for 2021.

Drug-related Harm

The rate of drug specific hospital admissions in North Tyneside, in both adults (109.16 per 100,000)⁹ and young people (166 per 100,000)¹⁰, is over double the rate for England (50.22 per 100,000 and 85 per 100,000 respectively). This can be an indicator of future deaths; people who experience non-fatal overdoses are more likely to suffer a future fatal overdose⁹. Currently, there is a gap in the data on near misses.

The cost to society in the UK due to demand for illicit drugs and drug misuse is estimated to be a total of £19 billion, covering a range of drug-related issues such as tackling supply, providing treatment, and drug-related crime⁴.

Drug misuse and harms have been rising in England, with people in areas of higher deprivation being most affected, experiencing higher levels of drug addiction and drug-related crime⁷. Drug addiction is often co-occurring with a range of health inequalities, such as mental ill health, homelessness and contact with the criminal justice system.

3. High Level Priorities

- Set up local drug partnership

The UK Government's 10-year plan for combating drugs has three aims and calls for the need for local drug partnerships in each local authority for place-based work.

The local partnership will aim to improve partnership working around the drugs agenda and will involve developing a shared understanding of drugs, to strengthen system working across North Tyneside.

This partnership will address other priorities of drug misuse in North Tyneside.

- Reduce drug specific related hospital admissions

North Tyneside currently has a rate for hospital admissions due to drug poisoning over double that of England, 109.16 per 100,000 and 50.22 per 100,000 respectively.

- Reduce drug related deaths rate in North Tyneside

North Tyneside has a rate of 12.0 per 100,000 for drug related deaths in the period 2019-21, which is higher than the rate for England, 7.9, during this time period⁵.

- Explore increasing levels of Pregabalin in drug related deaths in North Tyneside through prescription levels in primary care.

Pregabalin is increasingly becoming more common in toxicology reports for drug related deaths in North Tyneside, and nationally the picture is similar. Exploring prescribing levels will help to identify trends in the borough and will help to identify areas of higher need.

4. Those at Risk

NICE have identified a number of groups at risk of drug misuse¹¹, including

- People who have mental health problems
- People who are being sexually exploited or sexually assaulted
- People involved in commercial sex work
- People who are lesbian, gay, bisexual or transgender
- People not in employment, education or training (including children and young people who are excluded from school or who truant regularly)
- Children and young people whose carers or families use drugs, who are looked after or care leavers, or who are in contact with young offender teams but not in secure environments
- People who are considered homeless
- People who attend nightclubs and festivals

People may be particularly vulnerable to drug misuse if they are in multiple groups, may already be using drugs on an occasional basis, or may already be regularly excessively consuming another substance, such as alcohol¹¹.

Veterans can also be vulnerable to substance misuse as they may use alcohol and/or drugs to cope with the physical and psychological effects of the military service. This risk can accelerate if their physical/mental state impacts employment and secure accommodation status¹².

National data shows that drug use varies by household and area characteristics, finding that those with a total household income of less than £10,400 were more likely to have taken any drug than those living in higher income households⁶.

Of the drug users that enter treatment, a number will leave early, putting them at higher risk of using drugs again, or not fully recovering.

Drug related death data for North Tyneside shows that the age categories 31-40 and 41-50 have had the highest rates, for both females and males, since October 2019¹⁵.

5. Level of Need

Drug related Harm

The National Drug Treatment Monitoring System (NDTMS) estimate North Tyneside has a prevalence rate of 800 per 100,000 for opiate and/or crack users (OCUs) in the 15-64 population⁹. This is similar to the picture at a national level, with the rate for England estimated to be 890 per 100,000⁹. However, regionally the North East is higher than national figures, with the rate estimated at 1124 per 100,000¹³.

Adult drug specific hospital admissions in North Tyneside are higher than both regional and national figures. Data from 2020-21 shows that the rate for North Tyneside is 109.16 per 100,000, more than double England's rate of 50.22 per 100,000⁹. Data for the North East from 2019-20 puts the regional rate at 51 per 100,000¹⁴. The rate of hospital admissions due to substance misuse for 15-24 year olds is 166 per 100,000, again over double the England rate of 85 per 100,000¹⁰.

The rate of drug related deaths continues to increase across England and Wales, with 4,859 deaths being registered in 2021 (8.44 deaths per 100,000), the highest number recorded since records began in 1993⁸. For England alone this becomes 4,532 deaths in England alone with a rate of 7.9 deaths per 100,000. Regionally, the North East continues to have the highest rates in the country at a rate of 16.34 per 100,000 in 2021, translating to 402 deaths. North Tyneside have had 41 drug related deaths in 2021, significantly higher than the recorded number of deaths in 2020. Combined figures from 2019-21 show that North Tyneside have the second lowest rate for drug related deaths in the North East, of 12.0 per 100,000⁵.

Toxicology results obtained from Northumbria Police show that since October 2019, the top contributory drug type for drug related deaths in North Tyneside is Diazepam, followed by Cocaine, then Pregabalin¹⁵. The top contributory drugs are those that show up on the most toxicology reports for drug related deaths in North Tyneside. This does not necessarily indicate that these drugs were the cause of death, but that they were in the system at time of death.

In recent years there has been an increase in drug misuse and drug related deaths linked to pregabalin and gabapentin, at a national level. This led to pregabalin being reclassified in 2019, when it was made into a class C controlled substance in the UK¹⁶. Data from the Crime Survey in England and Wales shows that in 2021 the number of deaths involving pregabalin increased 18.9% from 2020, and there was a 12.7% increase for gabapentin¹⁷. New trends show taking specific drugs, such as these, alongside heroin or morphine, may increase the risk of an overdose. Pregabalin is in the top 3 contributory drugs in North Tyneside for drug related deaths, but prevalence and prescription levels could be explored further.

Treatment Services

There are a number of ways a person can be referred to drug treatment services in North Tyneside. These include self-referral, through the criminal justice system (through a police custody or court-based referral scheme, prison or National Probation Service/community rehabilitation company), referral by a GP, hospital/A&E and social services. North Tyneside largely follow the same trend as the national picture, the highest number of new presentations to treatment are via self-referral, with 57% of service users following this route⁹.

In North Tyneside, the number of adults engaged with treatment services in 2020-21 was 973, 47% of these were a new presentation to treatment. Of those in contact with treatment services, 68% were male and 32% female⁹. This split is similar to the national picture of 71% male, 29% female. The most cited substance of all adults in treatment in North Tyneside was Benzodiazepines, with 23% of the treatment population naming this.

The number of young people in treatment, including young adults in young people's services for North Tyneside in 2020-21 was 119, with 56% of them being male. This figure includes under 18s and 18-24s in young people treatment, it does not include 18-24s in contact with adult substance misuse services¹⁰.

Vulnerable Groups

Drug misuse can occur frequently among people with mental health problems, with research indicating up to 70% of people in community substance misuse treatment nationally, also experience mental illness¹². Data from treatment services show that in North Tyneside 57.4% of clients on new treatment journeys, in the year 2021/22, had mental health needs identified. Of these 55.8% were receiving treatment for this from their GP⁹.

68% of clients in treatment in North Tyneside are male, matching what is seen at a national level of those who misuse drugs⁹.

In North Tyneside the age groups with the highest numbers in treatment, and potential higher levels of need, are 30-39, with 41% of service users in this category, and 40-49, with 28%.

6. Unmet needs

Data from the NDTMS shows a calculated estimate for the rate of unmet need of drug dependent adults for North Tyneside, specifically for Opiate and/or Crack cocaine Users (OCUs). These numbers have been calculated from drug treatment numbers for 2020-21⁹.

Table.3 Percentage estimate of drug dependent adults not in Treatment Services for North Tyneside.

Drug Group	Rate of unmet need
Crack	64%
OCU	39%
Opiates	34%

As mentioned earlier the calculated prevalence rate of OCUs in North Tyneside is 800 per 100,000⁹. Currently, the population of North Tyneside is 209,000¹⁸, which would indicate there are approximately 1672 OCUs in North Tyneside. As we can see the estimated percentage of unmet need for OCUs in the borough is 39%, meaning that 39% have not engaged in treatment. Using these figures it is estimated that around 652 dependent OCUs are not in treatment.

Preventing early drop out from treatment so that people can benefit from the service is important to improve outcomes and reduce drug misuse in the borough. In North Tyneside, of the 462 new presentations in treatment 2020-21, 11% had an early and unplanned exit. Of the drug groups, non-opiate, opiates and alcohol and non-opiates, those who use opiates had the highest early unplanned exit rate, with 17% of new presentations in this group leaving treatment⁹. For all groups the drop out percentage is higher in males than it is females.

Criminal Justice System

In 2020/21, 56.5% of the adults with a substance misuse treatment need successfully engaged in community-based structures treatment following release from prison. This is higher than the national proportion of 38.1% and similar to the North East proportion of 55.5%. This does mean that just less than half (43.5%) of those in need are not engaging in treatment when released from prison⁹.

7. Projected need and demand

The current trend in data shows that a number of factors relating to drug misuse have been increasing each year in North Tyneside. This includes crime related to drugs and drug related deaths – both in community and in treatment services. The number of hospital admissions have remained approximately the same, but are significantly worse than the national average, which appears to be decreasing. There will be a continued need in these areas, and a focus on decreasing numbers is needed.

Reports of both fatal and non-fatal overdose have increased in the UK, most common in people using and/or injecting opiates¹⁹, contributing to rates of drug related deaths and drug specific hospital admissions.

Like many services, drug and alcohol treatment services were impacted during the pandemic. During this time services adapted their delivery of drug treatment, access to other healthcare services was reduced, changes to lifestyle and social circumstances occurred during lockdowns, and COVID-19 itself created an impact²⁰. Preliminary surveillance and research data indicates people who inject drugs in the UK have been adversely affected by to the COVID-19 pandemic, with accesses to services severely limited, including access to blood borne virus (BBV) testing and equipment for the safe use and/or injection of drugs¹⁹. Monitoring trends in access to services affected by the pandemic is important to continue.

8. Community assets and services

North Tyneside Recovery Partnership (NTRP) is a dedicated service for anyone living in North Tyneside, 18 years old and over, who is experiencing problems with drugs and alcohol¹⁹. It is delivered in partnership between Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW), Changing Lives and Turning Point, offering a range of services.

- Harm reduction – safer injecting support and needle exchanges
- Abstinence programmes – adult group and community-based 12 step programmes, offering twelve weeks of facilitated mutual aid, counselling, group work and workshops.
- Medical support including prescription of substitute medications and supporting detoxification programmes

- Psychosocial Interventions – Motivational Enhancement Therapy (MET), Contingency Management, Cognitive/behavioural relapse prevention, Counselling, Psychosocial for mental health
- A dedicated worker to motivate and support service users through every stage of the recovery journey
- Recovery support – ongoing services to help with next steps into employment, housing and health

The charity Props is a specialist service available for people in North Tyneside whose lives are affected by someone else's alcohol or drug use²².

Narcotics Anonymous provide peer support groups for drug users to attend, in a number of locations in North Tyneside.

North Tyneside Council and partners have a Safer North Tyneside Community Safety Partnership that aims to explore the relationship between the misuse of alcohol and drugs and crime and disorder that cause harm in the community.

Schools have a statutory duty to promote pupil's wellbeing and have a role to play in preventing drug misuse as part of their pastoral responsibilities²³. As part of the statutory Relationships and Sex Education (RSE) curriculum, by the end of primary school pupils should know the facts about legal and illegal harmful substances and associated risks. The statutory curriculum for secondary schools requires pupils to receive a wider education of drugs, alcohol and tobacco. Pupils should learn facts about legal and illegal drugs, the link between drug misuse and mental health conditions, supply and possession of illegal substances and the dangers of drugs which prescribed but still present health risks²⁴. In North Tyneside schools are encouraged to follow the non-statutory guidance that covers more topics in detail and how they might link to drug use, such as peer pressure and mental health.

9. Evidence for Interventions

Types of interventions delivered to drug and service users have an impact on their achievement of recovery outcomes⁹, and should follow a person-centred care approach, taking into account service users' needs and preferences²⁵.

There are a number of approaches used in drug treatment interventions – pharmacological, psychosocial and recovery support⁹.

Pharmacological approaches are the primary treatment option for opioid misuse, with psychosocial interventions providing an important element of the overall treatment package²⁵. Pharmacological treatments for cannabis and stimulant misuse are not well developed, therefore psychosocial interventions are seen as the foundation of effective treatment²⁵.

