



North Tyneside Council

# Health and Wellbeing Board

Wednesday, 20 March 2024

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

on **Thursday, 28 March 2024**

at **10.00 am**

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

<b>Agenda Item</b>	<b>Page(s)</b>
<b>1. Chair's Announcements</b>	
<b>2. Apologies for Absence</b> To receive apologies for absence from the meeting.	
<b>3. Appointment of Substitute Members</b> 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.	

If you need us to do anything differently (reasonable adjustments) to help you access our services, including providing this information in another language or format, please contact [democraticsupport@northtyneside.gov.uk](mailto:democraticsupport@northtyneside.gov.uk)

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 - 12

To confirm the minutes of the meeting held on 25 January 2024.

6. **Healthwatch North Tyneside**

A presentation will be provided to consider the trends in the feedback gathered by Healthwatch North Tyneside

7. **Equally Well Progress Update - The Places and Communities We Live In and With**

13 - 22

This item relates to the theme of the Places and Communities we live in and with, from the Joint Health and Wellbeing Strategy, "Equally Well: A healthier, fairer future for North Tyneside 2021- 2025".

As outlined in 'Equally Well' the place and environment we live in plays a vital role in both improving and protecting the health and wellbeing of our communities.

8. **Equally Well Progress Update – Our Lifestyles and Healthy Behaviours Across The Life Course** 23 – 70

This item relates to the ‘Our lifestyles and healthy behaviours across the life course’ 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.

9. **North Tyneside Health, Care and Wellbeing Executive Board (North Tyneside Place Based Sub-Committee): Oral Health and Dental Access Recovery in North Tyneside** 71 – 94

A joint presentation will be provided to the Board in relation to oral health and dental access recovery in North Tyneside

## **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

W Burke – Director of Public Health

J Firth – Director of Children's Services

E Binks – Director of Adult Services

A Paradis – North East and North Cumbria Integrated Care Board

J Laughton – Assistant Chief Executive, North Tyneside Council

J Sparkes – Director of Regeneration

P Mennell – Director of Housing

P Jones – Healthwatch North Tyneside

P Garner – Newcastle Hospitals NHS Foundation Trust

B Bartoli – Northumbria Healthcare NHS Foundation Trust

C Mann – Northumbria Healthcare Foundation Trust

C Nevison – Healthwatch North Tyneside

K Richardson – Wallsend Primary Care Network

C Lilly – North Shields Primary Care Network

R Scott – Whitley Bay Primary Care Network

K Blomfield – North West Primary Care Network

P Whelan-Moss – Tyne Health

C Armstrong – North East Ambulance Service

S Rennison – Northumbria Police

S Thomas – Tyne and Wear Fire and Rescue Service

S Martin – Department for Works and Pensions

D McNally – Age UK Tyneside

G Morris – North of Tyne Pharmaceutical Committee

C Gavin – Voluntary and Community Sector Chief Officers Group

D Titterton – YMCA North Tyneside

# Agenda Item 5

## Health and Wellbeing Board

25 January 2024

**Present:** Councillor K Clark (Chair)

Councillor P Earley  
Councillor J O'Shea  
Councillor P Oliver  
Councillor J Shaw

E Binks – Director of Adult Services  
J Firth – Director of Childrens Services  
P Garner – Newcastle Hospitals NHS  
Foundation Trust  
P Jones – Healthwatch North Tyneside  
C Mann – Cumbria, Northumberland, Tyne &  
Wear NHS Trust  
D McNally – Age UK North Tyneside  
P Mennell – North Tyneside Council  
C Nevison – Healthwatch North Tyneside  
A Paradis – North East and North Cumbria  
Integrated Care Board  
K Richardson – Wallsend Primary Care  
Network  
J Sparkes – North Tyneside Council  
S Thomas – Tyne & Wear Fire and Rescue  
Service  
D Titterton – North Tyneside YMCA

**In attendance:** R Nicholson – North Tyneside Council  
D Jackson – North East and North  
Cumbria ICB  
J Owens – Consultant Psychiatrist  
L Cook – North Tyneside Council  
J Pickthall – North Tyneside Council

### **HW24/23 Chair's Announcements**

The Chair informed the Board of the future meeting arrangements which included how the room would be set out for members of the Board, those attending to present and observers/members of the public.

### **HW25/23 Apologies for Absence**

Apologies for absence were received from Wendy Burke, Director of Public Health and Jackie Laughton, Assistant Chief Executive

### **HW26/23 Appointment of Substitute Members**

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

Rachel Nicholson for Wendy Burke (North Tyneside Council)

### **HW27/23 Declarations of Interest and Dispensations**

Councillor Karen Clark (Chair) declared a registerable interest as a director and employee of Justice Prince CIC which works in partnership with North Tyneside Council to deliver Working Roots programme

Councillor Jane Shaw declared a non-registerable personal interest as Governor of CNTW Trust.

Councillor Pat Oliver declared a non-registerable personal interest as a family member receives adult social care.

### **HW28/23 Minutes**

**Resolved** that the minutes of the previous meeting held on 30 November 2023 be confirmed and signed by the Chair.

## **HW29/23 Constitution and Terms of Reference**

A report was received outlining the current constitution and terms of reference of the Board.

The Chair reminded members that currently, the only members of the Board with voting rights are those who are elected members of the Council. A review of the Council constitution is currently taking place and views regarding the terms of reference and voting rights of the Board can be considered as part of the review to be considered by full Council in May 2024.

**RESOLVED** – That any suggested changes to the constitutional arrangements and terms of reference of the Board be provided ahead of the formal review of the constitution

## **HW30/23 Equally Well Progress update – Maximising the Capabilities of Children, Young People and Adults**

The Board received a report and presentation that provided a progress update in respect of Maximising the Capabilities of Children, Young People and Adults theme of the Joint Health and Wellbeing Strategy, “Equally Well: A healthier, fairer future for North Tyneside 2021 – 2025”

As detailed within ‘Equally Well’ educational achievement plays a significant role in reducing health inequalities by shaping life opportunities. The aim is to work collaboratively to make North Tyneside an even greater place for children and young people to thrive where all can access better education with a culture of inclusion and achievement being a key priority.

The presentation highlighted the aims of the mental and emotional wellbeing strategy to: develop resilient children, young people and families; ensure easy access for children, young people and families to get the right mental health support at an early stage from universal services; and improve access to specialist mental health services for those children and young people who are at high risk of poor mental health.

Working with Barnado’s, a systems change model has been developed to improve children and young people’s mental health and wellbeing.

The presentation also covered themes of changing culture, the work of CAMHS, Early Help Emotional Wellbeing Team, Connect Mental Health Support Team, HIVE Complex Trauma Service, VODA Mental Health Alliance, Neurodiversity Transformation Team and outlined challenges and opportunities for services and the impact upon children, young people and adults.

The Board were informed of the significant difficulties around access to mental health services which included long waiting lists accompanied by an increase in referrals. The national picture identifies an increase in complexities and risk but it should be noted that any persons that are considered a risk are triaged. As part of the measures to tackle the increase in referrals and waiting times there has been promotion of the access to Connect, which is a multi disciplinary team approach will be able to successfully deliver the best possible service and meet the service user's needs, rather than referring directly to CAMHS, and take up is increasing.

The EHCPs for children and young people 16-25 were noted but it was queried if it would be possible for the Board to look at the support/services available for those once they reach the age of 25+. It was explained that transition points are currently being looked at via respective partnerships which could be picked up at a later date or could be included within the next themed update.

- Resolved -
- i) That the Board be assured that the North Tyneside Children and Young People Partnership is making progress in delivering the actions for Maximising the Capabilities of Children, Young People and Adults to reduce health inequalities
  - ii) That the Board note the approach and progress being made to support Children and Young People's Mental Health and Emotional Wellbeing
  - iii) That the comments of the Board be noted
  - iv) That the North Tyneside Children and Young People Partnership submit further progress reports to the Board in relation to its implementation plan for next year, the delivery of those actions and their outcomes.



## **HW31/23 Equally Well Progress Update: Fair Employment and Good Work for All**

The Board received a report and presentation that provided a progress update on 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”.

The Board noted that there 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. It was highlighted that there are specific barriers that some of North Tyneside’s economically inactive residents face in engaging with the labour market and these residents require targeted support to move closer to and access work. This can include, but is not limited to, residents with physical and mental health conditions, caring responsibilities, or transport cost.

There is clear evidence that poor health is linked to unemployment and poor quality work. North Tyneside’s approach to ‘creating fair employment and good work for all’ is linked to the regeneration of the borough, expanding the support available and encouraging developers and local employers to offer training and job opportunities.

The report and presentation provided updates on progress against the implementation plan for 2023/24 which included:

- Data and insight analysis to understand the employment and skills need of different residents and communities and identify and address any gaps in support
- Understanding and addressing reasons for economic inactivity due to physical health and mental health conditions and developing a plan to address these barriers to employment, eg, through the Working Well Hub
- Addressing recruitment and retention challenges in key sectors eg early years and the health and social care sector through the Care Academy
- Monitor progress and understand issues around supporting over 50s back to work through the Dedicated Work Coaches ins DWP, including the upskilling of people to work in the digital environment

- Delivery and monitoring of employability projects targeting support at disadvantaged groups
- Co-ordinate the approach to promoting available apprenticeships across the system to disadvantaged groups and 'get into' courses and careers and recruitment events
- Economic strategy to work with businesses involved | major developments to deliver corporate social responsibility commitments to increase the number of job opportunities, including apprenticeships, available to residents
- Ensure North Tyneside organisations and businesses benefit from involvement with the Better Health at Work and Good Work Pledge initiatives

It was commented that in respect of the work which has taken place, and which continues within North Tyneside, it is hoped that this is not lost once the North East Mayoral Combined Authority is established. Whilst currently it is not known how the work will emerge once the combined authority is established, it is anticipated that the work which has taken place can be built upon with a range of extended partners.

