



North Tyneside Council

Health and Wellbeing Board

Wednesday, 22 November 2023

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

on **Thursday, 30 November 2023**

at **10.00 am**

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

Agenda Item	Page(s)
1. Chair's Announcements	
2. Apologies for Absence To receive apologies for absence from the meeting.	
3. Appointment of Substitute Members To receive a report on the appointment of Substitute Members. Any Member of the Board who is unable to attend the meeting may appoint a substitute member. The Contact Officer	

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must be notified prior to the commencement of the meeting.

4. **Declarations of Interest and Dispensations**

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

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

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

5. **Minutes**

5 – 10

To confirm the minutes of the meeting held on 28 September 2023.

6. **Health and Wellbeing Board – Membership and Constitution**

11 – 24

To seek the views of the Health and Wellbeing Board on the provisions relating to the Health and Wellbeing Board which are currently set out in the Authority's constitution (Version 27), which was agreed in May 2023;

7. **Approach to the Joint Strategic Needs Assessment (JSNA)**

There will be a presentation at the meeting.

8. **Joint Health and Wellbeing Board Strategy Equally Well
Progress against Implementation Plan 2023–24**

25 – 36

Update on Progress re the Best Start in Life – Report Attached

Update on Progress re Ensuring a Healthy Standard of Living for All – Report Attached

9. **North Tyneside Health, Care and Wellbeing Executive Update**
There will be a verbal update from the North Tyneside Health, Care and Wellbeing Executive on progress being made towards delivery of the Board's ambitions and actions in relation to an integrated health and care system.

Members of the Health and Wellbeing Board:-

Councillor K Clark (Chair)

Councillor P Earley

Councillor J O'Shea (Deputy Chair)

Councillor P Oliver

Councillor J Shaw

C Armstrong, North East Ambulance Service

B Bartoli, Northumbria Healthcare NHS Trust

E Binks

K Bloomfield

L Buckley, NHS North East & North Cumbria Integrated Care Board

W Burke

J Firth

P Garner, Newcastle Hospitals NHS Foundation Trust

C Gavin, Community & Voluntary Chief Officers Group

P Jones, Healthwatch North Tyneside

C Lilly, North Shields Primary Care Network

C Mann, Cumbria, Northumberland, Tyne & Wear NHS Trust

D McNally, Age UK North Tyneside

P Mennell

G Morris, North of Tyne Local Pharmaceutical Committee

A Paradis, North East and North Cumbria Intergrated Care Board

S Rennison, Northumbria Police

K Richardson, Wallsend Primary Care Network

R Scott, Whitley Bay Primary Care Network

J Sparkes

S Thomas, Tyne & Wear Fire and Rescue Service

D Titterton, North Tyneside YMCA

P Whelan-Moss, TyneHealth

Gary Charlton

Jacqueline Laughton, Assistant Chief Executive

Rachel Nicholson, Senior Manager Public Health

Agenda Item 5

Health and Wellbeing Board

28 September 2023

Present: Councillor Karen Clark (Chair)
Councillor J O'Shea (Deputy Chair)
Councillors Peter Earley, Pat Oliver and Jane Shaw
Wendy Burke, Director of Public Health
Eleanor Binks, Director of Adult Services
Lisa Cook, Asst Director of Education, Employment & Skills
Paul Jones, Healthwatch North Tyneside
Chloe Mann, Cumbria, Northumberland, Tyne and Wear NHS Trust
Anna Foster, Cumbria, Northumberland, Tyne and Wear NHS Trust
Kirstin Richardson, Wallsend Primary Care Network
Sam Rennison, Northumbria Police
Dawn McNally, Age UK North Tyneside
Cheryl Gavin, VCS Chief Officer Group
Rachel Nicholson, Public Health
Anya Paradis, North East and North Cumbria Integrated Care Board
Dean Titterton, YMCA North Tyneside

In

attendance: Scott McKeating and Emma Fagan,
North Tyneside Council

HW9/23 Apologies for Absence

In attendance:

HW10/23 Appointment of Substitute Members

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

Charis Pollard for Patrick Garner (Newcastle Hospitals NHS Trust)

Ross Wigham for Birju Bartoli (Northumbria Healthcare)

HW11/23 Declarations of Interest and Dispensations

Councillor Jane Shaw declared a Non-Registerable Personal in Item HW15/23 Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust – Strategy – With you in mind, she is a member of CNTW Council Governors.

HW12/23 Minutes

The Board agreed that the minutes of the previous meeting held on 22 August 2023 be confirmed and signed by the Chair.

HW13/23 Director of Public Health Annual Report

The Director of Public Health, Wendy Burke, presented her Annual Report 2022/23 which was titled Back Home: 10 years of Public Health in North Tyneside. The aim of the report was to provide a look back at the previous 10 years when public health had been returned to local government and to look forward to the next set of focuses.

The Director stated that local authorities understood the importance of “place” in promoting wellbeing, building partnerships and the local opportunities for education, work, leisure, and socialising.

Along with changes in a growing population, lower birth rates and an older overall population with improvement in life expectancy, it was noted there was a decrease in healthy life expectancy at birth for both males and females, but most significantly females.

There have been improvements in a range of health outcomes e.g., increase in breastfeeding rates, fewer teenage mothers, and fewer adults smoking with the Local Government Declaration on Tobacco Control. However, there was an increase in children who are an unhealthy weight and fewer adults being physically active.

The Director noted the decrease in public health allocations to local authorities, and an increase in prevention work along with the work in supporting the benefits for physical and mental health. Alongside further cuts, the commissioning of health visitors and family nurses transferred over from the NHS was welcomed as the final part of the overall public health transfer.

As part of a wider Violence Reduction Unit, the public health team worked with colleagues in community protection, the police, early help and the VCS to form Project VITA which was designed to steer young people away from anti-social behaviour through engagement / opportunities.

During the pandemic, public health was at the centre of measures to tackle the pandemic nationally and locally. An unintended positive consequence was the strengthening of both local partnerships and North East public health systems.

The Public Health Directorate of the Council now has a wider reach, now including community safety, emergency planning, licensing, trading standards and environment health.

The Director of Public Health stated that in the next 10 years of public health in local government the focus must be on social determinants of health such as decent homes, access to good education and skills development, good employment opportunities with a living wage, active transport, good air quality, green spaces and safer communities.

On behalf of the Board the Chair thanked the Director of Public Health and acknowledged the challenges and successes of the past decade. Members of the Board reiterated these tanks, pointing out the importance of collaboration.

The Deputy Chair asked for some further comment on the Authority's progress on childhood obesity. The Director of Public Health responded that this issue was both a challenge of social and commercial factors and currently there were limited powers to tackle the fast-food industry. Currently, the service were looking at the business usage of restaurants as takeaways. Much like the work done with tobacco, legislative changes were also needed.

It was **agreed** that the Director of Public Health Annual Report be **noted**.

HW14/23 Health and Wellbeing Strategy: Implementation Plan 2023/24

The Board received the Health and Wellbeing Strategy: Implementation Plan 2023/24 in order to sign off on its refresh.

The Board highlighted how integral the June workshop's use of the input of members in amending the implementation plan had been.

The members supported the step to sign up to become an age friendly Borough.