The settings in which interventions for drug users take place are in the community, inpatient units, primary care, residential, recovery houses and young person's settings⁹. Interventions mostly take place in the community, with 100% of intervention in North Tyneside taking place in the community for 2020-21, as user's can be near family and a support network. However, residential rehabilitation may be cost effective for someone who is prepared for higher intensity treatment and any stage, and local areas are encouraged to provide this as part of an integrated recovery-oriented system. In 2020-21 a small number attended residential rehabilitation in North Tyneside.

Primary Prevention

Drug prevention interventions can have a broad range of aims including preventing any use of substances, reducing levels of use and preventing drug dependency²⁶.

There are three classifications used in prevention interventions that set out standards across the life course.

1. Universal

Interventions are delivered to large groups, or entire populations, without prior screening for risk and aimed to prevent start of substance misuse. For example, TV audience, local communities or school pupils may receive universal prevention interventions.

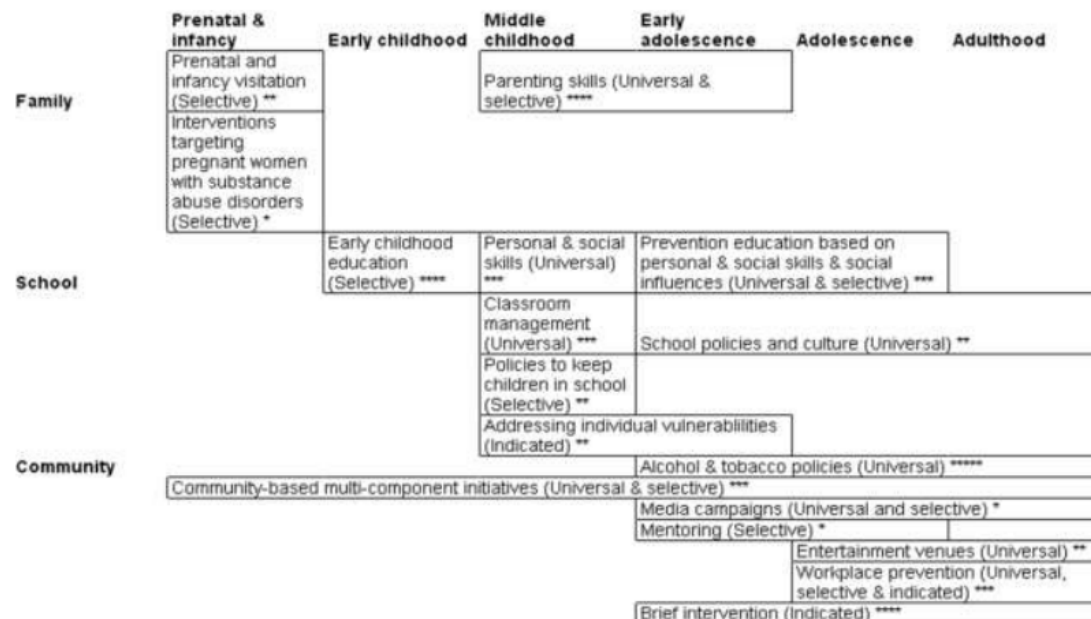
2. Selective

These interventions serve specific sub-populations who are at higher risk of substance misuse, and respond to this identified risk of starting or contributing to substance abuse, young people in particular. The benefit of this classification of intervention is that resource can be targeted to these identifiable, vulnerable groups.

3. Indicated

This intervention would be used with people using substances and not yet dependent but may be showing signs of problematic use. They would be targeted with interventions to prevent use and the associated problems that are being experienced.

Figure.3 UNODC prevention standards across the life course



Harm Reduction

Harm reduction refer to policies and practices that aim to reduce harm that people do to themselves or others from their drug use. It focuses on 'safer' drug use²⁷. For example, providing opioid substitution treatment (OST), sterile injecting equipment and antiviral treatments to people who use drugs can help to prevent the spread blood-borne viruses (BBVs)⁹.

Examples of harm reduction interventions are:

- BBV testing
- Hepatitis B vaccination
- Hepatitis C treatment
- Needle and syringe exchange
- Administering Naloxone

10. Views

Adult Treatment Services

Public Health North Tyneside carried out an 8-week consultation process between July and September 2018 with service users, carers and key stakeholders, seeking their views on the drug and alcohol treatment service and allow them to provide input to inform the new service²³.

Overall, there was an overwhelming positive response to the consultation. 65% of respondents stating they were very satisfied with the services provided from NTRP and 92% of respondents were satisfied with the needle exchange service. This was used to inform the new drug and alcohol service in North Tyneside.

In 2022, the Adult Treatment Service, NTRP, workforce attended an away day, where they had discussion about the service and what has been challenging. The key themes that emerged were:

- Increasing cost of living is impacting on engagement with the service. There has been a marked reduction in attendance to groups as people cannot afford the travel.
- Difficulty in agreeing joint working with Community Treatment Teams, Talking Therapies and the difference in services thresholds for referrals is causing problems.
- Recruitment issues are leading to high caseloads for staff, making it difficult to do intensive work with service users.
- The physical health pathway is very good but needs additional resource.
- The service has seen an increase in deaths which has had an impact on staff welfare.
- Complexities of service users coming into treatment

Children and Young People

The Schools Health Education Unit carried out a survey with pupils in North Tyneside, in years 8 to 10, in 2022²⁹. Respondents were asked if they were concerned about the drug use of certain people, and the results showed that

- 11% of pupils had been concerned about the drug use of a family member
- 18% had been concerned about the drug use of a friend
- 16% had been concerned about the drug use of someone else

11. Additional Needs Assessment Required

Smoking rates of people in treatment are much higher than the general adult population, which is now below 14% for England⁹. In North Tyneside for the year 2020-21 58% of the adults that entered treatment were identified as smoking tobacco⁹, similar to the England average of 56%²⁰. Despite high levels of smoking, only 2% of people were recorded as having been offered referrals for

smoking cessation interventions, which has decreased from the year before²⁰. A needs assessment for smoking and tobacco in the borough would be able to address this.

Surveillance data indicated people who inject drugs in the UK have been adversely affected by to the COVID-19 pandemic, with accesses to services severely limited. This may have had an impact on national HIV and viral hepatitis elimination efforts¹⁹. Monitoring trends in access to sexual health services affected by the pandemic in a wider sexual health needs assessment for North Tyneside could be done in response to this research.

Northumbria Police data from 2021 shows that 17,058 crimes were recorded by Northumbria Police and 4.74% of offenders were recorded to be under the influence of drugs¹⁵. When police record anti-social behaviour (ASB) in North Tyneside, a drug qualifier can be added to incident. Data for the time period 2018 – July 2022 shows an increasing percentage trend of drugs related qualifiers attached to ASB incidents, however it remains small at 1.55% for Jan – July 2022¹⁵. There is also an identified gap in the data relating to supply of drugs in North Tyneside that could be explored further in a needs assessment focusing on drug related crime.

12. Key Contacts

The following details will be published on the JSNA website. They should refer to a named contact (rather than an organisation or generic email/phone number). Topic Leads and Authors should decide between them who is best placed to respond to queries.

Key Contact	Holly Moore
Job Title	Public Health Officer
E-mail	holly.moore@northtyneside.gov.uk
Phone Number	0191 643 2880

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North Tyneside Health & Wellbeing Board Report Date: 23 March 2023

**Title: Equally Well
Progress Update: An
integrated health and care
system**

Report Authors:	Rachel Nicholson, Senior Public Health Manager, North Tyneside Council
Responsible Leads:	Eleanor Binks, Director of Adult Social Care, North Tyneside Council, (Tel) 0191 643 7076 Anya Paradis, Director of Place North Tyneside, NHS North East and North Cumbria, (Tel) 0191 293 1157 Ross Wigham, Director of Communications, Northumbria Healthcare NHS Foundation Trust
Relevant Partnership Boards:	The proposed North Tyneside Health, Care and Wellbeing Executive

1. Purpose: Progress Update:

This item relates to the 'integrated health and care system' theme of the Joint Health and Wellbeing Strategy, "Equally Well: A healthier, fairer future for North Tyneside 2021- 2025".

As outlined in Equally Well this theme is about enabling different parts of the health and care system to work together effectively, in a way that will improve outcomes and address inequalities. The aim is to support everyone in North Tyneside to live healthier and fulfilling lives and maintain their independence for longer.

The drive to integrate health and social care services is greater than ever, with improved experience for residents and more community-based support being delivered closer to home being our local objective.

There is no single definition of integrated care and services can be joined up in different ways, for example between primary and secondary care, physical and mental health care and health and social care. The key aim is to reduce

local health inequalities by improving access and unnecessary variations and fragmentation in care.

Integrated care is most appropriate for those living with chronic illnesses or long-term conditions, frail older people, those with complex needs and their carers, or those requiring urgent care. It is most effective when it is population-based and considers the holistic needs of people.

2. Recommendation(s):

The Board is recommended to: -

- a) Note the progress being made in delivering integrated health and social care approaches and services.
- b) Provide any comments on any areas requiring further action;

3. Progress update: Integrated health and care system

- Establish the Integrated Care Board Place Based arrangement for North Tyneside

On 1 July 2022, integrated care boards (ICBs) became legally established through the Health and Care Act 2022, and CCGs were replaced with ICBs. As part of the development of ICBs, partnerships at place level play a central role in planning and improving health and care services, proactively identifying and responding to population need.

The placed based arrangements for North Tyneside will be presented at the 23 March Health and Wellbeing Board. A set of shared goals, priorities and an action plan are in development.

- Four Primary Care Networks (PCNs) will build on collaborative work around extended hours access, access to clinical pharmacy and development of social prescribing initiatives.

Until recently, all GP practices had to provide additional appointments every week before or after normal opening times for their own patients; this was known as extended hours. In addition, Clinical Commissioning Groups (now the Integrated Care Board, ICB) had to make sure that patients could access appointments with primary care clinicians and staff in convenient locations across their areas, again outside of the core hours, this was known as extended access. From 1 October 2022 these two services (extended hours and extended access) came together and form one service Enhanced Access that Primary Care Networks (PCNs) are now given funding to contract or deliver themselves.

All North Tyneside PCNs have been delivering the number of hours being asked from October 2022 and have continued to do so in all the reported months since.

Primary Care Network (PCN)	October to December inclusive		
	Appointments offered	Number of hours delivered	Number of hours contracted to deliver
North Shields	3,645	903	751
North West North Tyneside	6,109	991	870
Wallsend	2,025	599	533
Whitley Bay	2,374	739	598

Delivering the minimum hours is not to be underestimated, there are a significant number of PCNs nationally that have yet to record a single month's compliance, whilst in North Tyneside the PCNs so far there has been as sense of overachievement. These formative months have seen changes as the PCNs flex their plans to meet delivery that best supports access for patients and demand on practices. They have analysed the take up for appointments over specific days and times, looked at 'did not attend' (DNA) rates and assessed demand for different roles, tweaking accordingly. Popular clinics have included, ear care, baby immunisation, cytology and cardiology reviews, more are planned. This service will continue to evolve and is well championed in North Tyneside.

North Tyneside PCNs have also been actively recruiting new team members as part of the additional roles reimbursement scheme (ARRS). The ARRS was introduced to help address health inequalities, increasing complex, long term conditions and areas of longstanding unmet health needs. These challenges increase the pressure on the system to deliver for those in our communities and can shift focus from preventing ill health and tackling health inequalities to treating those who are unwell. The ARRS provides funding for additional roles to create bespoke multi-disciplinary teams at scale, i.e., working across PCN(s) rather than single practices. The PCNs assess the needs of their local population and, working with local community services, make support available to people where it is most needed. The scheme is well established across the four North Tyneside PCNs, with nearly 140 people employed across the 16 eligible roles. There are over 20 social prescribing link workers and social prescribing is supported further through the care coordinators, some of which have social prescribing roles. All of the PCNs are due to meet their social prescribing targets, and each is well underway against delivering two plans to tackle 'local health inequalities' and 'personalised care', resourced by their social prescribing teams. Another area that has experienced growth particularly in the past year are the pharmacy teams, with 23 clinical pharmacist, 18 clinical technicians and 2 advanced pharmacist practitioners employed in PCNs in North Tyneside. The pharmacy teams work hard on keeping up to date with patient medication reviews, including proactive work where possible, along with helping practices to be compliant with prescribing policy and dictates, an increasingly complex field especially in areas with social deprivation.

The additional roles have empowered PCNs to create multi-disciplinary teams based on the focused needs of their populations, examples of this include frailty and mental

health teams, pharmacy hubs, and teams that work on 'hard to reach' cohorts and helping them get access to services that they need.