The Board commented that the statistics within the report for the number of economically inactive people are stark and stressed the importance of discussing collaborative work to address this.

It was recognised that there may be opportunities within North Tyneside through early learning to look at how we can integrate from leaving school through to employment and employers recognising that they may now be dealing a different workforce.

- RESOLVED –**
- i) That Board is assured that the respective partnerships are making progress in delivering the actions for creating fair employment and good work for all.
  - ii) That the comments of the Board be noted.
  - iii) That 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

**HW32/23 Integration of Health and Social Care North Tyneside Winter Plan 2023-24**

The Board was informed that the North Tyneside and Northumberland System Resilience Group (SRG) is multi-organisational and undertakes the operational leadership of local 'place' based services and delivery. It brings together key stakeholders from across North Tyneside and Northumberland health and social care economy to shape operational resilience and place based service delivery.

The focus of the SRG ensures there is a coordinated approach to resilience. It focuses on addressing the Integrated Care Board priorities and implementing the 10 High Impact Interventions and how it works as a system to ensure resilience in service provision over the winter period. The work of the SRG feeds in to the North Strategic A&E Delivery Board.

The Board received a presentation which covered in detail the plans and processes in place for winter and surge plans 2023/24.

The Board recognised that whilst the focus of the presentation was the winter period the pressures are all year round.

**RESOLVED** – That the details of the presentation be noted.

**HW33/23 Healthwatch North Tyneside**

It was agreed that this item be deferred until the next meeting of the Board.

This page is intentionally left blank

## North Tyneside Health & Wellbeing Board Report Date:

Title: Equally Well Progress  
Update: The Places and  
Communities we live in and  
with

<b>Report Author:</b>	Peter Mennell, Director of Housing and Property Services
<b>Responsible Leads:</b>	Peter Mennell, Director of Housing and Property Services Sam Dand, Director of Environment, North Tyneside Council John Sparkes, Director of Regeneration and Economic Development, North Tyneside Council Gary Charlton, Deputy Director Commissioning and Corporate Development, North Tyneside ICB Paul Jones, Healthwatch Chief Executive
<b>Relevant Partnership Board(s):</b>	Safer North Tyneside Partnership Economic Prosperity Sub-Committee Culture and Wellbeing Partnership Housing Sub-Committee Climate Change Partnership

### 1. Equally Well: The Places and Communities we live in and with

This item relates to the theme of the Places and Communities we live in and with, from the Joint Health and Wellbeing Strategy, "Equally Well: A healthier, fairer future for North Tyneside 2021- 2025".

As outlined in 'Equally Well' the place and environment we live in plays a vital role in both improving and protecting the health and wellbeing of our communities.

Those living in deprived areas are likely to experience fewer of the positive benefits that communities can offer, for example green spaces and beaches, feelings of safety or access to affordable goods and services. Communities facing multiple deprivation often have high levels of stress, isolation, and depression.

Integrated planning, transport, housing, environmental and health systems are needed. Good planning and well-designed places provide opportunities for people to live in decent homes, have good transport links, access to arts and culture, effective services, outdoor spaces to be physically active and connect with others.

The extent of people's participation in their communities and the added control over their lives that this brings can improve health and wellbeing. Local areas should encourage mobilising assets within communities, promoting equity and increasing people's control over their health and lives.

Therefore, to reduce health inequalities across North Tyneside we need to create environments for all our communities to flourish and participate by improving infrastructure, services, connectivity and sustainability.

This briefing report will be supplemented by a presentation at the Health and Wellbeing Board meeting to give more detail about our Cultural offer across North Tyneside and the relationship between culture, health and wellbeing.

## **2. Recommendation(s):**

The Board is recommended to: -

- a)* be assured that the responsible theme leads are making progress in delivering the actions for the Places and Communities we live in and with to reduce health inequalities.
- b)* provide any comments on any areas requiring further action; and
- c)* request the theme leads to 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: The Places and Communities we live in and with

Action is required across the social, economic and environmental determinants of health if we want to achieve thriving and sustainable communities and increased productivity and shared prosperity across North Tyneside to reduce health inequalities.

Organisations and partnerships are working with local communities to create the conditions for a healthy, safer and more sustainable North Tyneside. Much of this broader work is delivered by the respective partnership boards named above.

Progress against the specific actions in the 2023/24 implementation plan is outlined below, with an in-depth presentation on North Tyneside's Cultural offer and how it contributes to improving health and wellbeing to be delivered during the Board meeting.

- **Focus on environmental stewardship in our most deprived areas of the Borough to enhance the physical environment and green spaces to support social connectedness, feelings of safety, physical activity, and mental wellbeing.**

Evidence is clear that the environment in which people live has a profound impact on their quality of life, health and wellbeing. After speaking to residents to understand some of the local environmental challenges and issues such as dog fouling and fly tipping "Neat Streets" was launched in August 2023 and is the Council's strategy for cleaner, greener and safer neighbourhoods. Neat Streets represents a big push to reinvigorate our communities and to enhance the wellbeing of our residents, particularly on local housing estates.

A key aim is to keep standards high, make improvements, and create a sense of ownership and collective pride among our residents. The scheme has seen new staff, vehicles and equipment deployed across the Borough with a special focus on keeping housing estates, open spaces and other areas of the public realm neat and tidy. This includes rapid response teams, providing garden support to those housing tenants most in need, free bulky waste collections for tenants and additional community protection officers to help support where required. We have installed 100 bins in new locations and added QR codes for more effective and efficient issue reporting.

Since August 2023, Neat Streets has removed over 217 tonnes of additional rubbish, delivered 70 estate clean ups and carried out 317 free special collections for our housing tenants. The scheme supports our existing resources and teams who are also maintaining our award winning parks, beaches and open spaces.

- **Implement the recommendations in the Health Impact Assessment completed on the Housing Strategy to improve health outcomes for those living in the 30% most deprived lower layer super output areas (LSOAs)**

A Specialist Market Position Statement has been commissioned and will be undertaken by Housing Learning and Improvement Network (HLIN), this is due to be completed by April 2024 and will cover a variety of client groups to ensure they received required housing provision.

The new private sector housing sector plan 2024–2028 will deliver projects and improvements across four themes:

- Improving our private rented sector
- Tackling derelict and long-term empty properties
- Enabling safe and independent living
- A greener North Tyneside – Improving energy efficiency in private sector homes

It includes several new projects and initiatives including a new, innovative purchase/ing partnership between the Authority and Aurora Affordable Homes to target empty homes and support the regeneration of Wallsend Town Centre. The Delivery Programme also includes a range of support tools for private landlords and tenants to drive-up standards of accommodation, create safe, clean, and healthy communities, and support the borough's drive to net-zero across the borough. It also includes environmental health targeted action against damp and mould in properties.

We are looking at other recommended actions from the Health Impact Assessment on the housing strategy and will take this forward in line with the Housing Strategy duration.



- **Improve the private rented housing offer in Wallsend by targeting of empty properties and developing a new project to raise standards of landlords.**
  - 3 poor quality flats have been purchased in Wallsend turning 2 from private rent into affordable rent and purchasing an empty property.
  - The Purchase and repair scheme will commence in Wallsend from April 2024 and will focus on the improvement of poor quality private rented sector properties.
  - Development of a new landlord accreditation scheme will initially being rolled out in Wallsend (LSOA) then boroughwide.
  
- **Expand the safe and healthy homes initiative to support more households in need.**
  - Helped 260 households during 23-24 and there continues to be increasing demand for the service. There has not been much work carried out directly with the landlords at this stage. If there is any issue with a private rented property, a clear protocol is on place with environmental health to resolve issues.
  
- **Delivery of a further 187 affordable homes for residents most in need.**
  - The Affordable Homes Programme has delivered 82 affordable homes in 2023-24 and is forecasting to deliver a further 34 homes in Q4 bringing the total to 116 by the end of 2023/24.
  
  - This figure is below the planned 187 as a result in a significant slowdown of activity by developers on the larger sites. The homes that are not delivered this year are expected to be delivered in 2024/25
  
  - All new council homes are built to an EPC B or above and meet space standards.

- **Focus initiatives at those communities experiencing ASB and a higher burden of crime and encourage those communities to report incidents and build trust and feelings of safety.**

We continue to work with our key strategic partners including Northumbria Police to help tackle ASB and to help improve feelings of safety. We are delivering a number of PCC grant funded projects specifically targeted in Riverside and Chirton to help address women's safety in public places, Transport related ASB and helped to design out crime in a specified underpass.

ASB case reviews provide a legal right for victims of persistent ASB to request a multi-agency case review to problem-solve the circumstances they are suffering from.

A unified Northumbria-wide procedure was introduced in July 2022, led by the Office of the Police Crime Commissioner (OPCC) and implemented locally by the Community Safety Partnership (CSP). An independent review of the procedure has now concluded, and the process has been amended with responsibility for oversight of reviews lying with the relevant chair of the panel and CSP. The OPCC will act as gatekeeper and collate regional strategic learning outcomes. The Community Safety team will monitor and update actions for all case reviews in North Tyneside as well as giving support to the chair of the panel. The current chair is Trevor Sturrock, Tyne and Wear Fire and Rescue Service.