A discussion took place about how the plan would tackle vaping, and a discussion took place into how whilst vaping was the best alternative to smoking tobacco, the Board was clear that switching from tobacco to vaping was a distinct issue from those deciding to begin vaping without transitioning from tobacco.

Paul Jones asked if at next year's event, the issue of access to transport and potentially isolated communities could be added into the discussion. The Director of Public Health stated that the Board's role would be limited but could discuss and potentially be a voice.

It was **agreed** (1) to **note** the feedback from the Health and Wellbeing Workshop on the implementation plan and (2) to **approve** the final implementation plan based on the input from the HWBB workshop in June.

HW15/23 Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust - Strategy - With you in Mind

The Board received a presentation of the Cumbria, Northumberland, Tyne & Wear NHS Trust the 'With you in mind' Strategy report.

The members congratulated the trust on the strategy on how lived experience, its accessibility and the carers promise were part of the strategy. A discussion took place on the single assessments. In response to questions, officers said the plan was in place that addiction and mental health would be part of single assessments.

A discussion also took place around the issue of police involvement and support with calls they received about mental health. Both CNTW officers the police said they were continuing to work together and were ready to implement new procedures when all partners were ready. The Police reassured the Board that they were continuing to provide support with calls where an immediate risk was identified.

It was **agreed** (1) to **note** the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust – Strategy – With you in mind.

The Chair stated they were due to attend the national conference for members of the Health Equity Network, and would feed back to the board at the next meeting.

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North Tyneside Council Health & Wellbeing Board Report Date: 30 November 2023

Title: Health and Wellbeing
Board Constitution

Report from: North Tyneside Council

Report Author: Sonia Stewart, Democratic Services
Officer

Responsible Officers: Wendy Burke, Director of Public Health,
Allison Mitchell, Head of Governance

1. Purpose:

To seek the views of the Health and Wellbeing Board on the provisions relating to the Health and Wellbeing Board which are currently set out in the Authority's constitution (Version 27), which was agreed in May 2023; ahead of the formal review of the Constitution which will take place in May 2024.

2. Recommendation(s):

The Board is asked to provide its views on any changes it may wish to propose to the current constitution, ahead of the formal-review of the Constitution which will take place in advance of the next annual Council meeting in May 2024.

3. Information

3.1 All local authorities are required to have a Constitution which sets out important principles and processes regarding formal decision making. The Constitution is therefore a fundamental part of the Authority's governance processes. The Constitution is agreed by full Council, and any changes to the Constitution must similarly be proposed to and agreed by full Council.

3.2 In North Tyneside Council, amendments to the Constitution are proposed to the annual meeting of Council which takes place each May. The next full review of the Constitution will therefore be considered by Annual Council in May 2024.

3.3 The process for gathering and compiling potential changes to the Constitution is as follows:

- (a) In the last quarter of the year (February / March 2024), the Authority's Democratic Services Team begin to canvass and compile information on changes which may be required to the Constitution. These potential changes are captured on the proforma template attached as **Appendix A** to this report. The template allows for the current provisions to any part of the current Constitution, and proposed changes to those areas together with the rationale explaining why the change is considered to be necessary, to be clearly set out. Any elected member, officer or relevant party is able to propose changes by completing a template and submitting this to Democratic Services
- (b) In April 2024, a Constitution Task Group comprising of elected members appointed on a politically balanced basis will then meets to consider the changes proposed. Following that consideration, a report is prepared on behalf of the Constitution Task Group, setting out the changes which Constitution Task Group propose should go forward to full Council for approval
- (c) That report of Constitution Task Group will then be considered by Annual Council in May 2024. Any changes agreed by Council will then be reflected in an updated Constitution to be published in May 2024.

3.4 Ahead of that formal process commencing in the new year, Health and Wellbeing Board may wish to consider the current provisions in the Constitution (Version 27, May 2023) as these relate to the Health and Wellbeing Board, to determine whether any changes should be proposed once the formal review process outlined above commences in February 2024. An extract from the current Constitution is attached as **Appendix B**.

3.5 As outlined above, it is a decision of full Council (in May 2024) as to whether changes to the Constitution will be made. However it would be helpful to Council's consideration of this matter to know any views or suggestions which lead Directors, or Health and Wellbeing Board members, may wish to propose to the current provisions on the Health and Wellbeing Board set out in the Constitution. Any such views can be captured ready to feed into the formal review process outlined above.

4. Appendices:

Appendix A: Constitution Review Template

Appendix B: Extract from current constitution (Version 27, May 2023), setting out provisions relating to the Health and Wellbeing Board

5. Contact officers:

Sonia Stewart, Democratic Services, North Tyneside Council
Wendy Burke, Director of Public Health, North Tyneside Council
Allison Mitchell, Head of Governance, North Tyneside Council

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

1 Finance and other resources

There are no financial implications arising from this report.

2 Legal

It is a legal requirement to have a Constitution and there is a need to follow the Council processes which are outlined in the main body of this report.

3 Consultation/community engagement

There are no consultation or community engagement matters that are relevant to this report.

4 Human rights

There are no human rights implications arising from this report.

5 Equalities and diversity

There are no equalities and diversity issues arising from this report.

6 Risk management

There are no risk management issues arising from this report.

7 Crime and disorder

There are no crime and disorder issues arising from this report.

8 Environment and sustainability

There are no environment or sustainability issues arising from this report.

Constitution and Associated Documents – Proposed Changes

	Section and Reference	Existing Text	Proposed amendment including revised text if appropriate
		Reason for proposed change:	
	Implications of proposed change: <ul style="list-style-type: none"> • Finance and other resource implications: • Legal implications: • Consultation/Engagement undertaken (internal and external): • Human Rights implications: 		

- **Equalities and Diversity implications:**
- **Risk Management implications:**
- **Crime and Disorder implications:**
- **Environment and Sustainability implications:**

Proposed by:
Service Area:
Contact Tel. No:

Head of Service sign-off:
(please insert a cross in the box)

**Appendix B –
Extract from North Tyneside Council Constitution (Version 27, May 2023)**

Article 10 – Health and Wellbeing Board

1. Introduction

The Authority is required to appoint a Health and Wellbeing Board to ensure that there is an integrated approach to the provision of health and social care services in the area. The Board brings together representatives from a range of relevant organisations to provide shared leadership of the strategic approach to health and wellbeing of communities in North Tyneside.

The Board is responsible for:-

- encouraging the commissioners of health and social care services to work in an integrated manner to improve the health and wellbeing of people in the area, including the making of joint arrangements;
- preparing a Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy and Pharmaceutical Needs Assessment; and
- encouraging the commissioners of health-related services, such as housing, to work closely with the Board and the commissioners of health and social care services.

2. Proceedings

The Health and Wellbeing Board will conduct its proceedings in accordance with Part 3.5E, Terms of reference of Committees, and Part 4.6, Health and Wellbeing Board Rules of Procedure, of the Constitution.