- ***Backworth Ageing Well Village development to continue and integrated services will be established to prevent unnecessary hospital admissions and premature admissions to long-term care***

The vision for the Backworth Ageing Well Village is a new concept in senior living that offering independence, freedom and flexibility within a community setting, and close access to health and social care facilities. The proposed health led integrated frailty hub will provide a focal point for services, allowing intermediate care to be provided in a single location in addition to clinical services, falls clinics, rehabilitation, reablement and discharge to access services along with access to social care and health service staff within one facility.

Development has been in the pipeline since June 2020 and Northumbria Healthcare Trust agreed to take on the development on behalf of the system in 2021. Heads of terms were agreed by between Northumberland Estates and NHS Northumbria Healthcare Foundation Trust in May 2022 and planning permission for the site was granted by North Tyneside Local Authority in July 2022. Further work is required to settle the investment required for the project to ensure that financial modelling and assumptions remain within appropriate limits and are affordable. Options are being developed to consider these issues and ensure progress.

- ***Adult social care will increase the use of technology within the homes of residents with social care needs to enable people to live more independently.***

To support discharges from hospital all residents who are discharged home are being provided with free short-term access to the Carecall telecare system and assistive technology devices that are appropriate to their needs. A pilot scheme has been completed using lifestyle monitoring equipment to gain a fuller picture of individual needs. This information has been very effective in ensuring the right level of support can be provided and has also been used to reassure residents' family members that the person is safe at home and, for example, does not need to be in residential care.

Lifestyle monitoring has also ensured that less intrusive care can be provided which maintains an individual's independence. Devices like Amazon Alexas have also been deployed effectively where appropriate for medication prompts and to support individuals to keep in touch with friends and family.

- ***All partners continue to work together to support delivery of the COVID-19 booster vaccination programme to ensure good uptake overall and reduced inequalities.***

A partnership approach to the COVID-19 vaccination programme has continued to ensure the borough has a very high uptake of the vaccine. Throughout the various phases of the vaccination programme North Tyneside has consistently had one of

the highest uptakes in the North East, and the autumn booster had over 70 % uptake.

There are also continued efforts to tackle the inequalities within the programme from a range of stakeholders. Actions include:

- Detailed analysis to understand trends in uptake and then act accordingly.
- Community engagement to understand challenges and barriers within the programme leading to approaches to address them
- Wide coverage of clinics across the borough
- 'Pop up' clinics in geographic areas of lower uptake
- Focused clinics for more vulnerable groups
- Partnership work within key VCS organisations to reach more vulnerable groups.
- Targeted communications to promote the importance of the vaccine.

- ***Promoting the services of community pharmacy to support our local communities.***

Partners from the local authority and NHS continue to promote community pharmacy, particularly as many are situated in high street locations, in neighbourhood centres, in supermarkets and in the heart of some of our most deprived communities.

As demonstrated by consultation through the local Pharmaceutical Needs Assessment, approved in September 2022 by the Health and Wellbeing Board, residents' experiences of accessing community pharmacy is good.

76% of survey respondents felt that community pharmacy staff were friendly, helpful and knowledgeable when visiting their community pharmacy. Staff were largely praised as being 'friendly', 'pleasant', 'approachable', 'polite' and 'helpful' when respondents described what worked well within their community pharmacy.

All North Tyneside pharmacies are contracted to pro-actively participate in national/local campaigns, and to promote public health messages to general community pharmacy visitors during specific targeted campaign periods.

- ***Strengthening public, patient and carers' voices at place to shape integration, working with a range of partners such as Healthwatch, the VCSE sector and experts by experience.***

Ensuring that the public, patient and carers' voice is heard is a key priority of all partners. A variety of mechanisms are used and include:

North Tyneside Healthwatch being commissioned to support the Community Mental Health Transformation Programme in order to involve local people in its design and delivery and they lead this work with Launchpad North Tyneside.

The well-established Community and Health Care Forum (CHCF) consults with North Tyneside residents, carers, relatives and the community and voluntary sector on the planning and delivery of health and social care services.

- ***Addressing workforce challenges e.g., recruitment, retention, and retirement by working together to ensure a strong and sustainable workforce for the future.***

Recruitment and retention of the workforce remains challenging across all part of health and social care however, the Local Authority has launched its Care Academy which is a one stop shop to support individuals working in care and to encourage new entrants into the sector. The Academy offer is built around an independent website with input from a range of partner organisations with a joint governance board with representation from partners. It will deliver North Tyneside specific campaigns, routes into roles, links to training, personal assistant induction and career development support.

Several highly experienced, recently retired staff have been tempted back to work to lead and mentor in frontline services to support capacity particularly over the challenging winter period. Their vast knowledge is being passed on to recently restructured teams to build resilience and depth of experience. A restructure with Integrated Services has been designed to offer clearer career progression through the service encouraging the retention of star performers and acting as an incentive for new entrants to join the service.

To support retaining and building capacity within homecare providers across North Tyneside, a significant sum from the Discharge Support Fund for 2022/23 has been paid out supporting providers to recruit and to retain existing staff. Providers have signed agreements evidencing their commitment that this funding will be passed on to their frontline staff.

4. Performance indicators

To be developed as part of the proposals for place-based arrangements.

5. Community engagement

As noted above ensuring that the public, patient and carers' voice is heard is a key priority of the approaches to integrate the health and social care system.

6. Appendices:

Appendix 1 – Progress: Implementation plan

7. Contact officers:

Eleanor Binks, Director of Adult Social Care, North Tyneside Council,
(Tel) 0191 643 7076

Anya Paradis, Director of Place North Tyneside, NHS North East and North
Cumbria, (Tel) 0191 293 1157

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

9 Finance and other resources

Any financial implications arising from the delivery of the implementation plan to delivery Equally Well, North Tyneside's Health and Well Being Strategy will be met from existing budgets.

10 Legal

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

11 Human rights

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

12 Equalities and diversity

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

13 Risk management

There is a risk that despite the considerable effort for joint action by the Health and Wellbeing Board, partners may not improve the inequalities in health seen in North Tyneside.

The health inequalities that existed prior to the COVID-19 pandemic have subsequently been amplified and more recently it is also widely acknowledged that the current rise in the cost of living is likely to have a disproportionate impact on some of our communities in North Tyneside.

A corporate risk has been identified for this scenario with a mitigation report was presented at the Audit Committee in November 2022, and this risk will continue to be monitored with regular reporting.

14 Crime and disorder

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

SIGN OFF

Chair/Deputy Chair of the Board	<input checked="" type="checkbox"/>
Director of Public Health	<input checked="" type="checkbox"/>
Interim Director of Children's Services	<input checked="" type="checkbox"/>
Interim Director of Adult Services	<input checked="" type="checkbox"/>
Director of Healthwatch North Tyneside	<input checked="" type="checkbox"/>
Integrated Care Board Director of Place	<input checked="" type="checkbox"/>

Equally Well: An integrated health and care system

Leads: Eleanor Binks , Anya Paradis , Ross Wigham (TBC)

Governance: The proposed North Tyneside Health, Care and Wellbeing Executive

Actions	Responsibility	Short-term outcomes	Long-term outcomes	Proposed KPIs outcomes
<p>Establish the Integrated Care Board Place Based arrangement for North Tyneside</p> <p>Four Primary Care Networks (PCNs) will build on collaborative work around extended hours access, access to clinical pharmacy and development of social prescribing initiatives.</p> <p>Implement the integrated North Tyneside Frailty Service with two pathways.</p> <p>Backworth Ageing Well Village development to continue and integrated services to be established to prevent unnecessary hospital admissions and premature admissions to long-term care</p> <p>Adult social care will increase the use of technology within the homes of residents with social care needs to enable people to live more independently.</p> <p>All partners continue to work together to support delivery of the COVID-19 booster vaccination programme to ensure good uptake overall and reduced inequalities</p> <p>Northumbria Healthcare Trust will continue to work with key partners to deliver their Community Promise</p> <p>Promoting the services of community pharmacy to support our local communities.</p> <p>Strengthening public, patient and carers 'voices at place to shape integration, working with a range of partners such as Healthwatch, the VCSE sector and experts by experience</p> <p>Addressing workforce challenges e.g., recruitment, retention, and retirement by working together to ensure a strong and sustainable workforce for the future</p>	<p>ICB</p> <p>PCNs</p> <p>Ageing Well Strategy</p> <p>Adult Social Care</p> <p>All Partners</p> <p>Northumbria Foundation Trust</p> <p>VCSE</p> <p>All partners</p>	<p>It will be easier for residents to 'navigate' the system</p> <p>Integrated working with Primary Care Networks, statutory partners and the VCSE working together to reduce inequalities</p> <p>Residents experiencing falls and frailty have support from a 'one stop shop' and an integrated care service</p> <p>Residents have improved access to technology and are more digitally included.</p> <p>Care home residents and other vulnerable groups are supported to receive COVID booster vaccinations in line with current JCVI recommendations</p> <p>BCF and iBCF continue to meet local and national priorities</p>	<p>Our most vulnerable residents to live healthier and fulfilling lives and maintain independence for longer</p> <p>Improved access to appropriate support and unnecessary variations and fragmentation in care.</p> <p>Fewer residents will be discharged from hospital directly into permanent residential/nursing care</p> <p>Demand in the acute sector is well managed and the gaps in care which have the most impact on health inequalities have reduced</p> <p>Health inequalities are considered in all policies across health and social care and the work of the Health and Wellbeing Board partners</p> <p>Organisations work together at scale to share planning and pool resources to work sustainably and address financial pressures that can be a barrier to providing health and social care</p>	<p>Across our most disadvantaged communities we will see:</p> <p>Increased referrals to the Community Frailty Team</p> <p>Reduction in delayed transfers of care</p> <p>Reduction in hospital admissions</p> <p>Reduction in hospital re-admission rates</p> <p>Increased referrals for social prescribing</p> <p>Reduction in patients breaching 18 week waits for hospital treatment</p> <p>Reduction in average length of stay in hospital and intermediate care settings</p> <p>Reduction in prescribing rate of medicines that can cause dependency, antimicrobial medication and medicines of low value</p> <p>Increased proportion of people who receive short term (enablement) service in year with an outcome of no further requests for support or increase in over 64s discharged to their usual place of residents (examples from Rotherham and elsewhere)</p> <p>Community mobilising community assets</p> <p>Participatory engagement methods where community members are actively involved in design, delivery and evaluation of integrated services 'Ageing Well Village'</p> <p>Link to all priorities and impact areas across the strategy</p>

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Title: Place Based Partnership Working in North Tyneside

North Tyneside Health & Wellbeing Board Report Date: 23 March 2023

Report Author: Wendy Burke, Director of Public Health,
North Tyneside Council

Anya Paradis, Place Based Director North
Tyneside, NENC ICB

1. Purpose:

To provide an overview of proposed placed based partnership arrangements in North Tyneside in the context of the developing Integrated Care System across the North East and North Cumbria.

2. Recommendation(s):

The Board is recommended to endorse the proposed arrangements for place based partnership working in the borough together with the shared goals and draft local priorities set out in sections 4.5 and 4.6 of the report.

3. Policy Framework

This item relates to the priority of developing an integrated health and care system within the Joint Local Health and Wellbeing Strategy, "Equally Well: A healthier, fairer future for North Tyneside 2021- 2025". The strategy was approved by the Board in November 2021 and is available to view by [clicking here](#).

4. Information:

4.1 Background

On 1 July 2022, Integrated Care Boards (ICBs) became legally established as NHS statutory bodies through the Health and Care Act 2022, and CCGs were abolished. As part of the development of ICBs, partnerships at place level play a central role in planning and improving health and care services, proactively identifying, and responding to population need. The Thriving Places guidance¹, published in September 2021 supports partner organisations in integrated care systems to collectively define their place-based partnership working.

¹ Thriving places: Guidance on the development of place-based partnerships [ICS-implementation-guidance-on-thriving \(england.nhs.uk\)](#)

Place-based partnerships are collaborative arrangements formed by the organisations responsible for arranging and delivering health and care services in a locality or community. People access most of the health and care services they use in the 'place' in which they live, including advice and support to stay well and access to joined-up treatment when they need it. Place-based partnerships are the foundation of integrated care systems with shared objectives, built on a mutual understanding of the population and a shared vision, focussed on improving the health and wellbeing outcomes for the population, preventing ill health, and addressing health inequalities.

4.2 Northeast and North Cumbria Integrated Care Board (NENC ICB)

The NENC ICB is the NHS statutory body for strategic planning, resource allocation, system performance oversight, system integration and improvement in line with the ICP strategy and priorities. Place based committees are being established across the ICS to discharge on behalf of the ICB Executive Committee, the statutory commissioning responsibilities of the ICB which have been delegated to local level and to carry out responsibility for executive actions and decisions on behalf of the ICB Executive Committee.