- **Masterplans focussed on revitalising local areas, improving infrastructure, attracting new businesses, and creating jobs for local people. Reduce inequalities in access by improving connections to services, access to arts and culture, outdoor spaces via active travel initiatives through Masterplans.**

### **North Shields**

Through a series of bold proposals, we are transforming North Shields town centre and Fish Quay into an environment where people choose to live, work and spend their leisure time.

We are improving public transport, pedestrian and cycle access between the town and riverside through a new Transport Hub and town square with enhancements to the local cycle network. Work is currently

underway to improve pedestrian and cycle access between the town centre and the Fish Quay via a Riverside Embankment Walkway.

We have created new green spaces by revitalising Northumberland Square and Howard Street, whilst also establishing a Cultural Quarter to celebrate and support local artists. Soon Bedford Street, the main high street in the town, will receive a similar treatment of major improvements, including upgraded paving and seating, a cycle lane, mature trees and planting.

We are creating opportunities for a mix of new housing to make a community that sustains North Shields for decades to come. To date, we have restored a terrace of Georgian properties to create 10 apartments and 2 townhouses, as well as building a further 16 homes with courtyard parking in the heart of the town. Work has also been completed to clear the site of a derelict former North Shields office block to make way for 28 high-quality family homes in the near future.

### **North West**

A set of policy priorities have been agreed to inform the Authority's Ambition for the North West of the Borough. We will develop an overarching transport plan for travelling in and around the North West as well as addressing routes to the urban core and facilities such as healthcare as well as education and employment. Village plans are also being prepared for each of our settlements, including Killingworth Village and Township; Annitsford; Dudley; Fordley; Camperdown; Burradon; Wideopen and Seaton Burn. It was also proposed that plans were prepared for those areas in the North West that were closer to the urban core which included: Forest Hall; Westmoor; Benton; Longbenton; Palmersville and Holystone.

A programme of activity setting out how we will take forward this work is currently being developed.

Funding of £0.56 million through Section 106 contributions and funding allocated from the Authority's Our Ambition Programme has been identified to take forward these schemes as well as environmental enhancements to Killingworth Lake and improvements to the waggonway network.

## Wallsend

Following a successful bid for funding from the North East Local Enterprise Partnership, a Masterplan for Wallsend was developed. After engagement with residents and others in early 2023, the “Ambition for Wallsend” was approved in July 2023 and consists of 14 projects in total. The projects are focused on three policy priorities for Wallsend:

- *Improve the quality of the housing offer in Wallsend; in particular making the area a focus of the Mayor and Cabinet’s plans for 5000 affordable homes and tackling some of the poor quality privately rented housing in the area;*
- *Make the town centre and the nearby neighbourhoods great places to visit and live; improving the street scene, public spaces and working with partners to make sure people feel safe; and*
- *Make sure Wallsend residents are connected to good jobs; using the full range of tools, including adult education, apprenticeships and the capabilities plus the transport infrastructure around the town to make sure people in the community, who need it, are supported to improve their life chances.*

There is a mix of development, public realm, housing, and business support and employment support projects in the plan. We are continually looking for funding from Government and others such as national lottery and Homes England to secure grants to implement the projects.

- **Commit and gain accreditation to becoming an Age-friendly Borough following the evidence-based approach for creating communities that are better places to age, incorporating the findings from the Ageing Well Summit.**

The Ageing Well Summit was postponed and will now take place in April 2024. It will be an opportunity to celebrate the excellent work that has happened for many years across North Tyneside to support older people, to provide an overview of current service provision and provide some strategic direction for our area to guide service development and provision.

#### **4. Contact officers:**

Kimberley Pye: Head of Environment and Safer Neighbourhoods Tel: 07974 569908

Richard Brook: Housing Growth Manager Tel : 0750 182 225

Joanne Lee: Head of Public Protection and Community Safety (0191) 643 6901

#### **Background information:**

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

[North Tyneside's Equally Well Strategy](#)

### **COMPLIANCE WITH PRINCIPLES OF DECISION MAKING**

#### **10 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.

#### **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.

#### **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

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.

## 16 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

Director of Public Health

Director of Children's Services

Director of Adult Services

Director of Healthwatch North Tyneside

Integrated Care Board Director of Place

Director of Resources

Monitoring Officer



This page is intentionally left blank



## North Tyneside Health & Wellbeing Board Report Date: 28 March 2023

**Title:** Equally Well  
Progress Update: Our lifestyles and healthy behaviours across the life course

<b>Report from:</b>	North Tyneside Council Northumbria Healthcare NHS FT NENC Integrated Care Board: North Tyneside Place
<b>Report Author:</b>	Louise Gray, Consultant in Public Health, North Tyneside Council
<b>Responsible Leads:</b>	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
<b>Relevant Partnership Boards:</b>	North Tyneside Drugs Alliance North Tyneside Healthy Weight Alliance North Tyneside Living Well and Ageing Well Locally Board North Tyneside Strategic Alcohol Partnership North Tyneside Tobacco Alliance Northumbria Healthcare Inequalities Board

### 1. Equally Well: Our lifestyles and healthy behaviours across the life course - Progress Update

This item relates to the 'Our lifestyles and healthy behaviours across the life course' 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 healthy behaviours across the life course' theme by the above partnerships.

- b) Consider, as senior leaders within the health and social care system, what more can be done to support people with complex and multiple needs and reduce the inequalities they face?

### **3. Progress update: Our lifestyles and healthy behaviours across the life course**

Appendix 2 of this report provides further detail on the progress against impact areas of this implementation plan. This section provides key highlights.

#### ***3.1 Strengthen treatment pathways for people who smoke to support them to quit***

A review of the Stop Smoking Service offer has been completed. The service continues to provide an equitable offer across North Tyneside. Service improvements will continue to be implemented in the coming months, as well as consideration as to how the service can adapt to support the goals of the Government plan 'Stopping the start: Our new plan to create a smoke free generation'

Treatment pathways continue to be strengthened to support people to quit. There is a greater understanding of how service users access the service. This has allowed the service to adapt referral processes to ensure a smooth transition. Workshops have been held with Northumbria Healthcare NHS Foundation Trust (NHCT) to enhance the smoking cessation pathways between the organisations.

The North Tyneside Tobacco Alliance continues to meet quarterly. Given the significance of the Tobacco and Vapes Bill, a great deal of work is happening outside of the usual Alliance meetings to ensure that the local system supports this work

#### ***3.2 Support businesses to identify, support and signpost employees drinking at increasing and higher-risk levels***

Throughout 2023/24 there has been further delivery of sessions for schools, GPs, 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

#### ***3.3 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 is in place***

The North Tyneside Strategic Alcohol Partnership continues to meet quarterly to consider alcohol-related harms in the borough. Work in 2023/24 includes the completion of a North Tyneside Alcohol Strategy (Appendix 3)

There are high-quality alcohol treatment services in the borough. Despite increased capacity and an increased range of treatment options, numbers in structured alcohol treatment fell in early 2023/24. Therefore, additional work was carried out across the system to strengthen pathways and increase numbers into treatment. This includes intensive work between Public Health, the North Tyneside

Recovery Partnership (NTRP), and wider stakeholders to continue to increase numbers into treatment to reduce the unmet need in the borough

There is ongoing work to improve access to healthcare and reduce inequalities for people with complex and multiple needs, including alcohol misuse, linked to additional funding. A presentation will be given in the meeting on the work of the GAP Team and TyneHealth

### ***3.4 Targeted delivery of bespoke weight management programmes in communities with inequalities***

In 2023/24 free access to adult Tier 2 weight management programmes for residents continued, including bespoke programmes in communities with inequalities or lower uptake of universal services e.g., areas of deprivation, people with Learning Disabilities and men. Many local authorities no longer fund these programmes, but there is an ongoing commitment to this in North Tyneside into 2024/25.

There was also continued delivery of the child weight management programme, Healthy4Life, with 30 participants to date in 2023/24.

### ***3.5 Deliver the requirements of the Healthy Weight Declaration to ensure a system-level approach tackling the inequalities in health outcomes driven by the food environment***

The Healthy Weight Alliance met on a quarterly basis in 2023/24 and oversaw progress against the commitments of the Healthy Weight Declaration (which was adopted in 2022/23). This is part of a whole systems approach to addressing the obesogenic environment, rather than just focusing on individual behaviour change

### ***3.6 Delivery of the Active North Tyneside programme to improve access to free/affordable healthy behaviour change interventions and physical activity across the life course***

There has been ongoing delivery of the Active North Tyneside programme in 2023/24. In the first three quarters of there have been almost 30,000 attendances at community programmes. The weather in summer 2023 impacted on attendance at Family Fun Day events, which means that numbers are slightly lower than the previous year

The Active North Tyneside Team also worked with the Public Health Team and wider partners to improve the visibility of the offer for people in hospital and attending outpatient appointments. Active North Tyneside facilities will also now be used to deliver physical activity 'pre-hab' sessions for people on some surgical pathways as there is good evidence to show that this supports recovery

### ***3.7 Deliver community and workplace offers for blood pressure and atrial fibrillation checks and explore community-based lipid checks***

In 2023/24 work progressed with a pilot in the Wallsend area to identify previously undiagnosed cases of high blood pressure and atrial fibrillation. Active North Tyneside engaged with over 130 residents in community settings and carried out

46 blood pressure checks and found nine possible cases of high blood pressure and six possible cases of AF.