Part 4 Rules of Procedure

4.6 Health and Wellbeing Board

1. Membership

The membership of the Board will comprise:-

- a) the Elected Mayor, if nominated by him/herself;
- b) five councillors to be nominated by the Elected Mayor;
- c) the Authority's Director of Public Health and Director of Services for Children and Adults
- d) a representative of the North Tyneside NHS Clinical Commissioning Group
- e) a representative of Healthwatch North Tyneside
- f) for the purpose of participating in the preparation of a Joint Strategic Needs Assessment or a Joint Health and Wellbeing Strategy, a representative of the NHS Commissioning Board; and
- g) such other persons as the Board thinks appropriate.

With the exception of those members falling within category a) and b) all other members will be non-voting co-opted members.

2. Meetings

Where possible, a programme of ordinary meetings of the Board will be set each year, usually by the full Council. Notice of meetings will be given to the public in accordance with Part 4.11 - Access to Information Rules of Procedure.

3. Extraordinary Meetings

Extraordinary meetings of the Board may be called, where possible following consultation with the Chair and Deputy Chair, where it is considered necessary or appropriate; or at the request of the Chair and Deputy Chair or any three Members of the Board.

Other than in exceptional circumstances, the time of commencement of extraordinary meetings should be the same as for ordinary meetings.

4. Agenda

The Head of Law, where possible in consultation with the Chair and Deputy Chair, will determine the agenda for meetings of the Board.

At least five clear working days before a meeting, an agenda will be sent to every member of the Board.

The agenda will give the date, time and place of each meeting and specify the order of the business to be transacted, and will be accompanied by such reports as are available.

Urgent reports on items of business may only be added to the agenda if the reasons for urgency can be sufficiently justified and the approval of the Chair has been given. The reasons for urgency will be recorded in the minutes of the meeting

Any matters referred to the Board by either the Council or the Cabinet will be placed on the agenda for the next available meeting of the Board. The Board will, at that meeting, determine the method and timetable for responding to any such referrals.

5. Chair

The Chair and Deputy Chair of the Board will be appointed by the Council.

Meetings of the Board will be chaired by the Chair or in his/her absence the Deputy Chair. In the absence of the Chair and Deputy Chair, Members of the Board present will elect from amongst themselves a Chair for the duration of the meeting.

6. Quorum

A meeting of the Board cannot begin until a quorum is present. The quorum for the Board will be no less than a quarter of the whole membership and at least two elected Members of the Council.

If a quorum is not reached 15 minutes after the time appointed for the start of the meeting, the meeting will be reconvened on another date.

During any meeting if the Chair counts the number of Members present and declares there is not a quorum present, then the meeting will adjourn immediately.

Remaining business will be considered at a time and date fixed by the Chair. If the Chair does not fix a date, the remaining business will be considered at the next ordinary meeting.

7. Declaration of Interests in Meetings

Where a Member attends a meeting of the Board they must declare any registerable or non-registerable personal interests as defined in the Council's Code of Conduct for Elected Members and Co-opted Members, before consideration of that item begins or, if later, when they become aware of that interest.

In addition, where in relation to any meeting a Member has declared a registerable or non-registerable personal interest in a matter, and the criteria contained in paragraph 17 of the Members' Code of Conduct apply, the Member must leave the room for the duration of the discussion on that matter.

8. Duration

Unless the majority of Members of the Board present vote for the meeting to continue, any meeting that has lasted for 3½ hours will adjourn immediately. Remaining business will be considered at a time and date fixed by the Chair. If the Chair does not fix a date, the remaining business will be considered at the next ordinary meeting.

If the majority of Members vote for the meeting to continue no business shall be taken after a further 15 minutes beyond the initial 3½ hours.

9. Voting

Where possible matters will be decided by a consensus of members of the Board present in the room at the time the question was put.

When a consensus cannot be reached on any matter then it will be decided by a simple majority of the Members of the Board entitled to vote who are present in the room at the time the question was put.

Unless a ballot or recorded vote is demanded, the Chair will take the vote by show of hands. The Chair will announce the numerical result of the show of hands immediately after the result is known.

The vote will take place by ballot if two Members of the Board present at the meeting demand it. The Chair will announce the numerical result of the ballot immediately the result is known.

If two Members of the Board present at the meeting demand it, the names for and against the motion or amendment or abstaining from voting will be taken down in writing and entered into the minutes. A demand for a recorded vote will override a demand for a ballot.

Where any Member of the Board requests it immediately after the vote is taken, their vote will be so recorded in the minutes to show whether they voted for or against the motion or abstained from voting.

If there are more than two people nominated for any position to be filled and there is not a clear majority of votes in favour of one person, then the name of the person with the least number of votes will be taken off the list and a new vote taken. The process will continue until there is a majority of votes for one person.

10. Substitutions

Any Member of the Board who is unable to attend any meeting may appoint a Member to act as a substitute at that meeting. Substitute Members may attend only in the capacity set out below:

- a) to take the place of the ordinary member of the Board;
- b) where the ordinary member of the Board will be absent for the whole of the meeting; and
- c) after notifying the relevant Democratic Services Officer prior to the commencement of the meeting of the intended substitution.

Appointments of substitute Members will be reported to meetings of the Board at the commencement of business.

Once notification of a substitute Member has been received (unless it is withdrawn prior to the commencement of the meeting) the appointed Member of the Board shall not be entitled to attend the relevant meeting as a Member of the Board.

Any substitution shall apply for the entire meeting including where the meeting is reconvened after adjournment.

11. Minutes

The Chair will sign the minutes of the proceedings at the next suitable meeting. The Chair will move that the minutes of the previous meeting be signed as a correct record. Discussion of the minutes must be limited to their accuracy.

Where in relation to any meeting, the next meeting for the purpose of signing the minutes is a meeting called under paragraph 3 of schedule 12 to the Local Government Act 1972 (an Extraordinary Meeting), then the next following meeting (being a meeting called otherwise than under that paragraph) will be treated as a suitable meeting for the purposes of paragraph 41(1) and (2) of schedule 12 relating to signing of minutes.

The effect of this is that minutes will not be submitted for approval to an extraordinary meeting.

12. Exclusion of Public

Members of the public and press may only be excluded either in accordance with Part 4.11 – Access to Information Rules or when causing a disturbance (see below).

13. Disturbance by the Public

If a member of the public interrupts proceedings, the Chair will warn the person concerned. If s/he continues to interrupt, the Chair will order his/her removal from the meeting room.

If there is a general disturbance in any part of the meeting room open to the public, the Chair may call for that part to be cleared.

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North Tyneside Health & Wellbeing Board Report

Date: 30 November 2023

Title: Equally Well
Progress update: Best
Start in Life

Report Author: Rachel Nicholson, Head of Public Health Strategy and Policy (Tel: 0191 643 8073)

Responsible Leads: Mary Connor, Assistant Director
Safeguarding and Children's Services, North
Tyneside Council
Wendy Burke, Director of Public Health,
North Tyneside Council
Janet Arris, Deputy Director of
Commissioning, NHS North East and North
Cumbria
Jill Harland, Public Health Consultant,
Northumbria Healthcare NHS Foundation
Trust

Report From: Relevant Partnership Board: North Tyneside Children and Young People Partnership

1. **Purpose: Progress Update, Equally Well: Best Start in Life (BSIL)**

This item relates to the Best Start in Life 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 means that every child in North Tyneside will be given the best start in life supported by families, communities, and high-quality integrated services.