4.3 A place-based model for North Tyneside

The Health and Wellbeing Board provides a shared vehicle for political, clinical, professional and community leaders of a place to develop a shared ambition for improving health and wellbeing and addressing health inequalities. This is undertaken through the joint strategic needs assessment (JSNA) and the agreement of the joint health and wellbeing strategy.

The Board agreed a new Health and Wellbeing Strategy – 'Equally Well'² in November 2021 which was the culmination of collaborative work to support the Mayor and Cabinet's policy priority to tackle the impact of the pandemic which amplified the inequalities across the borough. The strategy informed the development of the Northeast and North Cumbria Integrated Care Partnership (NENC ICP)– 'Better Health and Wellbeing for All'³ which was published in December 2022.

The Health and Wellbeing Board will continue to provide strategic leadership for the JSNA and delivery of the health and wellbeing strategy 'Equally Well', however a new officer led committee will be established in North Tyneside which will not only strengthen the current arrangements but will support the developing ICB at place.

The new committee will be established, a known as the North Tyneside Health, Care and Wellbeing Executive and will provide an opportunity for meaningful collaboration, planning and improving health and care services, co-ordinating care and integrating services while proactively identifying and responding to population need. While the Executive will undertake the statutory commissioning responsibilities and executive actions and decisions delegated to it by the ICB Executive Committee, it will also make decisions and take actions in relation to other shared local priorities within the delegated authority of its members.

North Tyneside Health, Care and Wellbeing Executive will be accountable to the ICB Executive for those responsibilities delegated. It will also be accountable and report directly to the North Tyneside Health and Wellbeing Board as the work of this committee will

² Equally Well: A healthier, fairer future for North Tyneside 2021 – 2025 [Layout 1 \(northtyneside.gov.uk\)](https://www.northtyneside.gov.uk)

³ Better health & wellbeing for all: A plan to improve health and care in the North East and North Cumbria [icp-strategy-v12.pdf \(northeastnorthcumbria.nhs.uk\)](https://www.northeastnorthcumbria.nhs.uk)

directly contribute to the delivery of the North Tyneside health and wellbeing strategy 'Equally Well' and in particular implementing the key priority of the strategy in relation to health and social care integration.

It has been agreed that the Chief Executive of the local authority will be the chair of the North Tyneside Health, Care and Wellbeing Executive.

In line with the ICB Executive's draft terms of reference for place-based committee's the proposed membership is as follows:

- Chair – North Tyneside Council Chief Executive
- Deputy Chair – Executive Director North ICP
- Integrated Care Board member
 - Director of Place
 - Director of Nursing
 - Medical Director
 - Finance Director
 - Clinical Lead for systems and partnerships at place
- North Tyneside Council Directors
 - Director of Public Health
 - Director of Adult Social Care
 - Director of Children's Services
- NHS provider chief officers
 - Northumbria Health Care Foundation Trust
 - Newcastle upon Tyne Hospitals Trust
 - Cumbria, Northumberland, Tyne and Wear Mental Health Trust
 - Northeast Ambulance Service
- Primary Care - PCN Director

The intention is not to duplicate the membership of the Health and Wellbeing Board but to ensure that, as a decision-making committee, representatives are sufficiently senior with the delegated authority to make decisions on behalf of the organisations they represent.

The policy direction for North Tyneside will continue to be articulated by the Mayor, Cabinet, and Elected Members, including discussion in the Health and Wellbeing Board Chaired by the Cabinet Member for Public Health.

4.4 Structure and accountability

There are a range of existing groups and partnership in the borough relation to health, care, and wellbeing. The Executive should have oversight of those that directly contribute to its priorities, the plan, and the delegated decisions. Partners have agreed that the Future Care Board and associated groups will be stood down. Some existing groups and partnerships will continue to be fundamental to the work of the Executive but may need to be reviewed and amended and other new groups/partnerships may need to be established. For example, a new primary care sub-committee will be required, and it is also proposed that a more joined up approach to communication and engagement is developed to support the work of the Executive - made up of representatives including Healthwatch, the Patients Forum, Community Health Care Forum, VCS, Carers Partnership

Existing partnerships to be maintained include:

- Ageing and Living Well Locally Board
- Community Mental Health Board
- BCF Partnership shapes the plan and should report direct to the Executive who will authorise the plan and funding with final sign off by HWB in line with national guidance.
- The Children's Partnership, a subcommittee of the North Tyneside Strategic Partnership provides the multiagency safeguarding arrangements for the borough and develops 'The Children and Young People's Plan for the borough.
- System Resilience Group across Northumberland and North Tyneside
- Continuing health Care - a number of groups currently exist and may need to be rationalised.

Appendix 1 sets out the proposed structure and accountability arrangements.

4.5 Shared goals

A shared set of goals has been agreed across the NENC ICP, through collective efforts and informed by our local JSNA and health and wellbeing strategy Equally Well.

In North Tyneside we want:

- Our people to live longer and healthier lives.
- Our people to have fairer outcomes.
- Our people to have better health and care services.
- Our children to have the best start in life.

Our local plan will be developed to meet these goals and actions will be drawn from:

- The key areas for actions in the health and wellbeing strategy 'Equally Well':
 - Best start in life
 - Maximising capabilities of children, young people and adults
 - Fair employment and work for all
 - Healthy standard of living for all
 - Place and communities
 - Lifestyles and health behaviours
 - Integrated health and care
- NHS England's operational planning guidance and priorities for 2023-24
 - Prioritise recovering core services and productivity.
 - Return to delivering the key ambitions in the NHS Long Term Plan
 - Continue transforming the NHS for the future.
- The operational focus required for winter resilience across the borough.
 - support people in the community
 - maximise bed capacity and support ambulance services.
 - Ensure timely discharge and support people to leave hospital when clinically appropriate.

4.6 Our draft local priorities

- Health Inequalities – using a health inequalities lens in all that we do across health and social care with a system focus, across life span from pregnancy to end of life including a focus on Core20Plus5 and Deep End Practices.

- Transforming mental health services for children and adults across health, social care, and education.
- Improved performance of specific health services including cancer waiting times and urgent & emergency care.
- Building capacity and capability to deliver more care at home, support admission avoidance and improve hospital discharge inc. Enhancing Community Services, 2UCR, virtual ward, EHCH developments, domiciliary care response and the use of Better Care Fund.
- Improving primary care access & service delivery. Both core/universal and targeted (for those people facing multiple disadvantage). Integration: developing integrated neighbourhood teams in line with the Fuller report recommendations.
- Ageing Well service integration & development (across health, social care, CVS) including the Backworth Ageing Well Village development.
- Children, Young People & Adults with complex health and social care needs including SEND, LAC, Learning disabilities and autism.
- Social care transformation including carers, wider market management, housing, digital.

5. Decision options:

The Health and Wellbeing Board may either choose to accept the recommendations or refuse to accept them.

6. Reasons for recommended option:

The Health and Wellbeing Board is recommended to accept the recommendations in order to promote collaborative and integrated approaches to health and care across the borough in line with the intentions of the joint health and wellbeing strategy.

7. Appendices:

Appendix 1 North Tyneside Place Based Arrangements.

8. Contact officers:

Wendy Burke, Director of Public Health, North Tyneside Council 0191 6432104

Anya Paradis, Place Based Director North Tyneside, NENC ICB 0191 2931157

9. Background information:

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

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

Any financial implications arising from the establishment of place based working will be met from existing budgets or partner organisations.

11 Legal

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

12 Consultation

There has been consultation with chief officers of health and care organisations through the NENC ICB Joint Management Executive Group and also the Future Care Executive Group in developing these arrangements.

13 Human rights

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

14 Equalities and diversity

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

15 Risk management

No specific risks have been identified.

16 Crime and disorder

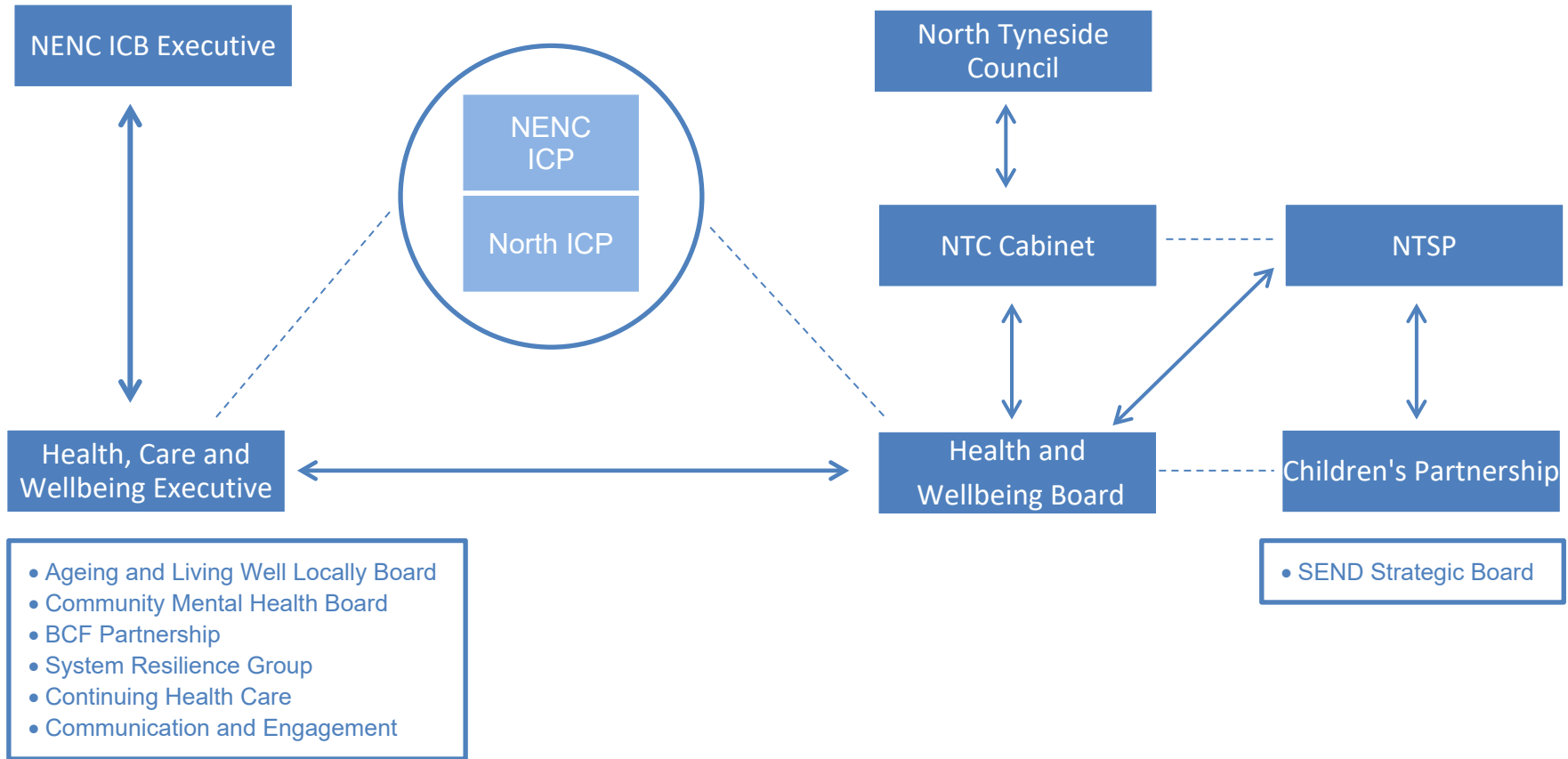
There are no crime and disorder implications directly arising from this report.

SIGN OFF

Chair/Deputy Chair of the Board	<input checked="" type="checkbox"/>
Director of Public Health	<input checked="" type="checkbox"/>
Interim Director of Children’s Services	<input checked="" type="checkbox"/>
Interim Director of Adult Services	<input checked="" type="checkbox"/>
Director of Healthwatch North Tyneside	<input checked="" type="checkbox"/>
Integrated Care Board Director of Place	<input checked="" type="checkbox"/>

Appendix 1: North Tyneside Place Based Arrangements

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North Tyneside Health & Wellbeing Board Report Date: 23 March 2023

Title: Director of
Public Health – Health
Protection Assurance
Report 2023

Report from : North Tyneside Council

Report Authors: Chris Woodcock, Senior Manager Public Health
Wendy Burke, Director of Public Health

Relevant Partnership Board: North Tyneside Health Protection Board

1. Purpose:

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

2. Recommendation(s):

The Board is recommended to:-

- a) Agree the areas that require improvement such as addressing inequalities across system wide screening and immunisation programmes; and
- b) Agree that the report provides assurance that the local health protection arrangements are robust and local stakeholders should continue to collaborate on a range of prevention and control measures.