The 'How's Your Heart' programme has now been further rolled out to North Shields and Whitley Bay (e.g. three of the four PCNs are now engaged). To date the team have engaged with over 470 residents, carried out over 160 checks, and have potentially identified 55 people with high blood pressure or AF that had previously been undiagnosed. Staff have also been trained to carry out lipid tests and this will start in March 2024.

There was also the development of community offer from Tyne and Wear Fire and Rescue Service, as part of home checks, and a continued workplace offer from Newcastle United Foundation.

### ***3.8 Embed and sustain learning from recent pilots to continue to support people in hospital, care homes and other settings with physical activity***

See Appendix 2.

### ***3.9 Develop a partnership approach with stakeholders, including the VCS, to improve cancer screening uptake***

The Cancer Alliance continues to meet to progress this work. See Appendix 2.

### ***3.10 Roll out and implement a drug strategy for North Tyneside, implement a Drug and Alcohol-Related Death review process, promote recovery and explore the impact of stigma on those with lived experience***

A new Drugs Strategy is currently being developed and will be circulated to members of the Health and Wellbeing Board when it has been signed off by the Safer North Tyneside Partnership. The Drugs Alliance continues to oversee this work and will have met three times in 2023/24 by year-end. Development of a new Drug and Alcohol-Related Death (DARD) review process has continued, and it should go live in early 2024/25.

As previously shared, local authorities have been provided with additional monies for drug and alcohol treatment (known as SSMTRG). This has enabled capacity in NTRP to be increased, although there was a fall in numbers of residents receiving treatment earlier in 2023/24. Close working across the wider system with a detailed focus supporting referrals into treatment is driving further progress

As above, work continues in relation to access to healthcare for people with complex and multiple needs, including drug misuse

### ***3.11 Ensure those with lived experience of substance misuse can shape and influence services***

See Appendix 2.

## **4. Performance indicators**

Appendix 2 of this report sets out more detail around progress of the implementation plan. 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. 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.

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.

#### **4.1 *Prevalence of smoking***

In 2022, 11.2% of adults in North Tyneside were current smokers, which is lower than the England average. However, there was variation, and we know that people from our most deprived communities and other groups are more likely to smoke.

Data on smoking status at the time of delivery was discussed with the Health and Wellbeing Board in November 2023. Local rates remain the lowest in the North East.

#### **4.2 *Alcohol-related hospital admissions***

The most recent published data for North Tyneside shows:

- There were almost 2,500 hospital admissions for alcohol-specific conditions in adults in 2021/22. When this is converted to a population rate (1,169 per 100,000) it shows an increase from the previous year and is higher than the England and North East value.
- The rate of alcohol-specific hospital admissions in under 18s in 2018/19 to 2020/21 is the highest in England and more than double the national average. Over the 3-year period, it was calculated that there were 84 admissions per 100,000 young people each year (this data was presented to the Board last year and has not yet been updated).

Further context will be shared with Board members during the meeting. The North Tyneside Strategic Alcohol Partnership continues to explore admission and Emergency Department attendance data. At a population level, people from more deprived parts of the borough are more likely to be admitted to hospital due to alcohol. Rates are higher in males than females for adults, and females than males for under 18s.

#### **4.3 *Children with excess weight***

The November 2023 meeting of the Health and Wellbeing Board considered some data from the National Child Measurement Programme (NCMP), the nationally mandated public health programme where all children in state-supported schools in England are weighed and measured in Reception and Year 6. There is variation across the borough and excess weight is not distributed evenly (e.g. there are inequalities). This is presented in more detail in Appendix 2, but key headlines are:

- 1 in 5 children (22.1%) in Reception in 2022/23 were living with excess weight. This is a decrease from the previous year but still higher than pre-pandemic

levels. This is higher than the England average (21.3%), however, it is considered as not being statistically different and is the lowest in the North East

- Over 1 in 3 children (36.1%) in Year 6 were living in 2022/23 with excess weight. This is also a decrease from the previous and slightly lower, but statistically similar, than the England average (36.6%). It is the lowest prevalence in the North East.

#### 4.4 *Physical activity in hospital patients*

Work continues in this area, but there is no new data to share with the Health and Wellbeing Board at this stage.

#### 4.5 *Uptake of cancer screening programmes*

Work continues locally, regionally, and nationally to improve the uptake of cancer screening programmes. Table 1 below shows the most recent published data, where 'coverage' is the percentage of eligible people 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.

It is not currently possible to report on trends in coverage as previous data is not currently available on the OHID Fingertips resource. Compared to data shared with the Health and Wellbeing Board last year, coverage appears to have increased locally for breast screening, bowel screening and cervical screening in the older cohort, but the methodology may have changed slightly so comparisons should not be made until Fingertips is updated.

Table 1, coverage of cancer screening programmes, 2022-23 (source: OHID, 2023)

Measure	Coverage (%)					
	North Shields PCN	North West PCN	Wallsend PCN	Whitley Bay PCN	North Tyneside Place	England
Breast screening (53-70)	65.7%	49.7%	43.8%	65.6%	56.6%	66.6%
Cervical screening (25-49)	72.8%	75.8%	71.6%	79.5%	75.0%	67.0%
Cervical screening (50-64)	73.8%	76.6%	73.6%	80.5%	76.3%	74.9%
Bowel screening (60-74)	73.3%	76.2%	73.0%	78.8%	75.5%	72.0%

#### 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.

The North East has had the highest rate of drug-poisoning deaths for the last 10 consecutive years. There were 74 deaths related to drug poisoning in North Tyneside in 2020-22, which is a rate of 12.3 per 100,000 of the population. This is higher than the England rate (8.1 per 100,000), but lower than the regional rate (15.2 per 100,000), and a slight increase on the previous reporting period. 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. Nationally, over half of all drug-poisoning deaths involve more than one substance, but opiates were involved in 46.1% of deaths. Cocaine deaths have risen nationally for the 11<sup>th</sup> consecutive year.

In 2022/23 there were 30 people from North Tyneside who died whilst in treatment for drugs and/or alcohol, which is the highest since 2018/19. Whilst these deaths were not necessarily all attributed to drug use/misuse, all 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 for crack, opiates and opiate and crack users (OCUs) in 2023 and shows that for all categories, unmet need was lower in England than nationally. In the same period, alcohol unmet need in North Tyneside was over 70%.

Table 2 – unmet need in 2023 (Source: NDTMS, 2024)

	Crack unmet need	Opiate unmet need	OCU unmet need
North Tyneside	72.7%	44.2%	51.8%
England	79.8%	60.4%	57.6%

## 5. Community engagement

Across the previous 12 months, there have been engagement opportunities across the work programmes listed in this report. For example, people with lived experience were consulted when developing assessments for people with complex and multiple needs and engagement work as part of the How's Your Heart pilot was used to inform the next phase. As previously shared, a Service User Forum has now been established by the North Tyneside Recovery Partnership and this will continue inform the work of the Drugs Alliance and Strategic Alcohol Partnership in 2024/25.

## 6. Appendices:

Appendix 1: Implementation Plan

Appendix 2: Our Lifestyles and Health Behaviours. Detailed overview of progress and performance information, March 2024

Appendix 3: North Tyneside Alcohol Strategy

## 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 online or from the author: -

- Cardiovascular disease prevention packs – Data supplement for North East and Yorkshire. OHID (2022). Available [online](#)
- Commissioning Support Pack. National Drug Treatment Monitoring Service (2023)
- Deaths related to drug poisoning in England and Wales: 2022 registrations. ONS (2022). Available [online](#)
- Fingertips: Alcohol Profile. OHID (2024). Available [online](#)
- Fingertips: Cancer services profile. OHID (2023). Available [online](#)
- Fingertips: Co-occurring substance misuse and mental health profile. OHID (2023). Available [online](#)
- Fingertips: Local Health – public health data for small geographic areas. OHID (2022). Available [online](#)
- Fingertips: Obesity Profile. OHID (2023). Available [online](#)
- Fingertips: Smoking Profile. OHID (2024). Available [online](#)

## COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

## 9. 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.

## 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 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

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 partnerships 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 previous 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

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.