2. **Recommendation(s):**

The Board is recommended to: -

- Note the progress in delivering the Best Start in Life by the Children and Young Person's Partnership.
- Discuss the progress and approach to further develop multi-agency working in Family Hubs in North Tyneside, as set out in the separate presentation.

3. Progress update: Best Start in Life

Evidence is clear that the early years (pre-birth to five years) is a crucial period of development. The period from conception to age two is globally recognised as critical for building strong societies. The experiences of parents, babies and children during this time lay the foundations for their future and shape their development, educational attainment, and life chances. For families facing multiple challenges and disadvantage, the importance of appropriate support during this time can have lifelong impact.

The Children and Young People's Partnership (CYPP) is responsible for the leadership and governance of this theme. Highlights of progress from partners against the implementation plan for 2023/24 and achievements include:

3.1. *Establish a Family Hub steering group (incorporating BSIL) to oversee the work programme.*

Mary Connor, Assistant Director Safeguarding and Children's Services is chairing a new multi-agency Family Hub Steering Group which is accountable to the Children and Young People's Partnership Board. The purpose of the Steering Group is to enable the system across North Tyneside to build on the existing firm foundations to further develop the Family Hub Model (in the context of the overarching Community Hub Strategy for the borough).

Family hubs are a way of joining up locally and bringing existing family support services together to improve access to services, connections between families, professionals, services, and providers, and putting relationships at the heart of family help.

While North Tyneside did not receive national funding for the Government's Family Hub and Start for Life Programme there remains an ambition to meet the expectations of the programme. The Steering Group provides action focused, system leadership and has strategic oversight in the development of family hubs. A key element of the Equally Well: Best Start in Life implementation plan is to expand the delivery of multi-agency services in family hubs model in the borough – particularly targeting families facing multiple challenges and disadvantage. In addition to developing a system wide communication action plan to ensure the start for life offer reaches all communities.

Presentation and discussion on expanding the delivery of multi-agency services in Family Hubs to follow at this meeting.

3.2. *Provide targeted enhanced stop smoking support and free NRT (Nicotine Replacement Therapy) to all women who smoke during pregnancy.*

Northumbria Healthcare NHS Foundation Trust is a key partner of North Tyneside's Smokefree Alliance which aims to work together as a whole system to ensure that North Tyneside facilitates a smokefree generation by 2025. The Foundation Trust introduced a Best Start in Life pathway in May 2022 as part of the NHS Long Term Plan Tobacco Dependency Treatment requirements. In addition to the requirements set out in the NHS Long Term Plan, the Best Start in Life pathway offers a flexible, holistic approach to smoking cessation. The Best Start in Life team are based in the Family Hubs in Howdon and Riverside, also the

Cedarwood Trust centre in Meadowell and the Wallsend Hadrian Centre to ensure that services are in areas of highest need. The team are all trained in several areas which enable them to provide support to those with complex issues, including, housing support, financial signposting, emotional wellbeing, physical activity. The team are all trained as health coaches therefore adopt a 'behaviour change approach' to all contacts which supports women during their pregnancy, particularly to stop smoking. Women who are unable to attend a clinic are offered home visits, where this is not appropriate flexible alternatives are offered.

Between July 2022 and October 2023, 1,340 women resident in North Tyneside delivered with the trust, with 217 (8.3%) of these women identified as smokers at the time of delivery.

Since the implementation of the Best Start in Life pathway, Trust SATOD (Smoking at time of delivery) levels have reached their lowest reported level (currently 6% YTD). More detail on data in section 4 and Appendix 1.

3.3. *Deliver targeted interventions to increase breast feeding in areas of the borough with low uptake as part of UNICEF accreditation in Trusts and the 0-19 service.*

North Tyneside Council's wider 0-19 team and the Infant Feeding Specialist and Infant Feeding Public Health Assistant (IFPHA) continue to deliver a range of initiatives to improve health outcomes for children and families by supporting, inspiring, and encouraging families to achieve their feeding goals. This includes the support and promotion of breastfeeding across the borough, delivering the ambitions of North Tyneside's Breastfeeding Strategy and the UNICEF Baby Friendly Initiative standards. Our 0-19 public health service had been awarded the UNICEF Gold Accreditation (The UNICEF UK Baby Friendly Initiative supports breastfeeding and parent infant relationships by working with public services to improve standards of care). Recently the service has been trialling Virtual Infant Feeding Session for new mams, which have proven to be popular and had good feedback.

Northumbria Healthcare NHS Foundation Trust has achieved UNICEF Stage 2 accreditation and partial Stage 3 (due to complete early 2024). The Trust is currently working with the Vulnerable Parent Midwife and a 0-19 Health Visitor to offer educational sessions in New Beginnings, which is a scheme run by North Tyneside Homes to provide short-term accommodation for up to two years to young parents aged 16 to 25. The Trust are exploring how they can expand this offer this in Family Hubs and other community venues.

3.4. *Provide community-based peer support programmes for parents, focussed on best start in life such as peer breast feeding and parenting support.*

The North Tyneside Best Start project is a peer mentoring project for new parents in North Tyneside that aims to reduce parental isolation. The project is commissioned and supported by North Tyneside Council's 0 – 19 Children's Public Health Service and currently delivered by VODA. The project links mothers who have parenting experience (peer supporters) to new mothers who may need support. Volunteer peer supporters work closely with the 0 – 19 team's specialist infant feeding co-ordinator. They volunteer in community venues supporting families with basic information sharing and support around: Infant feeding, safe sleep, coping with crying, understanding your baby's behaviour, emotional health,

transition to parenthood, and signposting to further support. The peer support also helps to reduce parental isolation and give new parents an opportunity to meet other parents in their own community as demonstrated by this quote from a local mum:

“I feel very fortunate to have access to Best Start in my local area. I have particularly struggled with breastfeeding my newborn baby, however I have received really good advice and support from the volunteers there and have overcome this issue. I also felt quite isolated at home since having my baby, which has affected my mental health but Best Start gives me the opportunity to socialise with other mums in a relaxed environment which is a welcomed break from day to day stresses. It has also led me to extend those friendships outside of the sessions. I always look forward to attending Best Start and feel they are a really valuable resource to families.”

3.5. *Agree an oral health action plan to focus on preventative actions to reduce oral health inequalities.*

An oral health needs assessment is currently in progress, which will form part of the North Tyneside Joint Strategic Needs Assessment. Following the needs assessment an action plan will be developed by the end of February 2024 and agreed by the Family Hub Steering Group to improve oral health through targeted efforts aimed at identified vulnerable groups.

3.6. *Maximise the uptake of benefits for families including those for childcare and healthy start ensuring all early years workers understand and promote the offer.*

The national Healthy Start Scheme is aimed at eligible pregnant women and families with children under 4, providing access to good food: fruit, vegetables, milk and vitamins which are so important to give children the best start in life at a time when some families are increasingly struggling to put food on the table.