3. Policy Framework

This item relates to several areas in the Joint Local Health and Wellbeing Strategy (JLHWS), "Equally Well: A healthier, fairer future for North Tyneside 2021- 2025":

'Giving every child the best start in life' through routine childhood immunisations; 'Our lifestyles and health behaviours' in population uptake of screening programmes and the prevention and control of infectious disease; 'Places and communities we live in and with', as the environment can contribute to health protection hazards through air quality, and our collective approach to infectious disease prevention can ensure a healthier place for everyone.

4. Executive Summary

- a) North Tyneside has robust systems in place for the management of existing and emerging health protection issues. These systems are shared across a range of organisations and services including health, social care, environmental health, and public protection and led the Director of Public Health, with governance through the North Tyneside Health Protection Board. The board is attended by key lead agencies such as UK Health Security Agency and NHS England to ensure the appropriate expert advice and response.
- b) An analysis of the data regarding health protection outcomes for screening, immunisation, communicable diseases, and air quality has highlighted that there are areas that may require further consideration and action to support the delivery of Joint Health and Wellbeing Strategy.
- c) All programmes should be considered in the context of the unprecedented impact of the two years of the coronavirus pandemic. The impact of the mitigation measures that included national lockdowns and improved infection control practices, continues to have an impact on screening programmes and other infectious diseases.
- d) The Health Protection Board, chaired by the Director of Public Health, should continue to address the key priorities related to health protection in North Tyneside. Current areas for further action include.
 - i. Cancer screening inequalities - whilst uptake overall is generally very good, there is evidence of significant variation at a local level in uptake for all cancer screening programmes. This has been exacerbated due to the impact and mitigation measures associated with coronavirus, especially with breast cancer screening which is well below previous years.
 - ii. Vaccination inequalities - the uptake of most of the vaccination programmes is above regional and national averages. However, analysis highlights inequalities in several programmes. This means there are unvaccinated cohorts of the population susceptible to infectious disease and outbreaks. Continued efforts to understand the systemic causes of these inequalities will also help to identify approaches to tackle them.
 - iii. Increased public and local stakeholder interest in infectious disease outbreaks following the COVID-19 pandemic. Emerging risks such as mpox as well as more established diseases such as Group A streptococcus (Strep A) highlight the increased awareness and public expectation around infectious disease. Local co-ordination and stakeholder engagement may help to ensure appropriate prevention, assurance, and outbreak control. Regional multi agency groups reporting into the Association of Directors of Public Health will ensure a co-ordinated regional approach.

5. Introduction

The Director of Public Health (DPH) has a statutory responsibility for the strategic leadership of health protection for North Tyneside. The DPH, on behalf of the Council, should be assured that the arrangements to protect the health of their local communities are robust and are implemented appropriately. Guidance suggests that, through their DPH, Health and Wellbeing Boards will wish to be assured that acute and longer-term health protection arrangements properly meet the health needs of the local population. Accordingly, the

purpose of this report is to inform the Health and Wellbeing Board about arrangements and outcomes for health protection in North Tyneside.

The data presented in this report is based upon the most recent or reported data available. Due to different reporting cycles, current data is reported quarterly, annually, or periodically.

Programme	Time Period
Cancer and Non-Cancer Screening	2022
Routine Childhood Immunisation Programme	2021/2022
At Risk Immunisation Programme	2021/2022
School Based Immunisations Programme	2020/21 & 2021/22
Seasonal Flu Vaccination	2022/23
Environmental Health and Food Safety	2022
Port Health	2022
Statutory Notifiable Diseases	2020 (Q1-3)
Health Care Associated Infections	2018/19
Excess Winter Deaths	2022

6. Background

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

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

- a) National programmes for screening and immunisation which may be routine or targeted.
- b) Management of environmental hazards including those relating to air pollution and food.
- c) Health Emergency Preparedness Resilience and Response (EPRR), the management of individual cases and incidents relating to communicable disease (e.g., meningococcal disease, influenza) and chemical, biological, radiological, and nuclear hazards.
- d) Infection prevention and control in health and social care community settings.
- e) Other measures for the prevention, treatment, and control of the management of communicable disease (e.g., blood-borne viruses, seasonal influenza).

The protection of the health of the population is one of the five mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012. The Director of Public Health (DPH) for North Tyneside is responsible under legislation for the discharge of the local authority's public health functions.

The health protection element of these statutory responsibilities and the mandatory responsibilities of the DPH are as outlined below:

- a) The Secretary of State's public health protection functions
- b) Exercising the local authority's functions in planning for, and responding to, emergencies that present a risk to public health.

- c) Such other public health functions as the Secretary of State specifies in regulations.
- d) Responsibility for the local authority's public health response as a responsible authority under the Licensing Act 2003, such as making representations about licensing applications.
- e) A duty to ensure plans are in place to protect their population including through screening and immunisation.

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

7. Health protection is a multi-agency function.

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

- a) North Tyneside Council through the leadership role of the DPH, has a delegated health protection duty from the Secretary of State to provide information and advice to relevant organisations to ensure all parties discharge their roles effectively for the protection of the local population. This leadership role relates mainly to functions for which the responsibility for commissioning or coordinating lies elsewhere.
- b) Screening and Immunisation Teams (SITs) are employed by NHSE. The SITs provide local leadership and support to providers in delivering improvements in quality and changes in screening and immunisation programmes. The SITs are also responsible for ensuring that accurate and timely data is available for monitoring vaccine uptake and coverage.
- c) The White Paper 'Integration and Innovation: working together to improve health and social care for all' was published on 11th February 2021. The White Paper included a proposal to create a power for the Secretary of State for Health and Social Care to require NHS England to discharge public health functions delegated by the Secretary of State alongside the existing section 7A provisions.

By these means, there is 'a greater range of delegation options for section 7A public health services, including the ability for onward delegation of the function into collaborative arrangements, such as a section 75 partnership arrangement'.

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

Northeast and North Cumbria Integrated Care Board (NENC ICB) commissions treatment services (e.g., hospital inpatient treatment, nurses working with specific infections, such as TB) that comprise an important component of strategies to control communicable disease.

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

8. Screening

Screening is a way of identifying apparently healthy people who may have an increased risk of a particular condition. The purpose of screening is to identify and intervene early to reduce potential harm.

There are 11 NHS national screening programmes available in England, which cover the life course.

Each programme is underpinned by rigorous quality assurance and monitoring arrangements to ensure that the target population benefit from the service and those individuals are not exposed to potential harms (e.g., failures to correctly identify individuals requiring further tests).

The screening programmes, commissioned by NHSE are:

- a) Cancer screening programmes (breast, bowel and cervical)
- b) Diabetic Retinopathy
- c) Abdominal Aortic Aneurysm (AAA)
- d) Antenatal and newborn screening programme

The most recent data for these screening programmes are for 2022.

Generally, coverage of the cancer screening programmes in North Tyneside is around the national average. There is variation at a GP level which reflects, though is not totally determined by, the social gradient, with GP practices serving more deprived areas having lower coverage rates. However, inequalities are also evident in certain population groups such as those with a Learning Difficulty. As cancer screening programmes report data at a local level this provides the opportunity for further identification of health inequalities.

The COVID-19 pandemic has had an impact on the cancer screening programmes, especially the breast screening programme, whereby mitigation measures greatly impacted service throughput. There has been a noted decline nationally in the cervical screening programme, particularly amongst younger women. Bowel cancer screening has shown a significant increase in uptake nationally and locally which is being attributed to the introduction of a more accessible test.

Uptake of the AAA in North Tyneside (not available at GP level) is below the national average. The national screening team are exploring this, and it appears to be an outlier considering screening rates across other programmes. The table below presents coverage for all the adult screening programmes and highlights the variation at a GP practice level of uptake.

Data for the Diabetic Eye Screening Programme is unavailable at a North Tyneside level. Though previous reports on this programme have highlighted the inequalities in the uptake of the service, with lower uptake amongst younger age groups and those from more deprived socioeconomic areas.

Table 1: Adult Screening Programme Coverage 2022

Screening Programme	% Coverage (2022)		North Tyneside GP practices	
	England	North Tyneside	Highest GP	Lowest GP
Cervical Cancer (25-49 years) 3.5-year coverage	67.6%	77.0%	83.2%	72.6%
Cervical Cancer (50-64 years) 3.5-year coverage	74.6%	75.9%	83.7%	69.4%
Breast Cancer (50-70 years) screened within 6 months of invitation	64.9%	56.8%	Not available mid screening round	
Bowel Cancer (60-74 years) screened within 6 months of invitation	70.3%	74.12%	80.8%	63.6%
AAA (men 65 years) (21/22)	70.3%	52.9%	NA	NA
Diabetic eye screening* (19/20)	81.5%	N/A	NA	NA

Below national average

Above national average

The Antenatal and Newborn screening programme covers six areas:

- a) Fetal anomaly (data not available at a local level)
- b) Sickle cell and thalassaemia
- c) Infectious diseases in pregnancy
- d) Newborn infant physical examination
- e) Newborn hearing screening
- f) Newborn bloodspot screening

Newborn hearing screening coverage for North Tyneside is above the national standards.

Table 2: Antenatal and newborn screening coverage 2022 (quarter 1)

Screening programme	% Coverage (2019)	
	England	Northeast
Infectious Diseases in Pregnancy (HIV Coverage) (1 April - 30 June 2022)	99.8%	99.8%
Sickle Cell and Thalassaemia (1 April to 30 June 2022)	99.7%	99.7%
Newborn Blood Spot Screening (1 April to 30 June 2022)	97.3%	97.2%
Newborn Hearing Screening (1 April to 30 June 2022)	98.6%	99.4%
Newborn and Infant Physical Examination Screening (1 April to 30 June 2022)	96.3%	95.9%

9. Immunisation and vaccination

Immunisation remains one of the most effective public health interventions for protecting individuals and the community from serious diseases. The national routine childhood immunisation programme currently offers protection against 13 different vaccine-preventable infections.

In addition to the routine childhood programme, selective vaccination is offered to individuals reaching a certain age or with underlying medical conditions or lifestyle risk factors.

NHS England is responsible for commissioning local immunisation programmes and accountable for ensuring local providers of services will deliver against the national service specification and meet agreed population uptake and coverage levels as specified in the Public Health Outcomes Framework.

9.1 Routine childhood immunisation programme

Uptake in North Tyneside for the routine childhood programme remains among the highest in England. The Northeast also has the highest coverage in England. In 2021/22 coverage for routine childhood immunisation programme in North Tyneside is presented in table 3 below.

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

Table 3: Coverage routine childhood immunisation programme for children 0-5 years North Tyneside 2021/22

Vaccine and booster programme	Age cohorts					
	12 months		24 months		5 years	
	England	NT	England	NT	England	NT
Diphtheria, tetanus, pertussis, polio, haemophilus influenza type b (DTaP/IPV/Hib)	91.8%	97.0%	93.0%*	97.7%*	94.4%	97.2%
Men B	91.5%	97.3%				
Rotavirus	89.9%	95.9%				
PCV	93.8%	97.7%	89.3%*	96.5%*		
MenC/Hib (booster)			89.0%*	96.9%*	91.7%	95.6%
Measles, mumps, and rubella (MMR) One dose			89.2%	96.9%	93.4%**	97.0%**
Measles, mumps, and rubella (MMR) Two dose					85.7%	94.0%
DTaP/IPV*					94.2%	97.2%

*Boosters 21/22

** Two doses MMR

<90% Coverage

90% to 95% Coverage

≥95% Coverage

North Tyneside achieves a coverage rate of >95% for all the childhood immunisation programmes, except for two doses of MMR at 5 years of age.

Table 4: Coverage routine childhood immunisation HPV and Td/IPV and MenACWY Booster

Vaccine and booster programmes	Age Cohorts							
	Year 8 – HPV (1 & 2 doses) Year 9 - Td/IPV				HPV – Year 9 (1 & 2 doses) Td/IPV & MenACWY – 13-14 & 14-15 yrs.			
	England		North Tyneside		England		North Tyneside	
	1 Dose	2 Doses	1 Dose	2 Doses	1 Dose	2 Doses	1 Dose	2 Doses
HPV (females) 21/22	69.6%	10.7%	80.9%	N/A	82.2%	60.6%	78.5%	67.3%
HPV (males) (21/22)	62.4%		80%		78%	62.4%	73%	58.1%
Td/IPV (20/21)			86.4%		80.3%	76.4%	89.4%	86.4%
MenACWY (20/21)	N/A		N/A		80.9%	76.5%	87.4	90.0%

All girls aged 12 to 13 are offered HPV (human papilloma virus) vaccination as part of the childhood vaccination programme. The vaccine protects against cervical cancer. It is usually given to girls in years 8 and 9 within schools in England with a second dose administered within 6 to 12 months (this can also occur in either year 8 or year 9). In North Tyneside the coverage for the one dose at year 8 and 9 respectively was 80.9% and 78.5% compared to 69.6% and 82.2% in England (2021/22).