### 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 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 –Implementation plan

## Equally Well: Our lifestyles and healthy behaviours across the life course

Leads: Wendy Burke, Jill Harland, Gary Charlton

Governance: Active North Tyneside, Tobacco Alliance, Healthy Weight Alliance, Strategic Alcohol Partnership, Living Well and Ageing 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 through the use of vaping), including those admitted to and discharged from 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.</p> <p>Deliver the requirements of the Healthy Weight Declaration to ensure a system-level approach to tackling the inequalities in health outcomes driven by the food environment</p> <p>Delivery of the Active North Tyneside Programme to improve access to free/affordable healthy behaviour change interventions and physical activity across the life course</p> <p>Deliver community and workplace offers for blood pressure and atrial fibrillation checks, and explore community-based lipid checks</p> <p>Embed and sustain learning from recent pilots to continue to support people in hospital, care homes and other settings with physical activity</p> <p>Develop partnership approach with stakeholders, including the VCS, to improve cancer screening uptake in communities with inequalities</p> <p>Roll out and implement a drug strategy for North Tyneside, implement a Drug and Alcohol Related Death review process (including near misses), promote recovery, and explore the impact of stigma on those with lived experience.</p> <p>Ensure those with lived experience of substance misuse can shape and influence services.</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>NENC ICB North Tyneside Place</p> <p>North Tyneside Recovery Partnership</p> <p>North Tyneside Drugs Alliance</p>	<p>Across the life course:</p> <ul style="list-style-type: none"> <li>• People who smoke are supported to quit</li> <li>• People who drink alcohol at harmful levels are identified and supported, and so are their families</li> <li>• People are supported to achieve a healthy weight</li> </ul> <p>People have equitable access to cancer screening programmes. Programmes support early presentation and diagnosis to achieve the best possible outcomes</p> <p>People have increased access to interventions to identify risks of cardiovascular disease</p> <p>Health, care and education workforce have increased capability and opportunities to promote physical activity in key settings and are able to signpost 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. They are less likely to start smoking/vaping due to tobacco control measures</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>People at risk of developing CVD are identified and supported to access appropriate management, in line with CORE20Plus5</p> <p>Inequalities in health outcomes driven by the commercial determinants of health are reduced</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</p>	<p>Across our most disadvantaged areas we will see:</p> <ul style="list-style-type: none"> <li>• Reduction in smoking</li> <li>• Reduction in alcohol-related hospital admissions (adults and under 18s)</li> <li>• Reduction in children with excess weight (NCMP indicators)</li> <li>• Increased physical activity in hospital inpatients and people in other key settings</li> <li>• Increased uptake of cancer screening programmes</li> <li>• Reduction in drug-related deaths and unmet need</li> </ul> <p><b>Community mobilising community assets</b></p> <p>Community asset-based approach to improve healthy weight and identify those at increased risk of CVD</p> <p>Co-production of cancer prevention work</p> <p>Health inequality grant scheme is delivered and sustained</p> <p>Needs a dotted line to 'Best Start in Life' workstream</p> <p><b>Reduction in smoking in pregnancy</b></p> <p>Needs a dotted line to 'The Places and Communities we live' – cycling, green space indicators</p>

# Our lifestyles and healthy behaviours across the life course – Overview of progress and performance indicators

Update to Health and Wellbeing Board,  
March 2024

**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 Living Well and Ageing Well Locally Board  
North Tyneside Strategic Alcohol Partnership  
North Tyneside Tobacco Alliance  
Northumbria Healthcare Inequalities Programme Board

**Introduction**

The Implementation Plan for the 'Our lifestyles and healthy behaviours across the life course' 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 ongoing recovery 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 2024 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 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. 'Healthy life expectancy' is the average number of years a person would expect to live in good health, based on current rates. It is important to note that these are average values for the population, based on the current context.

The most recent data has already been shared with members of the Health and Wellbeing Board. It shows that that life expectancy is lower in North Tyneside than the England average, but there are differences at a ward-level. Healthy life expectancy is also lower and shows that women in North Tyneside 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 healthy behaviours across the life course' 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.

The numbers of people who smoke is falling. Data for 2022 shows that 11.2% of adults in North Tyneside were current smokers, which is less than values for England and the North East. 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

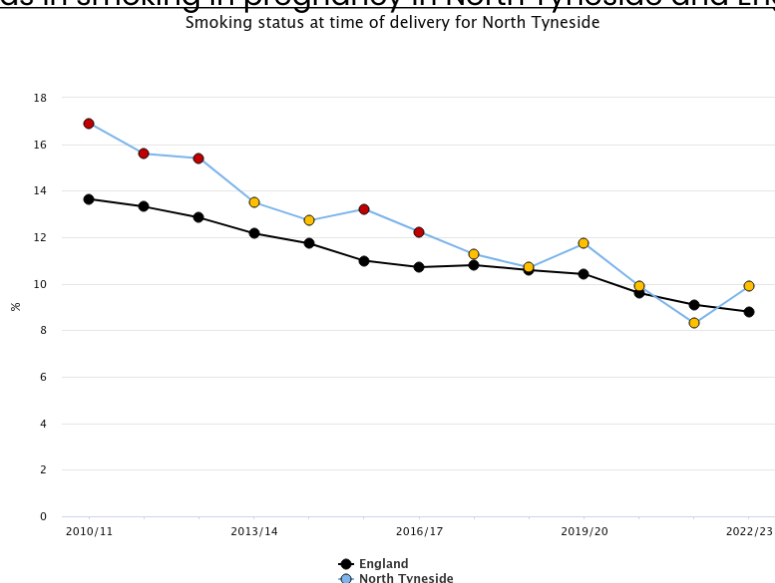
National data also shows that people living in more deprived areas were more likely to smoke than those in the least deprived.

In 2019/20 there were over 2,700 hospital admissions in North Tyneside that were attributed to smoking. Considerable work has been undertaken in Northumbria

Healthcare NHS Foundation Trust (NHCT) and to date in 2023/24 1,132 inpatients identified themselves as smokers. All were given 'Very Brief Advice' and 285 (25%) accepted support to quit.

Published data for 2022/23 shows that 9.9% of pregnant women in North Tyneside were smoking at the time of delivery. Whilst this is slightly higher than the previous year, this not a statistically significant change and remains the lowest rate in the North East. Figure 1 below shows that smoking at the time of delivery rates is falling nationally (black circle) and locally (yellow and red circles) over time. Data held by NHCT shows that rates are currently lower than the published rate as progress has continued in 2023/24, with the use of additional interventions and resources.

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



As previously reported, the Best Start in Life pathway is now in place in NHCT to support pregnant smokers to quit. Data held by the service shows that, to date in 2023/24, 8.3% of women who booked their antenatal care with the Trust identified as smokers at their booking appointment. However, as expected this was not distributed evenly across all pregnant women. Women aged 20–24 years were most likely to smoke and rates were much higher in women from more deprived areas, with 16% of women from the 20% most deprived areas identifying as smoking at the time of booking, compared to 2% of women from the 20% least deprived areas. At a ward-level, whilst numbers are small, there is also variation, with no women from St Mary’s and Monkseaton North identifying as smokers at their booking appointment, compared to 20% of women from Riverside and Chirton.

Data held by NHCT also shows that 12% of women in the 20% most deprived areas were smoking at the time of delivery compared to 2% in the 20% least deprived areas. Numbers at ward level are too small to provide any robust analysis,

although it does appear that generally rates are higher in wards with higher levels of deprivation, but this was not the case in every ward. Whilst numbers are small, there is also variation at ward level.

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

People living in the North East tend to experience higher levels of alcohol-related harm than elsewhere in the country. The above areas have all been considered by the North Tyneside Strategic Alcohol Partnership and through contract management arrangements in the past 12 months. An Alcohol Health Needs Assessment provided a very detailed overview of the level of need in North Tyneside in relation to alcohol, including granular data on inequalities. This informed the new Alcohol Strategy for North Tyneside, which was published in December 2023 and will be overseen by the Partnership.

Alcohol-related hospital admissions for North Tyneside residents remain higher than the national average. As set out in the covering report to the Health and Wellbeing Board, the rate of alcohol-specific hospital admissions increased in 2021/22. Rates in adults were the 3<sup>rd</sup> highest in the region and 6<sup>th</sup> highest in the country. More recent data shows that admissions have continued to rise in 2023 (this will be published in due course).

The rate of alcohol-specific hospital admissions in under 18s from 2018/19 to 2020/21 was the highest in England and more than double the national average (this data was presented to the Board last year). However, local analysis provided

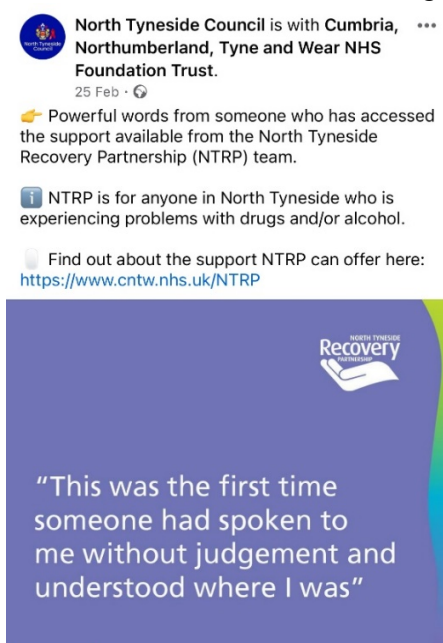
reassurances that this only relates to a small number of young people and admissions. Also, admissions appear to have fallen more recently, but currently there is no national comparator.

The most recently published data shows that there were just under 600 North Tyneside residents in structured alcohol treatment at year-end for 2022/23. This is a decrease from the previous year, where numbers were at their highest level since 2015. Across 2022-23 there were just under 400 new alcohol presentations at North Tyneside Recovery Partnership (NTRP).

Information has previously been shared with the Health and Wellbeing Board about additional funding (known as SSMTRG) to support work around the new national Drug Strategy. Whilst much of this is focused on the drugs agenda (see below), additional funding has been used to increase capacity and options for alcohol treatment. There was an expectation that this would mean that numbers of people in treatment would increase over the 3-year funding period. Relatively early in 2023/24 it became clear that numbers were declining, and action was required to address this.

A detailed improvement plan is now in place and work is underway with multiple stakeholders, including a communications plan, to increase referrals and numbers of residents in alcohol treatment. Figure 2 below shows an example of communications to residents and the voice of people with lived experience is key to progressing this further. Data held locally shows that numbers into treatment for drugs and alcohol are now increasing. The data continues to suggest that residents in treatment continue to receive a high-quality service, with 100% of new referrals waiting less than the 3-week target.