To increase uptake in the Healthy Start offer Active North Tyneside and the Public Health team developed an action plan with partners that is focused on raising awareness of the Healthy Start Scheme among our residents and this includes:

- Our health visitors provide Healthy Start vitamins and talk to families at all key contacts about the Healthy Start scheme and provide practical support for those eligible to apply.
- Public Health Apprentices will be supporting baby clinics across North Tyneside to raise awareness of Healthy Start and support eligible parents to apply in the clinic setting.
- Delivering bite size training sessions to a range of frontline staff so that they have the knowledge to talk to families about Healthy Start and can offer practical help with completing online forms.
- Displaying Healthy Start scheme promotional information on Council Websites, on our social media, in Family Hubs and Customer First Centres and NHS Trust sites.
- North Tyneside's Poverty Partnership and network is also raising awareness of the scheme, sharing promotional materials to encourage uptake, particularly targeting families on low incomes for example through the Bay Food Bank and The Bread and Butter Thing where families can use the Healthy Start card.

- 3.7. The '2 Matters' award has been developed in North Tyneside and is being widely promoted across settings working with our most vulnerable children. The award aims to ensure that wherever 2-year-old children access their funded provision in North Tyneside, they receive the same high quality of care and education, and Practitioners consider the whole family and any identified needs. This approach supports children to be Ready for School.

4. Performance indicators

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

Appendix 1 gives an overview of the direction of travel indicators for achieving a Best Start in Life. 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.

4.1. Smoking status at the time of delivery

The Smoking Status at Time of Delivery (SATOD) collection covers information on the number of women smoking and not smoking at time of delivery (child birth).

Since the implementation of the Best Start in Life pathway, Northumbria Foundation Trust Smoking at the time of delivery (SATOD) levels have reached their lowest reported level (currently 6% YTD). NENC data for Q1 2023/24 shows that North Tyneside has the lowest SATOD on the region (6.3% vs regional average 10.5%).

North Tyneside's overall rate is that 8.3% of pregnant women smoked at the time of delivery (2021/22), which is the lowest rate in the North East. The trend data shows a positive reduction since 2010/11 when 17% of women were smoking at the time of child birth in North Tyneside, which also reflects national trends.

Unfortunately, we know that women from our most deprived communities are more likely to smoke at the time of child birth and we continue to work together to assess if there is more targeted work that could be carried out to support women to stop smoking.

4.2. Breastfeeding prevalence at 6-8 weeks after birth

North Tyneside's rate of breastfeeding 6-8 weeks after birth is 44.4%, compared with the regional rate of 35.7% and England rate of 49.2%. The trend data shows a small increase in the rates of breastfeeding at 6-8 weeks since 2015/16 when it was 38% in North Tyneside.

North Tyneside's current overall breastfeeding rate is the best in the North East region. When the rates for different localities in North Tyneside are analysed there are still inequalities within North Tyneside. However, it should be noted that since reporting on this indicator last year while the South West locality still has the lowest rate at 49.5% this rate is higher than even the average England rate.

4.3. Good level of development at 2 to 2 ½ years of age

The indicators for children achieving their milestones at 2 to 2 ½ years of age show that 86% of North Tyneside's children are meeting them (2021/22), which is a reduction from last year's report. This is still a higher percentage than the North East, 84% and England, 81%. However, when we consider the different localities in North Tyneside it is children from our most deprived areas who are not achieving a good level of development; only 77% of children from the Central locality are meeting the milestones, compared with 93% of the children living in the Coastal locality.

4.4 School Readiness

The indicators for children being ready for school show that 73% of North Tyneside's children achieve the knowledge, skills and behaviours that enable children to participate and succeed in school by the end of reception, which is similar to the North East and England figures.

Again, when the data is analysed for those children who are eligible for free school meals and therefore living in more economically deprived families, it shows that 54% of these children in North Tyneside are ready for school.

4.5 National Child Measurement Programme – end of reception

The National Child Measurement Programme (NCMP) is a nationally mandated public health programme that provides high quality Body Mass Indicator (BMI) data on all children in state-supported schools in England in reception (age 4-5 years) and Year 6 (age 10-11 years) and is part of the government's approach to tackling child obesity.

The results for the 2022-23 programme showed that over 1 in 5 children in Reception (22.3%) have excess weight. Whilst this is the lowest in the North East, it is higher than the England average. Overall, this was a decrease from the previous year but still higher than pre-pandemic levels.

In addition, there are areas within North Tyneside that have significantly higher rates of excess weight, including 29.7% in Northumberland Ward. The North Tyneside Healthy Weight Alliance continues to explore these issues.

4.6. Cost of living considerations

All the indicators above demonstrate there are still inequalities across North Tyneside meaning some children do not experience the Best Start in Life.

The cost-of-living rises will impact on a large cohort of people across North Tyneside. The cumulative impact of rising costs is likely to push more families into poverty which will have lasting impacts for our younger generation. Growing up in poverty can affect every area of a child's development and future life chances.

These challenges reinforce the need for concerted effort to ensure every child no matter where they live in North Tyneside has the same opportunities for experiencing the Best Start in Life and there are clear links with the Equally Well priority around Ensuring a Healthy Standard of Living for All.

5. Community engagement

The development of North Tyneside's Family Hub model has included engagement with families, including parent and carer engagement activities, and families being able to submit feedback on their experiences. Ensuring the voice of families is taken into account during service design and delivery will continue as the local model evolves.

6. Appendices:

Appendix 1 – Performance indicators

7. Contact officers:

Lesley Davies, Senior Manager, Prevention Early Help, 0191 643 6462

Jo Connolly, Head of Service, 0-19 Children's Public Health Service, 0191 643 4364

Rachel Nicholson, Head of Public Health Strategy and Policy, 0191 643 8073

8. Background information:

The following background documents have been used in the compilation of this report to the Health and Wellbeing Board:

[A Family Hub and Start for Life Programme Guide](#)

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 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 Joint Health and Wellbeing 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.

11 Human rights

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

12 Equalities and diversity

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

13 Risk management

Relevant risks have been identified regarding this report, they are currently held on the Authority’s corporate, strategic risk registers, they are being reviewed and managed as part of the Authority’s normal risk management process.