In September 2019 the HPV vaccination programme was be extended to all pupils in year 8, including boys. The programme is in the early phases locally which explains the overall uptake.

Td/IPV (tetanus, diphtheria, and polio) teenage booster is the final dose of the routine childhood immunisation programme. Nationally many areas give the Td/IPV booster in school year 10. The national plan is to provide the Td/IPV booster in year 9 alongside the final MenC booster. At present data is presented for both year 9 and year 10 to reflect the current system.

Developments within the school age immunisation service (SAIS) will enable a more a detailed analysis of the school-based programmes in the coming years.

9.2 At risk immunisation programme

The at-risk immunisation comprises of the following:

- a) Pneumococcal (PPV) vaccine single dose at 65 years. Clinical ‘at risk’ groups every 3 years
- b) Shingles vaccine single dose at 70 years (catch up for 78- and 79-year-olds)

Table 5: Pneumococcal (PPV) and Shingles immunisation coverage

Vaccination	England	North Tyneside
PPV (20/21)	70.6%	72.1%
Shingles (70 years old) (18/19)	49.1%	46.9%

Below min standard	Acceptable range
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The coverage rate for the PPV adult immunisation programme in North Tyneside is better than the England rate. National trends highlight that vaccine coverage increases each year of eligibility from the age of 65. Vaccine coverage in individuals at risk indicate that coverage varies by different at-risk group categories. This may suggest that awareness of eligibility for PPV among clinicians varies substantially according to clinical indication.

Although there is no national standard for shingles vaccine coverage, only 46.9% of 70-year-olds received this is in North Tyneside, worse than the England coverage (2018/19). It has also shown a downward trend in uptake in recent years.

9.3 COVID-19 Vaccination programme

Vaccine deployment started on 8 December 2021, in the order of priority set by the independent Joint Committee for Vaccination and Immunisation (JCVI).

The subsequent roll out of the programme has involved different cohorts and at-risk groups as the understanding of the virus and the vaccine has progressed. As such it is not possible to compare the uptake of each stage of the programme as the eligible population is different. Each dose is presented below.

Table 6: COVID-19 vaccination uptake (dose 1 and dose 2), ages 5+ 22 February

	Northeast (mean uptake)	North Tyneside
1 st Dose	77.3%	81.3%
2 nd Dose	73.5%	78.0%

Table 7: COVID-19 vaccination uptake (dose 3 and spring 2022 booster), age 12+, Northeast LAs, 22 February 2023

	Northeast (mean uptake)	North Tyneside
Dose 3 and Spring 2022 booster	64.7%	69.5%

Table 8: COVID-19 vaccination uptake (autumn 2022 booster), age 50+, Northeast LAs, 22 February 2023

	Northeast (mean uptake)	North Tyneside
Autumn booster (2022)	67.9%	70.6%

OHID Northeast and Yorkshire COVID-19 weekly briefing

Above Northeast mean

Overall uptake of the COVID-19 vaccine is excellent and compares well regionally and nationally. However, detailed analysis of the programme by the vaccine inequalities sub-group of the North Tyneside vaccination board, highlights a several inequalities in uptake. There is a year-round programme which looks to tackle these inequalities.

Inequalities are evident by:

- a) Age – older persons uptake is incredibly highly and decreases through the age cohorts.
- b) Deprivation – wards in more deprived boroughs have lower uptake than the less deprived boroughs. This is becoming more pronounced as the age cohorts lower.
- c) Vulnerable groups – those on the LD register, SMI register and carers register have lower uptake.

9.4 Seasonal flu vaccine programme

Influenza (flu) is a viral infection affecting the lungs and airways. Complications include bacterial pneumonia and can be life threatening especially in older people and those with certain underlying health conditions. There are two types of influenza affecting people: influenza A and influenza B.

Flu occurs every winter in the UK and is a primary factor in NHS winter pressures. It impacts on those who become ill, the NHS services that provide direct care, and on the wider health and social care system that supports people in at-risk groups.

Nationally in the 2019 to 2020 season, low levels of influenza activity were observed in the community with circulation of influenza A dominating the season. Influenza transmission resulted in medium impact through secondary care indicators (hospitalisations and ICU/HDU admissions).

For most healthy people, flu is an unpleasant but usually self-limiting disease with recovery generally within a week. However, there is a higher risk of severe illness from flu for some at-risk groups.

In 2021/22 seasonal flu vaccine offered annually to:

- a) Those aged 65 years and over.
- b) Those aged six months to under 65 in clinical risk groups.
- c) All pregnant women
- d) All two-, three-, and four-year-olds

- e) All children in school years: reception to year 5
- f) Those in long-stay residential care homes or other long stay care facilities
- g) Carers
- h) Frontline health and social care workers

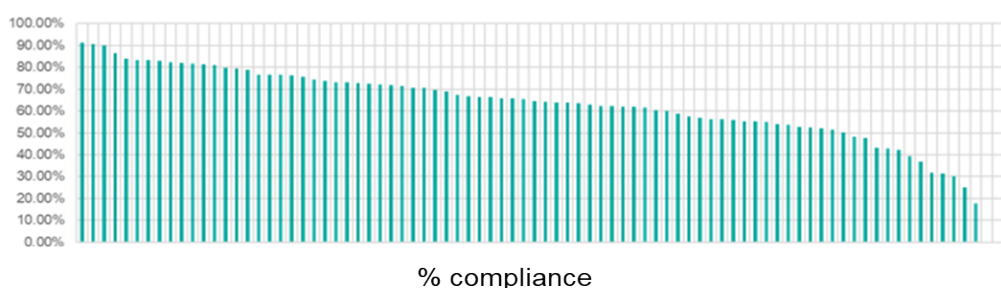
Table 9: Seasonal flu Vaccination Coverage North Tynesideⁱ

Adult Seasonal flu Vaccination	England	North Tyneside
Aged 65+ (CCG) (1 Sep - 31 Dec 22)	78.4%	82.3%
Under 65 -at risk groups (CCG) (1 Sep - 31 Dec 22)	46.3%	51.0%
Pregnant women (CCG) (1 Sep - 31 Dec 22)	33.2%	39.4%
Frontline Health care workers at regional level (1 Sep – 31 Dec 22)	46.7%	51.4%*
Children Seasonal flu Vaccination – Not in a clinical risk group	England	North Tyneside
All 2yrs (combined) (1 Sep – 31 Dec 22)	64.1%	55.2%
3yrs (combined) (1 Sep – 31 Dec 22)	57.7%	66.6%
All primary school age children (age 4 to 11 years old)	55.5%	64.4%

North Tyneside has higher coverage rate than England across all aspects of the seasonal flu vaccination programme, except for the Under 2 years programme.

Service improvements within the school aged immunisation service have allowed for further analysis at education setting level. Overall uptake has improved from previous years due to the productive collaboration between the service and education settings. However, inequalities in uptake across the borough are evident and will be addressed in future programmes.

North Tyneside Education Settings- ranked by uptake



10. Surveillance and communicable diseases

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

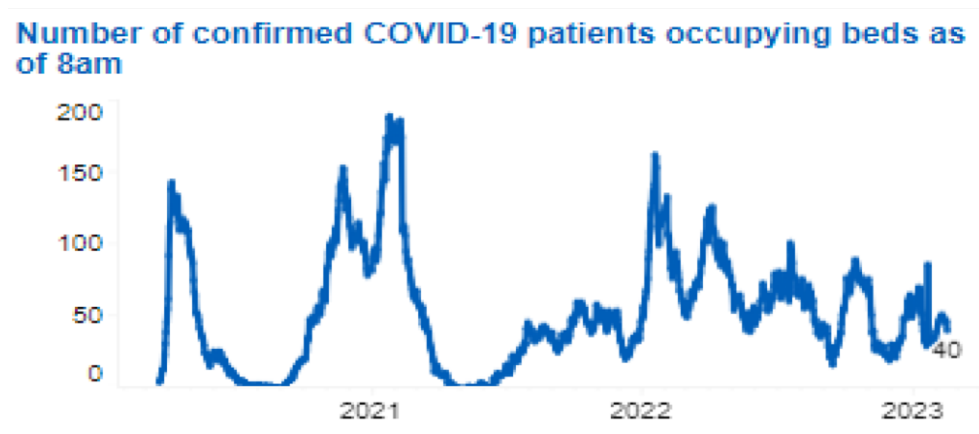
10.1 COVID-19 Infections

The success of the COVID-19 vaccine programme is evident in the reduction of hospital admissions and community transmission of COVID-19. However, COVID-19 continues to circulate highlighting the continued importance of the vaccine programme.

The Coronavirus (COVID-19) infection survey (10 February 2023), delivered by the Office of National Statistics (ONS) provides the percentage of people testing positive for Coronavirus (COVID-19), at 1.56% of the population or around 1 in 65 people.

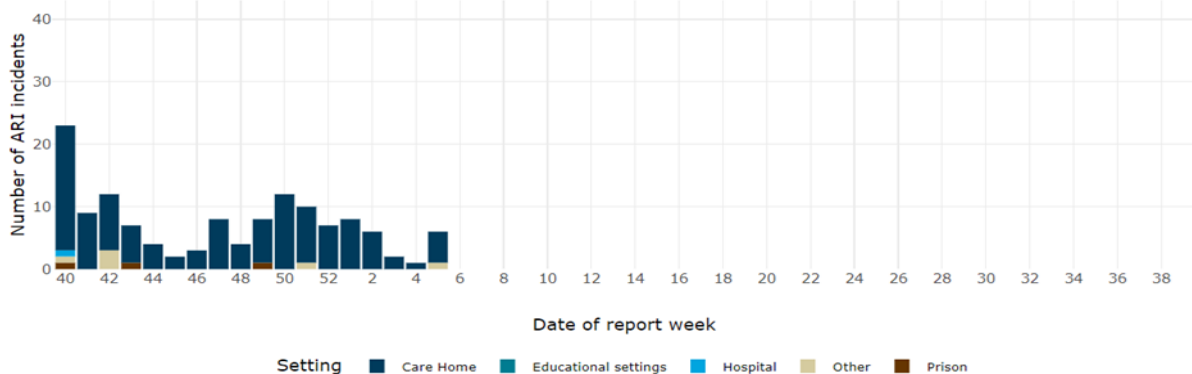
COVID-19 positive patients are monitored in hospitals to understand the pressures on the local NHS, and to provide an indication of the impact of the infection on the local population. The below diagram highlights how local hospital admissions fluctuate coinciding with infection levels in the community.

Local NHS foundation trust – unvalidated data, so the Trust is unnamed.



COVID-19 is a notifiable disease. Most notified incidents continue to be in care homes as shown below.

Chart 1: SARS – CoV-2 - Number of SARS -CoV-2 infection incidents reported to the local Health Protection team by setting – Northeast 2022-2023 – 9 February 2023



Nationally the wastewater testing coverage data for the Environmental Monitoring for Health Protection (EMHP) programme - led by the UK Health Security Agency (UKHSA) and run in partnership with Defra, the Environment Agency, CEFAS, academia and water companies – tests sewage in England for fragments of SARS-CoV-2 RNA.

The programme helps identify where the virus is circulating in England, detecting spikes in prevalence. It has the benefit of detecting the virus in asymptomatic individuals.