Figure 2 – Social media post to raise awareness of drug and alcohol support





As part of the work linked to SSMTRG funding, a social work post has been funded to work between Adult Social Care and the NTRP. There has been considerable progress over the past 18 months, particularly around the 'residential rehab' pathway. This work has shown the benefits and impacts of this approach and has added value to existing collaboration. Work has taken a holistic approach, ensuring that those residents who are referred are ready to engage, and supporting those who are not ready to stay in treatment until they are. The work also proactively considered exit routes from the residential rehab pathway to ensure that aftercare is in place to maintain reduced intake or sobriety. Work has also strengthened processes around safeguarding alerts, which is a key intervention to support vulnerable residents with early intervention.

A high-level review of the NHCT Alcohol Care Team has recently been carried out to provide assurances around the service. All inpatients within NHCT are asked about their alcohol consumption by an Alcohol Health Coach (via an 'Audit C' checklist) and within the period under review, 34% of patients disclosed consumption at a level that required a 'brief intervention' (over 2,000 episodes). The nurse specialists within the service also carried out over 2000 assessments on over 1,200 patients (i.e. some had multiple attendances). The review showed that, where appropriate, the service refers residents for further support from NTRP and there are good links between the two services. Work will continue into 2024/25 to build on the findings.

The Integrated Care Board gave all areas in the North East additional funding to reduce the inequalities in access to healthcare faced by people with complex and multiple needs (such as alcohol misuse). Considerable multi-agency work has taken place in 2023/24 and a further update will be shared in the meeting on 28 March 2024.

### Healthy weight and physical activity

There are ambitions to:

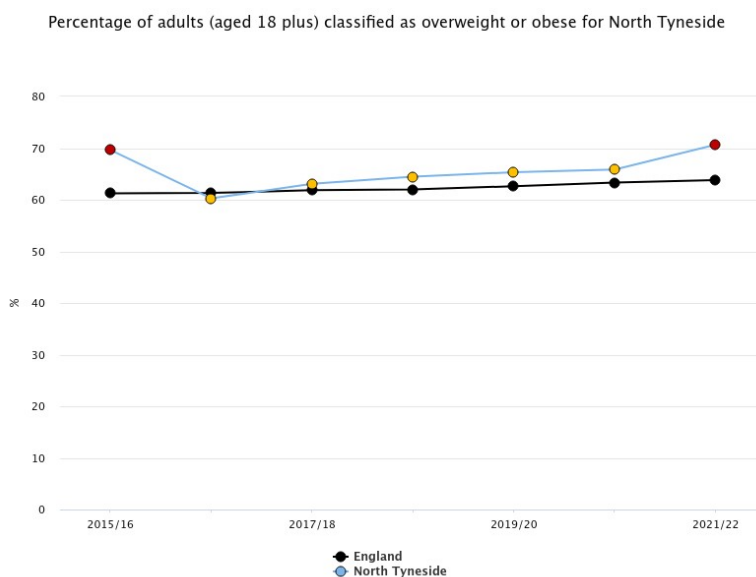
- Provide targeted delivery of bespoke management programmes in communities with inequalities
- Reduce the numbers of children with excess weight, particularly in our most disadvantaged areas. This in turn will support them to be and therefore support them to be less likely to become overweight as adults
- 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

Drivers of obesity are complex and involve multiple factors at an individual and environmental level. Tackling excess weight at a population-level is challenging and many of the available interventions focus on individual-level behaviour change when change is needed in the social, environmental, and commercial determinants that influence healthy weight. There are also 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 levels of severe overweight/obesity are slightly higher in women) but are also less likely to seek support.

The most recent data suggests that 70.7% of adults in North Tyneside are overweight or obese, which is higher than the England value of 63.8% and increasing. Figure 3 below shows the widening gap between adults in North Tyneside (the yellow and red circles) and the England average (the black circles).

Figure 3 – Trends in adults classified as overweight or obese (source, OHID)



Being overweight or obese can considerably impact on someone’s quality of life and is also a risk factor for many other health conditions. In 2022/23 there were 23 hospital admissions per 100,000 of the North Tyneside population where the primary diagnosis was obesity (e.g. people admitted to hospital directly because of obesity). This was higher than the England rate, but lower than the North East rate (the highest rate in the country) and an increase from the previous year. Where admissions included those with a secondary diagnosis of obesity (e.g.

people admitted to hospital for something else where obesity played a part in their condition), the rate increased to almost 2,500 admissions per 100,000 of the population. This was higher than the England and regional values and also an increase on the previous year. Both types of admission were higher in females.

As previously shared with the Board, there is a tiered approach to adult weight management. 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. Following the withdrawal of additional Government funding, several local authorities opted not to commission Tier 2 services in 2023/24. However, there is an ongoing commitment to support this key area and continue to tackle inequalities in North Tyneside. By year-end in 2023/24, 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 people with learning disabilities and areas of deprivation (supporting approx. 90-100 residents to date)
- Three cohorts of the 12<sup>th</sup> Man programme, a bespoke programme for men, delivered by the Newcastle United Foundation (supporting 50 residents to date)
- An offer of funded places for 12-weeks of Slimming World membership for residents. To date in 2023/24 408 residents have activated a membership (based on a combination of surplus places from the 2022/23 allocation and the entire 2023/24 allocation)

Figure 4 – Social media post to raise awareness of the Body Benefits programme for people with learning disabilities



Tier 3 weight management support is commissioned and delivered by the NHS. As with most other areas, demand in North Tyneside far exceeds capacity, which means that residents must wait to access support. Additional funding has been secured from NENC ICS to deliver additional capacity from April 2024 to target inequalities. Whilst there was considerable media interest in new injectable therapies for weight management, the treatment is not yet available in Tier 3 services. Therefore, work has been undertaken to provide consistent information and manage the expectations of residents and primary care.

The most recent update of the 'Best start in life' workstream of *Equally Well* described the most recent data on excess weight in children in Reception. The National Child Measurement Programme (NCMP) provides data at ward-level, school-level and Borough-level on the percentage of children in Reception and Year 6 living with excess weight (overweight or very overweight/obese).

In 2022/23, over 1 in 5 children in Reception were living with excess weight (22.1%). This is a decrease from the previous year but remains higher than the England average (21.3%) and is still higher than pre-pandemic levels. However, it is the lowest prevalence in the North East. Levels of excess weight rose to over 1 in 3 children (36.1%) in the Year 6 cohort. This is also a decrease from the previous year and is slightly lower than the England average (36.6%). Again, this is the lowest rate in the North East.

As with previous years, the data shows that excess weight is not evenly distributed across the borough. Variation (and therefore inequalities) is generally more pronounced at the Year 6 stage, but some of the key differences are:

- Gender: Girls were more likely to be living with excess weight in Reception and boys in Year 6
- Deprivation: Children living in more deprived areas were more likely to be living with excess weight (45.3% (most deprived) vs 26.9% (least deprived) in Year 6)
- School level differences: When 3-years of measurement data is combined for the Year 6 stage, the school with the lowest prevalence had 9% of children living with excess weight and the school with the highest prevalence had 51.6%. Generally, schools in more deprived areas have a higher prevalence of excess weight, but not always.
- Ward-level differences: Generally, more deprived wards have higher levels of excess weight, with almost 50% of children in Year 6 in the Collingwood ward living with excess weight compared to 21.4% in Cullercoats. Figure x below shows this in more detail.

Figures 5 and 6 below show these differences in excess weight by ward in 2022/23.