14 Crime and disorder

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

SIGN OFF

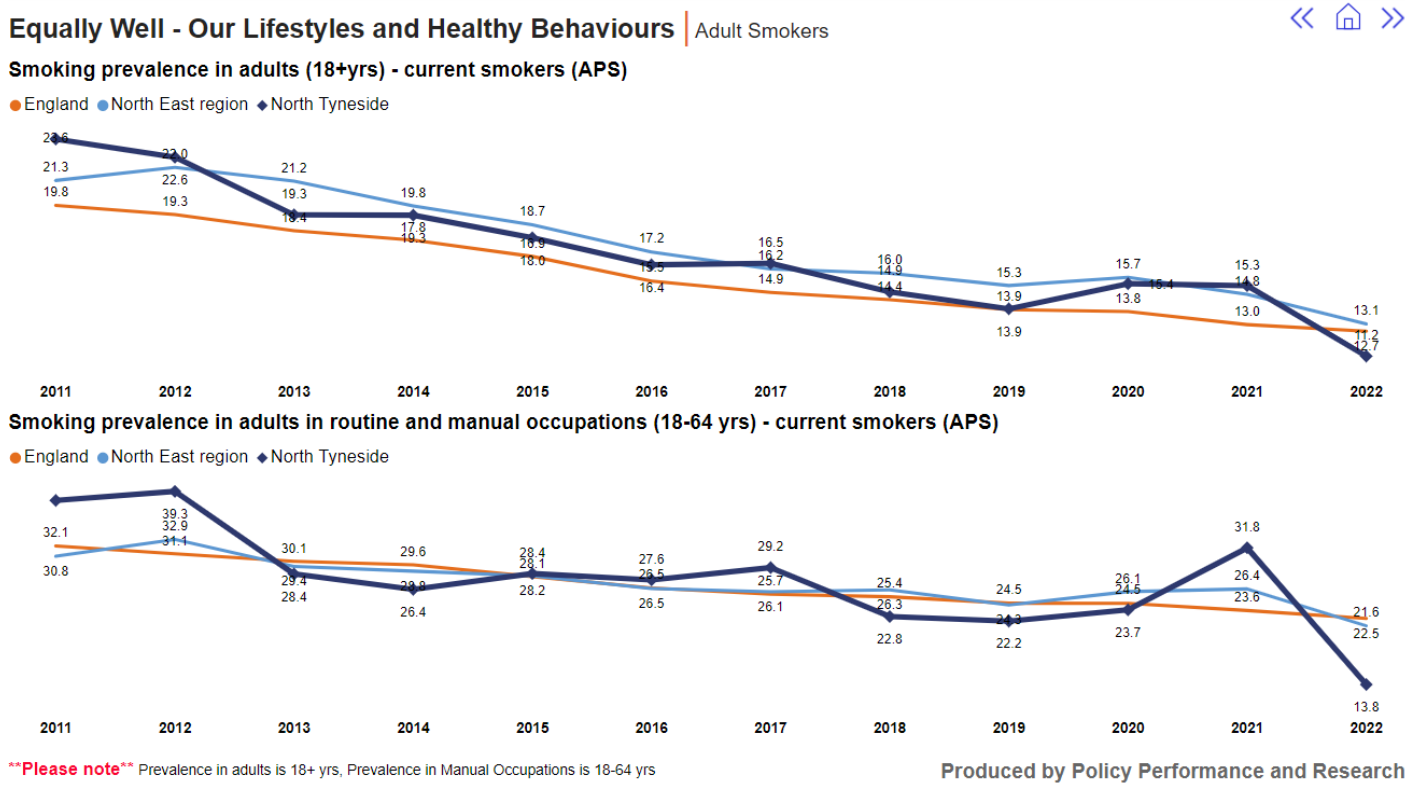
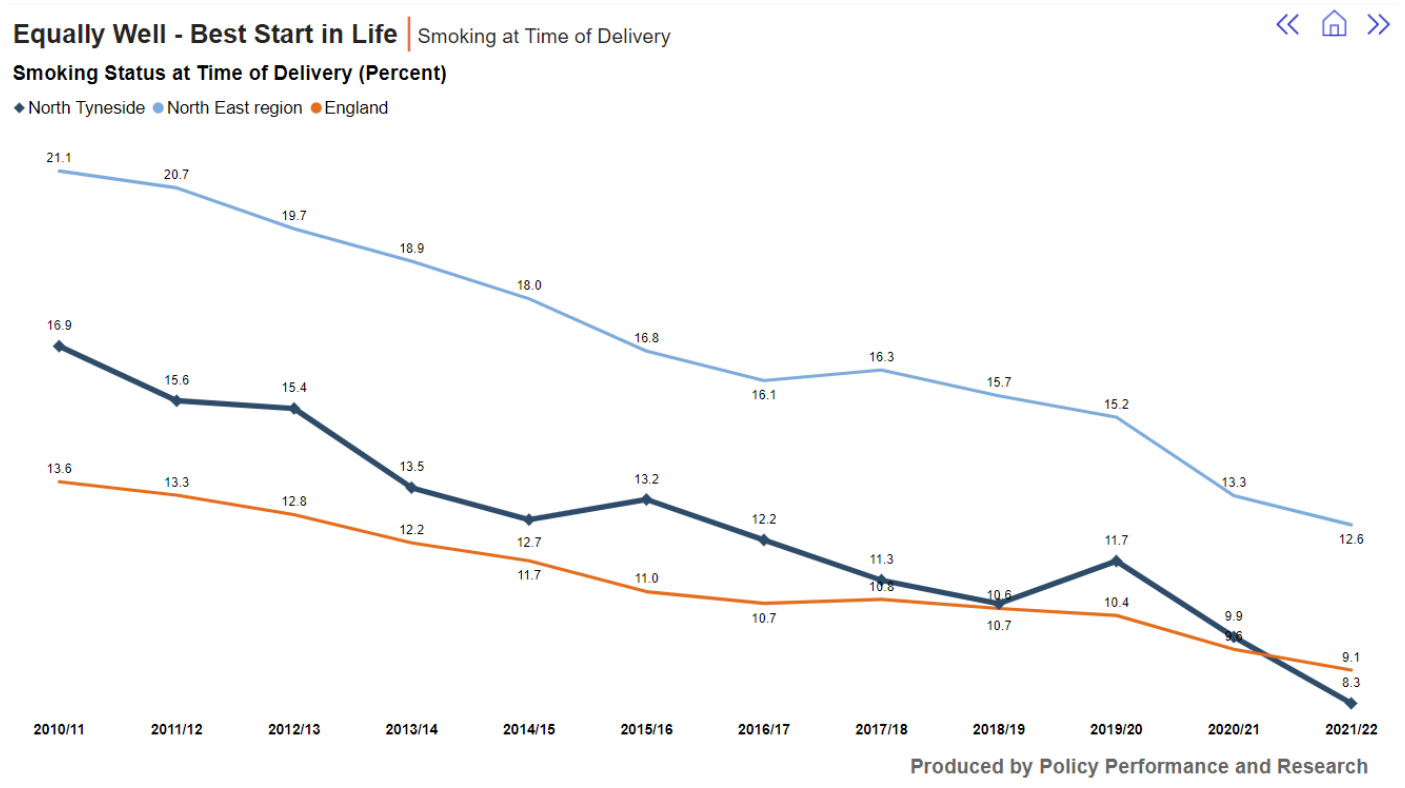
As relevant members, partners and senior officers clear the report this will be recorded by Democratic Services by placing an X in the corresponding boxes.