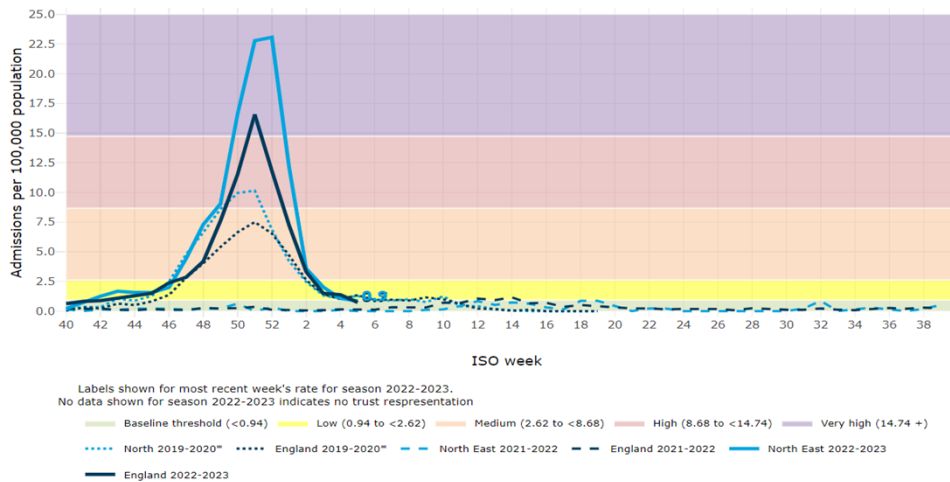
The programme now plays an important role in the detection of mutations of the virus, variants of concern (VOCs) and variants under investigation (VUIs). The wastewater surveillance programme routinely sequences samples from sewers across the country to provide a national and local view of the presence of mutations and variants. The programme now provides coverage to approximately 74% of the population of England.

Following the findings of poliovirus in sewage samples collected from the London Beckton Sewage Treatment Works, which covers parts of North and East London, the UK Health Security Agency (UKHSA) expanded the surveillance to a range of areas outside of the capital including Newcastle Upon Tyne which included North Tyneside residents. There have been no reported incidents in North Tyneside and the polio vaccine uptake is high in infants.

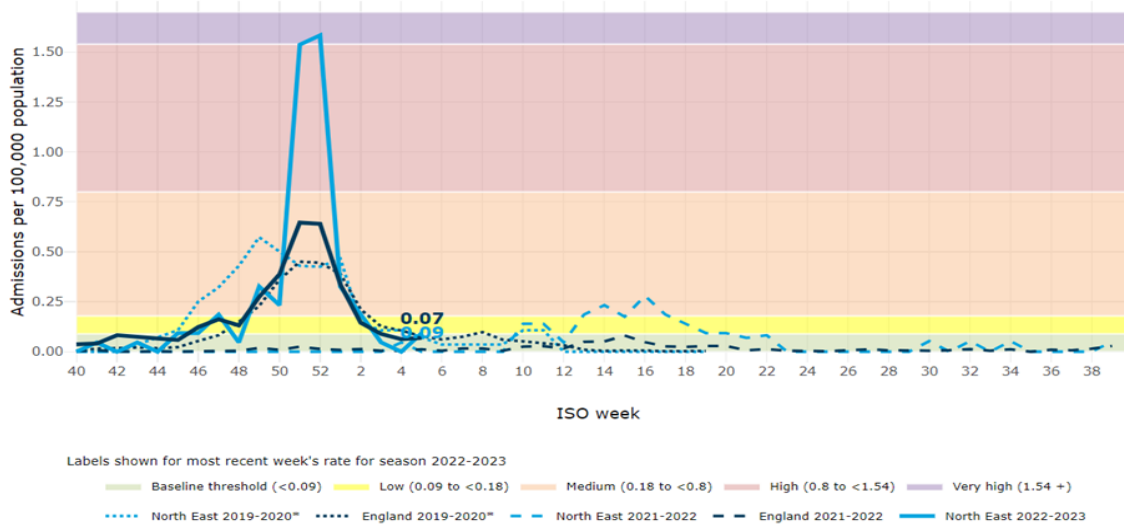
10.2 Influenza infections

Hospital admissions with confirmed influenza 9th February 2022 highlight the seasonal trends.

Graph 2: Hospital admissions with confirmed influenza 9th February 2022



Graph 3 ICU/HDU admissions with confirmed influenza with MEM thresholds SARI Watch (Mandatory Surveillance) 9th February



10.3 Influenza and other respiratory viruses

Nationally, COVID-19 case rates through Pillar 1 decreased slightly. Case rates decreased across most regions and age groups. Influenza positivity decreased nationally, and primary care surveillance and emergency department admissions remained stable.

Table 10: Reported cases on influenza and other respiratory viruses in the last four weeks by UTLA 9th February.

LA	Aden-ovirus	hMPV	Influenza A	Influenza B	Para - influenza	RSV	Rhinovirus	SARS-CoV2
North Tyneside	*	5	21	9	0	44	5	282

Nationally RSV positivity continues to decrease with the highest positivity seen in the under 5s. Adenovirus and Rhinovirus have a very small number of cases locally with the national trends showing higher positivity in the under 5s.

Other indicators such as NHS 111 calls, increased nationally across all age groups for cold, flu or coughs.

Infectious intestinal disease (IID)

Table 11: Counts of all IID outbreaks by setting and UTLA (all season (week 27 2022, to week 5)

	Care Home	Education	Hospital	Other	Total
North Tyneside	15	1	0	0	16
Northeast	170	13	1	7	191

(This table includes reports of laboratory confirmed rotavirus, norovirus, astrovirus and sapovirus.)

Care homes nationally, regionally, and locally have the highest number of incidents though they remain stable. Due to low numbers, rates are not available for comparison.

10.4 Environmental health and food safety

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

In 2022 there were 378 cases of foodborne and environmental infections which were notified to the Food Safety team during the year, these included cases of legionnaires disease, listeriosis and hepatitis, as well as more common food poisonings and parasitic infections.

North Tyneside food safety team received 243 food hygiene and food standards complaints in the period 2022. All complaints were investigated in a timely manner and action taken where appropriate. Consumers concerns varied and related to discovery of extraneous material in food and hygiene issues reported after visits to food establishments. Complaints regarding food standards included labelling issues, false claims regarding the nature, substance or quality of food and the origin of ingredients as well as illegal health claims.

There were 503 food businesses inspected during the year as part of a programme of food hygiene and food standards interventions. Most businesses were found to be compliant with food safety legislation however 5% / 2% of the businesses were found to be non-compliant. The deficiencies found at the non-compliant businesses ranged from cleanliness, structural defects, and cross contamination risks. Enforcement action was taken against a proportion of the businesses to secure compliance, this included hygiene improvement notices to

implement food safety management systems and emergency closures of businesses with water supply issues.

North Tyneside food safety team conducts a food sampling programme. In 2022 741 samples were obtained from 124 food establishments. Most of the samples were taken for microbiological examination and results are used to monitor the hygiene and food safety standards at food premises often in conjunction with programmed inspections. A significant number of microbiological samples are part of national and local coordinated studies.

10.5 Control of specific diseases

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

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

Table 12: Measles, mumps, meningococcal disease, and whooping cough notifications 2022

			Measles	Meningococcal	Mumps	Whooping cough
Northeast	Q1-Q3	Count	51	17	338	33
		Rate	2.4	0.7	16.7	1.45
North Tyneside	Q1-Q3	Count	*	*	30	*
		Rate	0.5	1	17.7	1

In 2022 notifications for measles and whooping cough in North Tyneside were lower than Northeast rate. There were higher rates of notifications for mumps in Northeast.

There were no confirmed cases on tetanus, diphtheria, Haemophilus influenzae type b (Hib) or rubella in North Tyneside in 2022. There were 36 cases in the Northeast of invasive pneumococcal disease (IPD) in 2022.

10.6 Group A streptococcal infections

Scarlet fever is a common childhood infection caused by Streptococcus pyogenes (also known as group A Streptococcus [GAS]). These bacteria may be found on the skin, throat, and other sites where they can live without causing problems. Under some circumstances GAS can cause non-invasive infections such as tonsillitis and scarlet fever. Invasive GAS (iGAS) is another infection caused by GAS, that is much rarer than scarlet fever.

Notifications (it is a notifiable disease) and GP consultations of scarlet fever in England have identified exceptional levels of activity during this early phase of the season. Notifications of invasive group A streptococcus (iGAS) disease remain at the top end of the range expected for this time of year.

Following higher than expected scarlet fever activity during the early part of this summer in England, notifications during the early part of the current 2022 to 2023 season – seasons

extend from week 37 (mid-September) of one year to week 36 (mid-September) of the following year – increased to exceptional levels.

Updated UK public health guidance on the management of close contacts of iGAS cases in community settings was published on 15 December 2022, with additional close contact groups now recommended for antibiotic prophylaxis.

Interim clinical guidance on management of GAS infection was issued in December 2022 to optimise diagnosis and treatment during this current increase in infection. Following recent decreases in GAS activity, this guidance was rescinded in January.

Table 13. Number and rate per 100,000 population of scarlet fever and iGAS notifications in England: week 37 to week 4 of the 2022 to 2023 season

Week 37 to week 4 covers the period 12 September 2022 to 29 January 2023.

Region	No of cases of scarlet fever	Rate of scarlet fever	Number of cases of iGAS	Rate of iGAS
England	41,007	72.5	1,898	3.4
Northeast	1,697	64.1	109	4.1

Laboratory notifications of iGAS infection so far this season (weeks 37 to 4, 2022 to 2023) showed levels considerably higher than expected. A total of 1,898 notifications of iGAS disease were reported through laboratory surveillance in England, with a weekly high of 226 notifications in week 52 (26 December 2022 to 1 January 2023). This is considerably higher than the last high season (2017 to 2018) where activity peaked at 113 cases in week 14 (2 April 2018 to 8 April 2018). Laboratory notifications of iGAS infection this season are substantially higher than recorded over the last 5 seasons for the same weeks.

Table 14: Other selected organisms

			Hepatitis A	Hepatitis B	Hepatitis C	Legionella	Listeria	TB
Northeast	Q1	Count	0	42	200	0	*	12
		Rate	0	6.3	29.8	0	0.3	1.8
	Q2	Count	0	46	227	0	0	19
		Rate	0	6.9	33.9	0	0	2.8
	Q3	Count	*	46	234	5	*	13
		Rate	0.4	6.9	34.9	0.7	0.6	1.9
North Tyneside	Q1	Count	0	*	14	0	0	0
		Rate	0	5.7	26.8	0	0	0
	Q2	Count	0	*	9	0	0	0
		Rate	0	3.8	17.2	0	0	0
	Q3	Count	0	0	10	0	*	*
		Rate	0	0	19.2	0	3.8	1.9

There were 234 reports of Hepatitis C in the Northeast in Q3 2022, giving a rate non-significantly higher than in Q3 2021 (34.9 vs. 29.7 per 100,000; 199 cases) but significantly lower than in Q3 2019 (53.6 per 100,000; 359 cases).

Table 15: Foodborne and waterborne infectious disease notifications 2022 (per quarter)

			Salmonella	E coli	Campylobacter	Cryptosporidium	Giardia	Shigella
Northeast	Q1	Count	47	*	704	23	16	*
		Rate	7.0	0.4	105.0	3.4	2.4	0.7
	Q2	Count	81	11	910	43	19	6
		Rate	12.1	1.6	135.8	6.4	2.8	0.9
	Q3	Count	151	47	1068	77	20	6
		Rate	22.5	7.0	159.4	11.5	3.0	0.9
North Tyneside	Q1	Count	*	0	48	0	0	0
		Rate	1.9	0	91.9	0	0	0
	Q2	Count	5	0	80	*	*	0
		Rate	9.6	0	153.2	5.7	3.8	0
	Q3	Count	10	5	80	7	*	0
		Rate	19.2	6.2	153.2	13.4	3.8	0

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

- North Tyneside has higher rates for E. coli O157, campylobacter and cryptosporidium when compared to England, however these rates are similar to the Northeast.
- 1,068 cases of Campylobacter (159.4 per 100,000) were reported in the Northeast in Q3 2022. This rate was significantly higher than the rate reported in Q3 2021 (144.1 per 100,000; 966 cases) but was similar to the rate reported in Q3 2019 (160.6 per 100,000; 1076 cases).
- Rates from North Tyneside (153.2 per 100,000; 80 cases) did not differ significantly from Q3 2021 rates or the regional rate this quarter.

10.7 Sexually transmitted infections (STI)

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

Table 16: Sexually transmitted infections (STI) and new HIV diagnosis notifications 2021

	Rate per 100,000 population						
	All new STIs diagnosis (2021)	Chlamydia detection rate (2021)	Genital herpes diagnostic rate (2021)	Genital warts diagnostic rate (2021)	Gonorrhoea diagnostic rate (2021)	Syphilis (2021)	HIV (2021)
England	394	1334	38.3	50.0	90	13.3	4.8
Northeast	269	1413	39.6	40.8	46	9.4	3.2
North Tyneside	237	283	43.6	50.0	23	3.8	2.4

Sexual and reproductive health profiles.

10.8 Mpox (monkeypox)

Mpox is a rare disease that is caused by infection with mpox virus. Since May 2022, cases of mpox have been reported in multiple countries that do not usually have mpox virus in animal

or human populations, including the UK. As of 30th November 3, 725 confirmed and highly probable mpox cases have been identified in the UK.