Figure 5 – Prevalence in excess weight by ward in Reception, 2022/23

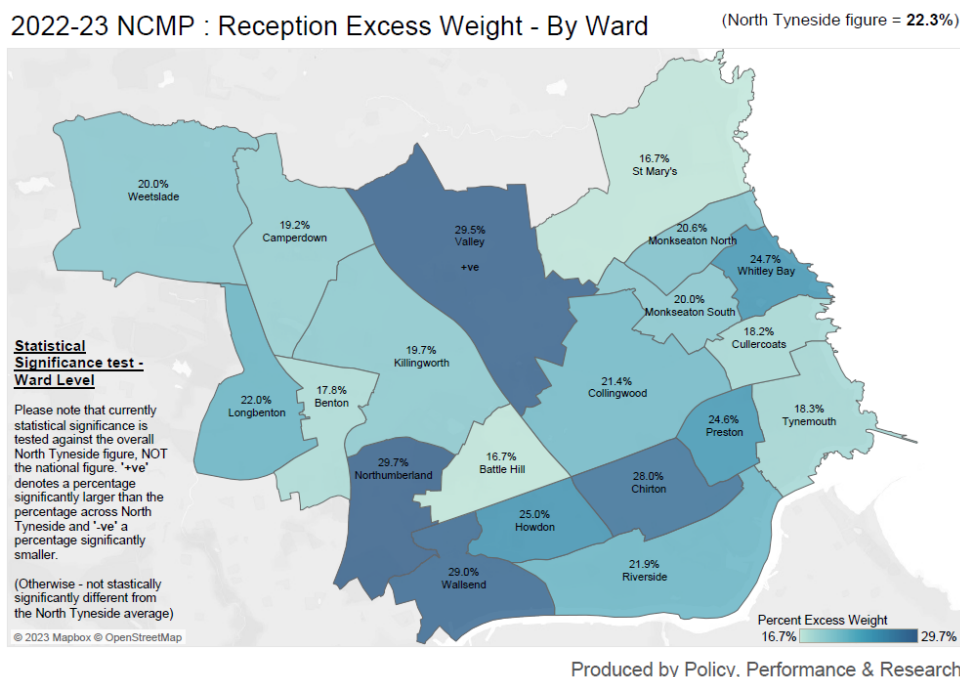
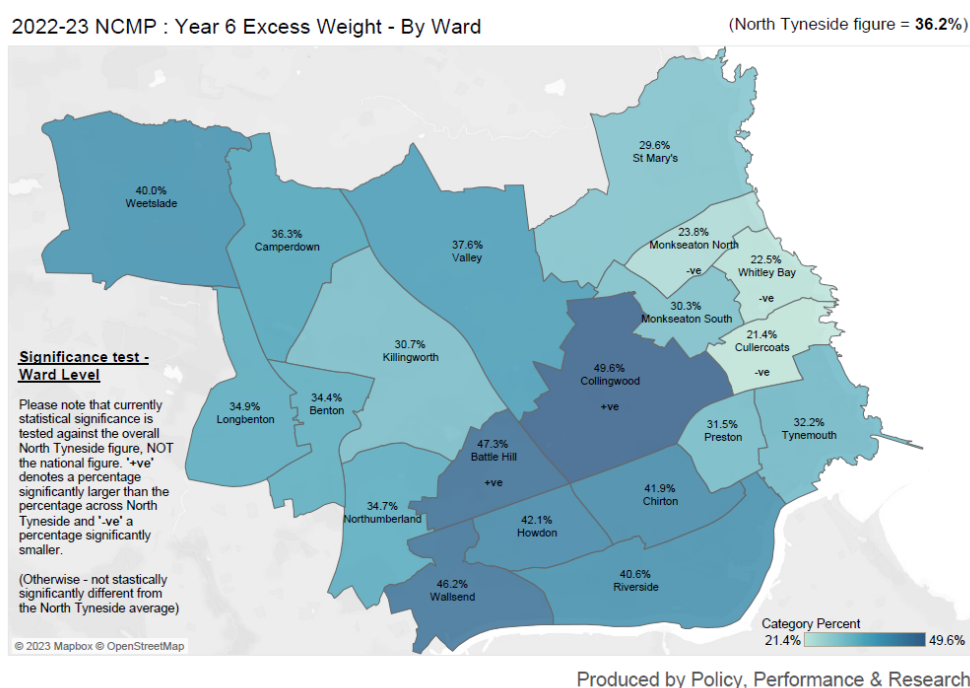


Figure 6 – Prevalence in excess weight by ward in Year 6, 2022/23



Parents and carers of children who are weighed and measured as part of the NCMP receive a letter detailing their child's height, weight, and weight category. These details are not shared with schools or directly with children (it is a parent's choice to discuss the results with their child). Families of children living with excess weight receive details of activities in the borough to support families to increase physical activity and support healthier eating. Families living in the most deprived parts of the borough with children categorised as very overweight also

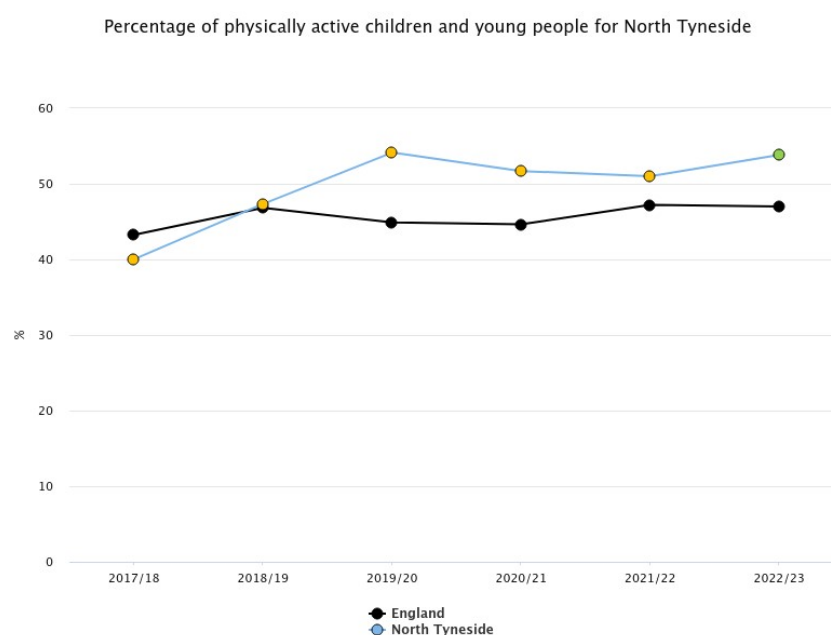
received a proactive phone call from staff in the 0-19 Children’s Public Health Team to discuss the support available.

In line with the Local Plan, NCMP data is used to shape the food environment. New ‘hot food takeaways’ will not be permitted in wards where more than 10% of children in Reception or 15% in Year 6 are classified as very overweight/obese. To determine this, 3-years’ rolling data from the NCMP is used (e.g. currently, data from 2019/20 to 2022/23 is used). Whilst this only applies to premises applying for A5 use planning permission, it means that new hot food takeaways will not be permitted in 15 out of 20 wards.

Low levels of physical activity and increased sedentary lifestyles are 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.

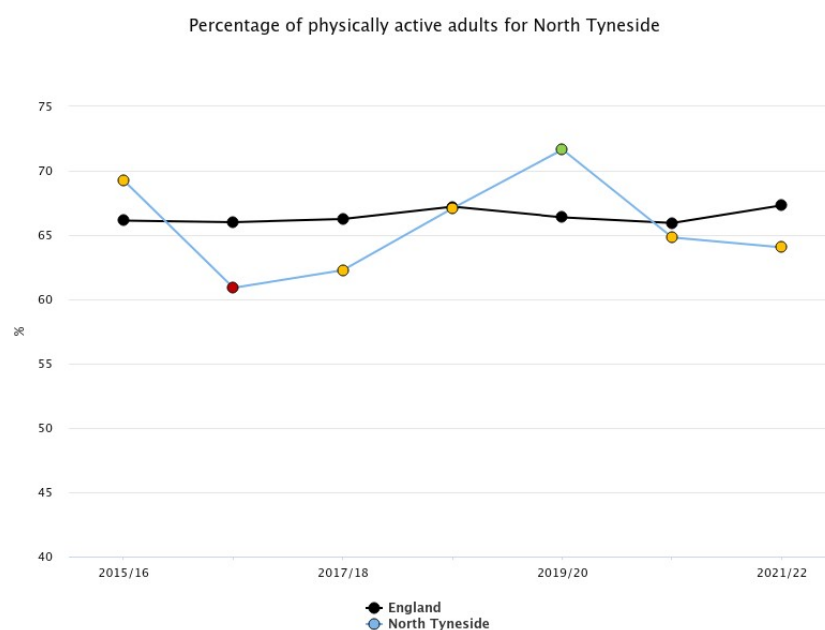
In North Tyneside 53.8% of children and young people were classed as physically active in 2022/23. This is higher than the England average and represents an increase from the previous two years. It is also the highest rate in the North East. Figure 7 below shows this in more detail (where the black circles represent the England values) and shows that local activity levels are almost back to pre-pandemic levels. There is no published 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.

Figure 7 – Trends in the percentage of physically active children in North Tyneside (source, OHID)



Whilst at a population level, children in North Tyneside are more physically active than England overall, adults are less active. In 2021/22, 64.0% of adults in North Tyneside were classed as physically active, which is lower than both the England and the regional values, and a slight decrease from the previous year. The England and North East values showed an increase over the same period. Figure 8 below shows this in more detail, where the local values are the green and amber circles and show that activity levels nationally are back to pre-pandemic levels, but locally they have not yet recovered and continue to decline. Again, there is no local inequalities data for this indicator, but national data shows similar inequalities to those seen in children.

Figure 8– Trends in the percentage of physically active adults in North Tyneside (source, OHID)



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.

In the first three quarters of 2023/24, there were almost 30,000 attendances at Active North Tyneside programmes. Across the life course, programmes and events include:

- Programmes for new parents – Programmes such as **Bump, Birth and Baby** and **The Walking Dad** support pregnant women, new mothers and new dads to be more active (as appropriate), make social connections and

address other key areas of their lives. For example, over the past 12 months the team have also been working to support families to access the Healthy Start Offer which provides eligible families with a child under 4 with £4.24 to £8.50 a week towards milk, fruit, and vegetables

- **Mini-Movers** – This is a new programme for families with children aged 2-4 and has been piloted at various sites across the borough this year. The programme develops key literacy and numeracy skills, as well as encouraging healthy eating and physical activity.
- **Healthy4Life Festival** – Almost 300 Year 5 students from nine primary schools attended an event in September for the first time since 2014. The day included in a range of sessions and workshops on physical activity and healthy lifestyles, including cheerleading, football, rugby and cookery. The aim was to support children to try new sports and signpost them to opportunities to continue to participate in things they enjoy. Active North Tyneside and school sports teams worked in partnership with Bike4Health, Skip4Fit, Net 360, Newcastle Falcons, Newcastle United Foundation and others to deliver an excellent event. The event was also supported by 15 young volunteers from Norham High School, who showed excellent leadership skills and commitment. See Figure 8 below
- Other programmes for young people – Programmes such as **No Limits**, **Teenage Gym** and **Club Elevate** have been strengthened over the year and many have been co-produced with young people to improve outcomes and engagement.
- **Grow and Eat** – this programme supports community organisations with, as the name suggests, growing food for the community. To date, 14 organisations have received a Grow and Eat grant and have been supported to develop their gardens/green spaces
- Other large events – There were over 3,200 attendances across four **Family Fun Days** over the summer. Unfortunately, numbers were lower than last year due to the weather. Over 200 residents also attended the Mayor's **Stride Out to the Lighthouse** walk in August

Active North Tyneside also deliver the child weight management programme, Healthy4Life. Whilst it is recognised that there is a gap between the numbers attending this programme and the numbers of children who are living with obesity and/or not physically active, this is a key intervention to support families. To date in 2023/24, 78 children were signposted to the programme (via their GPs, health visitors, hospital doctors, school nurses and family members). In total, 56 children completed a pre-assessment and joined the programme.