Chair/Deputy Chair of the Board	<input type="checkbox"/>
Director of Public Health	<input type="checkbox"/>
Director of Children’s and Adult Services	<input type="checkbox"/>
Director of Healthwatch North Tyneside	<input type="checkbox"/>
CCG Chief Officer	<input type="checkbox"/>
Director of Resources	<input type="checkbox"/>
Director of Law & Governance	<input type="checkbox"/>

APPENDIX 1 – Performance indicators: Best Start in Life

Health and Wellbeing Board 30 November 2023

Indicator 1: Smoking status at time of delivery



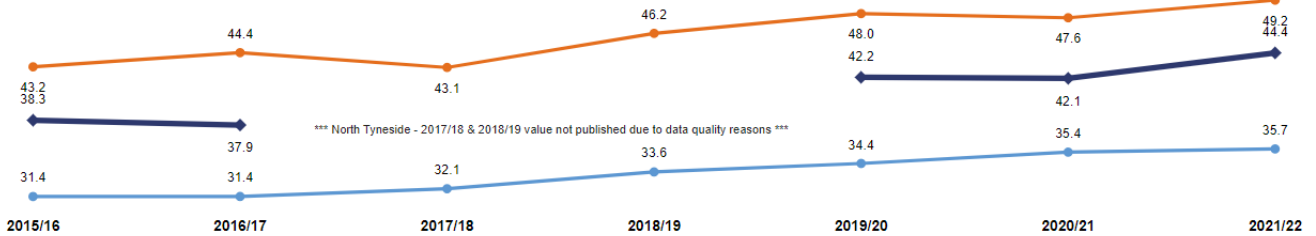
Indicator 2: Breastfeeding prevalence at 6-8 weeks after birth

Equally Well - Best Start in Life | Breastfeeding at 6-8 Weeks



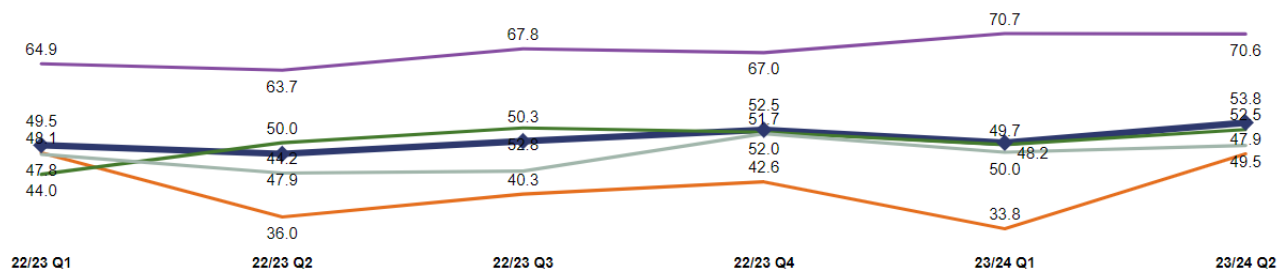
Breastfeeding prevalence at 6-8 weeks after birth - current method

◆ North Tyneside ◆ North East region ◆ England



Breastfeeding prevalence at 6-8 weeks after birth - by North Tyneside Locality

◆ TOTALS ◆ SOUTH WEST ◆ NORTH WEST ◆ COAST ◆ CENTRAL



Produced by Policy Performance and Research

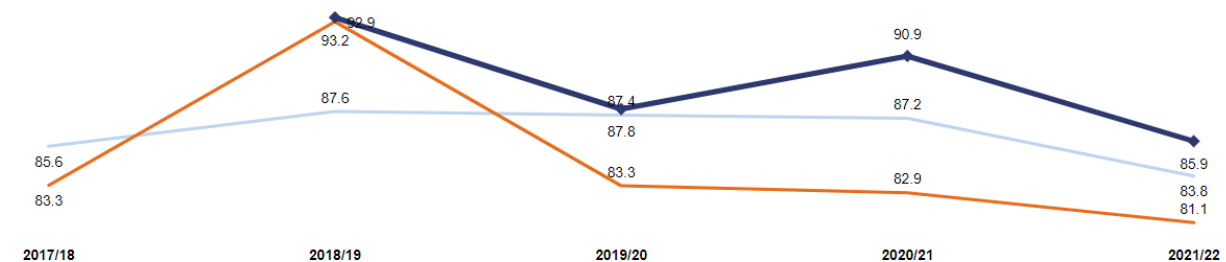
Indicator 3: Good level of development at 2-2 ½ years of age

Equally Well - Best Start in Life | Good Level of Development by 2-2½ years



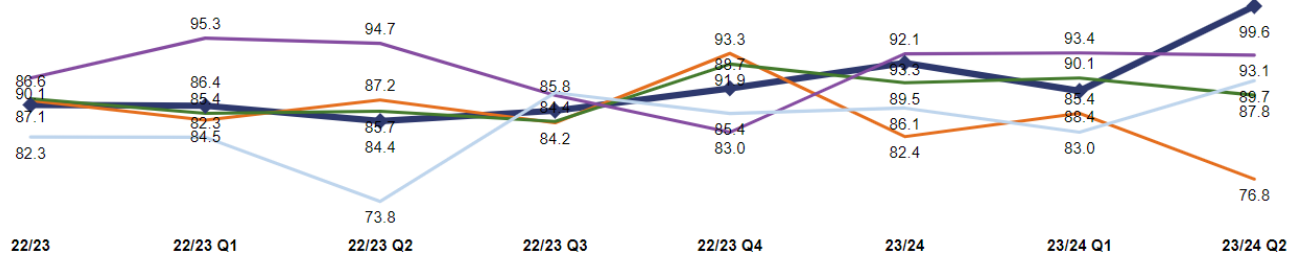
Child development: percentage of children achieving a good level of development at 2-2½ years

◆ North Tyneside ◆ North East region ◆ England



Percent above the threshold in all 5 ASQs - by North Tyneside Locality

◆ TOTALS ◆ SOUTH WEST ◆ NORTH WEST ◆ COAST ◆ CENTRAL



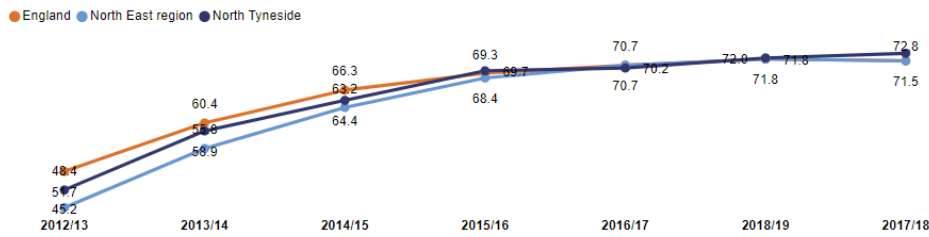
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Indicator 4: School Readiness: achieving a good level of development at the end of Reception

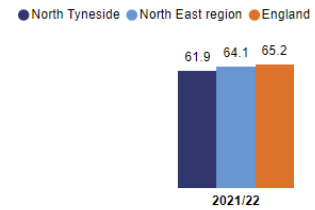
Equally Well - Best Start in Life | School Readiness



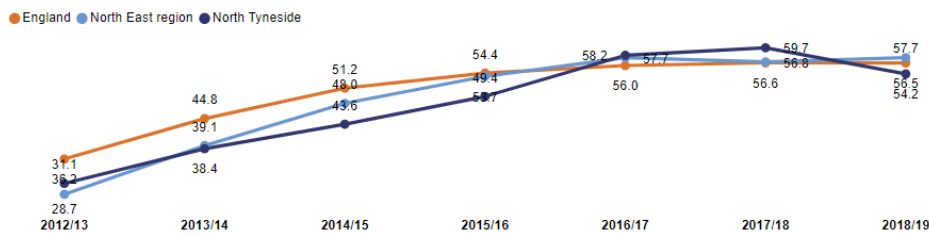
School readiness: percentage of children achieving a good level of development at the end of Reception



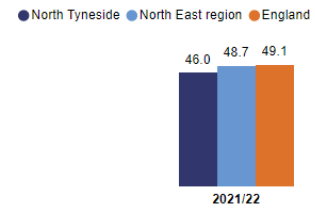
School readiness: percentage of children achieving a good level of development at the end of Reception



School readiness: percentage of children with free school meals achieving a good level of development at the end of Reception



School readiness: percentage of children with free school meals achieving a good level of development at the end of Reception



NOTE
In 2021 to 2022 EYFS reforms were introduced in September 2021. As part of those reforms, the EYFS profile was significantly revised. It is therefore not possible to directly compare 2021 to 2022 assessment outcomes with earlier years. It is also the first release since the publication of the 2018 to 2019 statistics, as the 2019 to 2020 and 2020 to 2021 data collections were cancelled due to coronavirus (COVID19).