Table 17: Number of confirmed and highly probable monkeypox cases by region of residence, England, 6 May 2022 to 16 September 2022

	Total confirmed and highly probable cases	Regional distribution of cases
England	3412	
London	2359	69.4
Northeast	47	1.4

There is currently no vaccine licensed in the UK or Europe for immunisation against mpox. As mpox is related to the virus which causes smallpox, vaccines developed for smallpox are considered to provide cross-protection against mpox. Based on the currently available vaccine supply and advice from JCVI, UKHSA recommends that the available doses of MVA-BN vaccine should be used as a selective vaccine strategy with the aim of interrupting transmission in the subset of individuals at increased risk.

The committee agreed that GBMSM at highest risk could be identified amongst those who attend sexual health services, using markers of high-risk behaviour like those used to assess eligibility for HIV pre-exposure prophylaxis (PrEP), but applied regardless of HIV status. In view of the current epidemiology and vaccine supply available, wider vaccination in low-risk Gay, Bisexual, Men who have sex with men (GBMSM) individuals or the general population is not advised at this time.

Table 18: Vaccination doses given by cohort and region as of 20 September 2022

Region	GBMSM	Staff	Community contacts	Total
Northeast, Yorkshire, and the Humber (NEY)	1419	192	201	1812

Investigation into monkeypox outbreak in England: technical briefing 23 September 2022

10.9 Avian flu

In the United Kingdom, there have been 170 confirmed cases of highly pathogenic avian influenza (HPAI) H5N1 since 1 October 2022. There have been 280 cases of (HPAI) H5N1 in England since the H5N1 outbreak started in October 2021.

Great Britain (England, Scotland, and Wales) is in an avian influenza prevention zone (AIPZ). By law people must follow the hygiene and disease prevention rules. This is to prevent bird flu and stop it spreading.

Bird flu mainly affects birds. It can affect humans and other mammals. The UK Health Security Agency advise that the risk from this bird flu strain is very low.

Available surveillance data reported by APHA do not suggest widespread mammalian adaptation of this virus (low to moderate confidence).

APHA report that there is evidence of direct spill over from birds into some 'scavenger' wild mammalian species within the UK (and others noted outside the UK). As a result, the current risk assessment is at level 3.

The species affected (foxes and otters) are presumed to have direct high-level exposure to infected birds based on feeding behaviour and food preferences.

In 2022, 56 mammals were tested, of which 8 were positive. Enhanced mammalian surveillance was initiated in January 2023, targeting mammals found dead near known areas of avian influenza transmission. In 2023 to date 2 animals have been tested, of which one fox was positive.

10.10 Healthcare Associated Infections (HCAIs)

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

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

Table 19: Rates of Healthcare Associated Infections 2018/19iii

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

10.11 Antimicrobial Resistance

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

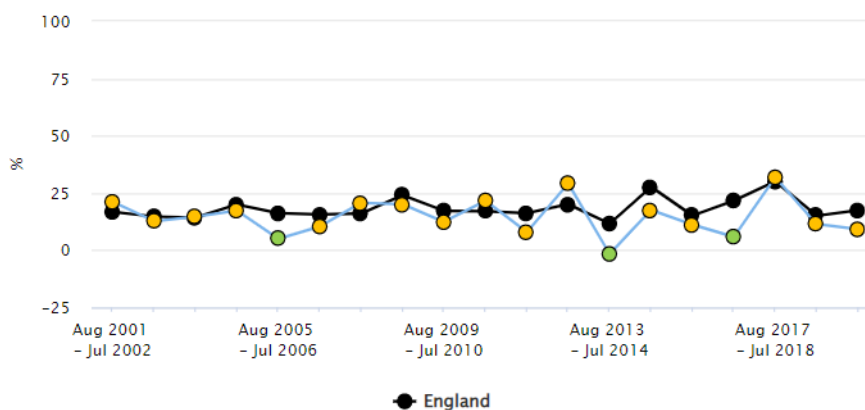
Currently in the UK, the greatest and increasing threat from drug resistant organisms is from Gram-negative bacteria, there is a target to reduce gram-negative HCAIs by 50% by 2021. The initial focus is on E. coli. In North Tyneside the rates of E. coli have been significantly higher than the England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

11. Excess winter deaths

Seasonal mortality is seen each year in England and Wales, with a higher number of deaths in winter months compared to the summer. Additionally, peaks of mortality above this expected higher level typically occur in winter, most commonly the result of factors such as cold snaps and increased circulation of respiratory viruses, in particular influenza.

In North Tyneside there were 60 excess winter deaths in 2019/20, compared to 220 in 2017/18. Most excess winter deaths occur in the over 85s, 60 in 2019/20 and 110 in 2017/18. There is significant variation in the numbers of excess winter deaths between different years. It is not always apparent why this is the case. The chart below presents all age excess winter deaths and highlights the year-on-year variation, both at a national and local level.

Graph 4: Excess winter deaths single year 2001 - 2019 all ages



12. Emergency Preparedness Resilience and Response

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

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

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

In North Tyneside there is the Emergency Planning Leadership Group (EPLG) that meets monthly, the role of this group is to ensure that the council is equipped to respond to an emergency. This includes reviewing and developing internal policies and plans, engagement in and sharing the learning from exercises and reviewing and learning from local emergency situations e.g., flooding. This group feeds into the LHRP and the LRF.

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

13. Port of Tyne Health

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

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

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

- a) Clarifying the role of the port medical officer

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

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

- a) Routine boarding of vessels: 71 vessels were boarded in 2022 with 22 ship sanitation certificates issued. Routine checks on the vessels' previous ports of call and ships' sanitation certification status. In addition to spot checks on galley hygiene, port health officers will verify that there are sufficient food supplies provided for planned voyages. Declaration of Health were required of all vessels entering the port and were reviewed prior to boarding.
- b) Ships Inspections: All vessels require ship sanitation inspections every six months. These certificates ensure ship masters maintain good system to protect crew and visitors' health and wellbeing. Ship Sanitation Control Exemption Certificates are issued when no evidence of a public health risk is found on board and ship is free of infection and contamination. A Ship Sanitation Control Certificate is issued when evidence of a public health risk, including sources of infection and contamination, is detected on board. 22 Exemption Certificates were issued during 2022. There were no conditions found on inspections warranting the issue of control certificates.
- c) Food and Water Sampling: Ships inspections are supplemented by routine microbiological sampling of food and drinking water. 230 water samples were made of 50 vessels and 32 water hydrants. Of the 230 samples of drinking water taken from ships water distribution systems or hydrants supplying ships there were 13 failures where remedial action was taken.
- d) Imported Food Controls: Over 1620 consignments of food from third countries requiring port health checks arrived in the port in 2022. The port is designated to carry out official control on food not of animal origin. In 2020 59 documentary checks were made. Additional imported food checks will now be required of European foods based on risk.

14. Air Quality

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

Poor air quality is a significant public health issue. There is a mortality burden associated with long-term exposure to anthropogenic particulate air pollution at current levels, expressed as the percentage of annual deaths from all causes in those aged 30+.

Table 20: Fraction of mortality attributable to particulate air pollution (2021)

	North Tyneside	England
Fraction of mortality attributable to particulate air pollution (2021)	5.3%	5.5%

North Tyneside Council produces an annual report which provides an overview of air quality.

North Tyneside Council monitors the levels of two pollutants (nitrogen dioxide NO² and particulate matter PM10) at several locations across North Tyneside. The air quality monitoring carried out in North Tyneside in conjunction with our joint work with Newcastle and Gateshead in response to Governments UK Air Quality Plan 2017 has indicated no locations where NO² levels are predicted to exceed recommend levels (40µg). A review of the latest annual monitoring data for nitrogen dioxide and particulates shows that the levels have remained steady with localised improvements/reductions where major highway schemes have been delivered. To ensure our monitoring remains robust and accurate we have invested in real time continuous air quality monitors at several key locations across the Borough.

There have been several concerns from the public regarding the potential impact the planned road improvement schemes will have on congestion and subsequently air quality. In response passive nitrogen dioxide diffusion tubes have been installed at relevant sensitive receptors. These diffusion tubes have been installed at the 20 most congested locations across the borough for a period of almost 2 years, and those at junctions that have been subject to road improvements schemes have shown positive changes in recorded levels of NO².

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

- a) Traffic management measures
- b) Reduce emissions from new and existing developments.
- c) Reduce emissions from road transport.
- d) Promotion of alternative modes of travel
- e) Setting more stringent local targets for levels of NO² around Schools
- f) Facilitate transition to Electric Vehicles

15. Conclusions and recommendations

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

An assessment of the current health protection arrangements for North Tyneside has identified that these are working well to protect the population. However, this report has identified several areas where more could be done particularly around uptake of particular screening and immunisation programmes especially given the current health inequalities present.

Recommendations are as follows:

- a) A regular process of analysis to ensure that all updates, on both reporting and future trends of other infectious diseases, are captured to ensure appropriate governance and action as required.
- b) The continuation of the Health Protection Board for the foreseeable future. It is important that there remains oversight of the diseases and screening programmes highlighted in this report to help ensure that the DPH duties are fully discharged.

- c) An analysis of the data regarding health protection outcomes for screening, immunisation, communicable diseases, and air quality has highlighted that there are areas that require consideration:
- i. Cancer screening inequalities. Whilst this is generally very good, there is evidence of significant variation at a local level in uptake for all cancer screening programmes. This could have been exacerbated due to the impact and mitigation measures associated with coronavirus, especially with breast cancer screening which is well below previous years.
 - ii. Vaccination inequalities. The uptake of most of the vaccination programmes is above regional and national averages. However, analysis will highlight inequalities in several programmes. This means there are unvaccinated cohorts of the population susceptible to infectious disease and outbreaks. Continued efforts to understand the systemic causes of these inequalities will also help to identify approaches to tackle them.
 - iii. Following the COVID-19 pandemic there may be increased public and local stakeholder interest in infectious disease outbreaks. Emerging risks such as mpox as well as more established diseases such as Group A streptococcus (Strep A) highlight the increased awareness and public expectation around infectious disease. Local co-ordination and stakeholder engagement may help to ensure appropriate prevention, assurance, and outbreak control. Regional multi agency groups reporting into the Association of Directors of Public Health will ensure a co-ordinated regional approach.

16. Decision options:

The Board may decide to agree the recommendation or may decide to refuse to accept them.

17. Reasons for recommended option:

The recommended option is that the Board agrees the recommendations in order to ensure that the health protection arrangements in North Tyneside are robust and equipped to meet the needs of the population.

18. Appendices:

None

19. Contact officers:

Chris Woodcock, Senior Public Health Manager, North Tyneside Council

20. Background information:

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

- Public Health Outcomes Framework: available at PHE Fingertips 2023

- Local Authority Assurance Report: section 7a Services 2023
- North East Seasonal influenza vaccination coverage 2022/23
- NHS digital 2023

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

21 Finance and other resources

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

22 Legal

There are no legal implications arising directly from this report. The Board has a duty under Section 195 of the Health & Social Care Act 2012 to encourage partners to work closely together and in an integrated manner for the purpose of advancing the health and wellbeing of the people in the area.

22 Consultation/community engagement

There has been no consultation or community engagement

24 Human rights

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

25 Equalities and diversity

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

- Socioeconomically deprived communities
- People with Learning Disabilities
- Younger women (cervical cancer screening)
- Older people (PPV and Singles Vaccine)

The actions arising from this report will directly impact upon health inequalities in North Tyneside and reduce the gap in life expectancy and healthy life expectancy in North Tyneside.

26 Risk management

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

27 Crime and disorder

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

SIGN OFF

Chair/Deputy Chair of the Board	<input checked="" type="checkbox"/>
Director of Public Health	<input checked="" type="checkbox"/>
Interim Director of Children's Services	<input checked="" type="checkbox"/>
Interim Director of Adult Services	<input checked="" type="checkbox"/>
Director of Healthwatch North Tyneside	<input checked="" type="checkbox"/>
Integrated Care Board Director of Place	<input checked="" type="checkbox"/>

ⁱ 2018-2019 available at: <https://www.gov.uk/government/collections/vaccine-uptake>

ⁱⁱ PHE Northeast Centre (2017) Antimicrobial Resistance (ARM) in the North East. PHE

ⁱⁱⁱ PHE Fingertips; AMR local indicators North Tyneside available at: <https://fingertips.phe.org.uk/profile/amr-local-indicators/data#page/0/gid/1938132910/pat/46/par/E39000039/ati/152/are/E38000127>