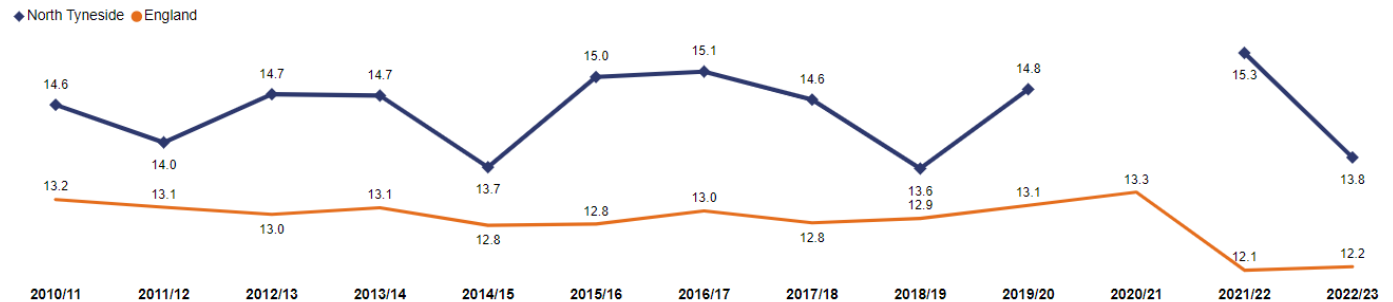
Produced by Policy Performance and Research

Indicator 5: National Child Measurement Programme – end of Reception

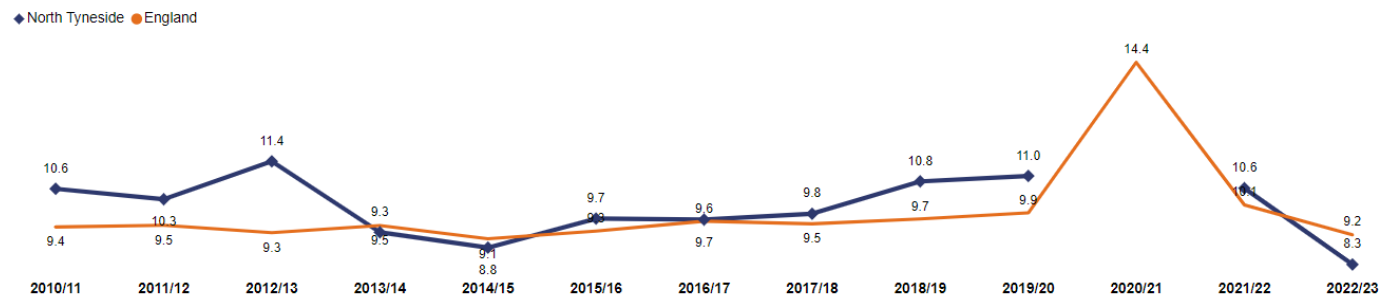
Equally Well - Best Start in Life | National Child Measurement Programme (NCMP)



Prevalence of overweight in Reception (%)



Prevalence of obesity (including severe obesity) in Reception (%)



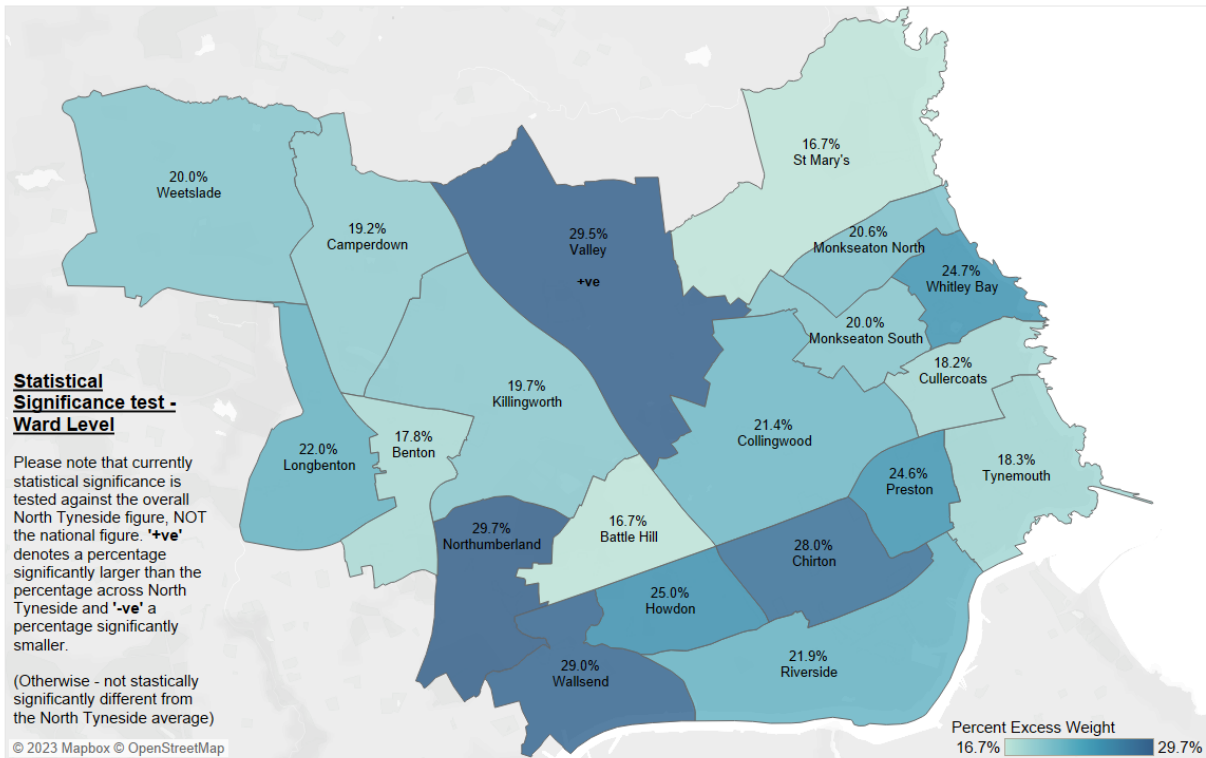
NB - Data gap for North Tyneside in 2020/21 is due to Covid 19 restrictions

Produced by Policy, Performance and Research

Map by Ward showing excess weight by ward

2022-23 NCMP : Reception Excess Weight - By Ward

(North Tyneside figure = 22.3%)



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