Figure 9 – Promotional materials for Active North Tyneside programmes in 2023/24

**Club Elevate**  
 Make a change to your lifestyle with  
**Club Elevate**  
 Get active, try something new and improve your physical and mental wellbeing.  
 So what's involved? FREE Contours membership (access to gym, swim, exercise classes and spa facilities at five leisure centres), weekly sport sessions, 1-1 support, residential trips and more!  
 \*Club Elevate is for residents of North Tyneside. Eligibility and referral criteria applies.  
 Email [sport@northtyneside.gov.uk](mailto:sport@northtyneside.gov.uk)  
 For young people aged 16 to 25

**Bumps and Buggies Walk**  
 Scan the QR code for more information and session times:  
 For expectant and new mums wanting to introduce physical activity and learn about a healthy lifestyle.  
 The session at **Richardson Dees Park** in Wallsend, includes a healthy snack, a weekly recipe and nutritional information.  
 www.activenorthtyneside.org.uk

**Healthy 4 Life**  
**FREE**  
 Do you want to improve your child's health?  
 Our 10 week programme supports you and your family to make healthy lifestyle changes together.  
 Interactive sessions are delivered by an expert and friendly team and focus on nutrition and physical activity to give you and your family a real boost.  
 The team delivers family programmes for two different age groups:  
 Ages 4-7 years old  
 Ages 8-14 years old  
 Register:  
 In 10 weeks we cover:  
 • Simple food swaps to reduce fat and sugar intake  
 • The right size portions for children and adults  
 • How to understand food labels and afford healthy options  
 • Opportunities to add run and play into your daily routine  
 Eligibility criteria applies, please ask for more details.  
 0191 643 7454  
 CHAT@northtyneside.gov.uk  
 www.activenorthtyneside.org.uk  
 Sessions take place once a week, after school

Joint work has been undertaken by NHCT and Active North Tyneside, with support from Public Health to support patients on certain pathways with increased opportunities to engage in physical activity (in an appropriate way). For example, patients on some cancer and other pathways will be support to access “pre-hab” activities at several community venues prior to surgery as there is evidence that this can support recovery. Work is also underway to strengthen staff knowledge of the Active North Tyneside offer so they can signpost and support a range of residents accordingly.

The Health and Wellbeing Board previously received details of the HowFit programme, which aimed to increase physical activity levels for people in care homes. This is no longer operational in North Tyneside, but discussions are underway in terms of a further pilot of a similar intervention, with support from Newcastle University.

A whole system North Tyneside Physical Activity Strategy will be developed in 2024/25 and shared with members of the Health and Wellbeing Board.

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).

Within NHCT, work is underway to develop a new framework for the procurement of services to align with the Healthy Weight Declaration. New menus have also been implemented in Trust restaurants to increase the number of healthy options available. Eight new vending machines with healthy options have been purchased and are in place across the Trust, and there is a staggered approach to replacing the existing vending machines. There has also been activity to support underweight patients, including additional training and work around care plans.

The Trust have continued work in 2023/24 on weight stigma. Interactive training has been delivered to improve staff confidence and motivation to initiate conversations about weight. A tool has also been launched to support this work. People living with obesity have also supported the development and pilot of an environmental weight stigma checklist. This has been embedded in all relevant NHCT policies and will be incorporated into a wider checklist for new builds and refurbishments from 2024/25 onwards.

Work is ongoing to develop a local Food Strategy. In addition to setting the strategic direction for work to address food insecurity and sustainability, there will also be a focus on food and health in the borough. There is also an ongoing programme of regional work around this key issue. The new Food Strategy and an update on Good Food Local: North East will be shared with Board members in due course.

## Cancer screening and prevention

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

Data on the four cancer screening programmes is presented in the covering report to the Health and Wellbeing Board. Work continues locally and regionally to improve the uptake of screening programmes. There continues to be variation by programme and by Primary Care Network (PCN). Close working with the VCS and other members of the North Tyneside Cancer Prevention Network continues to provide local insights and target efforts to improve screening rates and reduce inequalities. The network has developed a cancer champions approach whereby GP practice staff will receive cancer awareness training so that they can provide a local focus. Local programmes of work with members such as Healthwatch have highlighted barriers associated with national screening programmes, and the network has liaised with commissioners in NHS England to attempt to address any difficulties.

The NHS England Health Equity Audits into breast screening and cervical screening are being used to inform local practice and service improvements. Internal analysis of local screening programmes highlighted inequalities across the Borough, which remain the focus of the Cancer Prevention Network.

NHCT has recently been part of a pilot of lung cancer case finding whereby current or ex-smokers are offered CT scans to detect early signs of cancer. To date, 609 scans have been completed, with 26 cases of lung cancer detected. The programme will be rolled out more broadly in 2024/25 and links with smoking cessation services have been strengthened.

## 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.

The North Tyneside Drug Alliance is aligned to the new national Drug Strategy, with several areas of focus. Work with professionals and the wider public continues in relation to awareness of drug-related deaths, near misses and the risks. 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.

There are several indicators used to understand the scale of drug-related deaths. As set out in the covering report to the Health and Wellbeing Board, numbers are small, but the North East has had the highest rates of drug poisoning deaths in England for the last 10 years. Rates in North Tyneside are higher than the England rate but lower than the regional rate. There is no local inequalities data, but nationally there is a clear relationship between deprivation and deaths from drug misuse, with twice as many deaths in the 10% deprived areas than the 10% least deprived.

In 2023/24 work to support family members of people affected by substance misuse continued. This includes the work of PROPS, a specialist service for people whose lives are affected by someone else's alcohol or drug use. They are commissioned via the Public Health Grant to deliver this service in North Tyneside and the service specification was extended in 2023/24 to include young people aged 5+.

### 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.

Programmes such as NHS Health Checks and opportunistic testing mean that some people with high blood pressure and AF are identified and supported before symptoms occur. However, only around half of the people invited for an NHS Health Check take up the offer. Whilst there are issues with the quality of some of the data, it appears that women and people from less deprived areas are more likely to attend, whereas men and people from more deprived areas are generally at an increased risk of CVD.

It was previously shared with the Health and Wellbeing Board that data suggests that North Tyneside residents may have higher rates of CVD than England overall. For example, the percentage of residents with a diagnosis of high blood pressure or AF on their GP record is higher than the England value. There are also higher rates of admissions to hospital for heart attacks and strokes than the England average and more deaths from CVD and 'deaths considered preventable' than would be expected. For all these indicators there is also variation and inequity across the borough, and wards with higher levels of deprivation tend to have the highest rates of hospital admissions etc., as previously shared.

Due to the concerns about higher rates of CVD and inequalities in who was affected and who was engaging with risk detection programmes, funding was secured to pilot a programme of blood pressure and AF testing in community venues. Led by North Tyneside Council Public Health, a multi-agency project group developed a model that offered community testing in Wallsend and shared results with participating GP practices. Residents with raised blood pressure were offered the use of loan equipment to monitor their blood pressure at home in advance of speaking to their GP practice.

The Active North Tyneside team engaged with over 130 residents across nine sessions. They carried out 46 blood pressure checks and found nine possible cases of high blood pressure and six possible cases of AF that had not been previously diagnosed. Feedback on the sessions was largely very positive, and 100% of residents who completed a survey said they'd have their blood pressure checked at a community event in the future.

The funding from the pilot programme was also used to purchase equipment to allow the Tyne and Wear Fire and Rescue Service and Newcastle United Foundation to offer AF and blood pressure checks to residents. The Fire Service

incorporated the tests into their home safety checks and the Newcastle United Foundation continued with their previous workplace offer.

Using insights from staff and residents from the pilot, the 'How's your Heart' programme has now been rolled out to include people registered with GP practices in North Shields and Whitley Bay (e.g. three of the four PCNs). To date, the team have engaged with over 470 residents, carried out over 160 checks, and identified 55 people with high blood pressure or AF that had previously been undiagnosed. Staff have also been trained to carry out cholesterol tests and this will start in March 2024.

Figure 9: Materials from 'How's your Heart', the community case finding programme

The image shows a Facebook post from 'Active North Tyneside' dated 1 Mar. The post text reads: "How's your heart? There are more events taking place in March where you can have your heart health checked - without the need for an appointment". Below the post is a collage of promotional materials for the 'How's your heart?' program. The materials include:

- A yellow banner with a pink heart containing the text "How's your heart?" and a question mark. It lists an event on Tuesday 27 February from 10.30am-1.30pm at North Bank Café.
- A list of events: Wednesday 6 March 2024 at the YMCA in North Shields, 3-5pm; Wednesday 13 March at Cullercoats Watch House, 1-3pm; Tuesday 19 March at Waves, 10am-1pm; and Friday 22 March at Monkseaton Library, 10am-12pm.
- A flyer with a QR code and text: "Atrial fibrillation (AF) is an irregular (and often abnormally fast) heart beat. AF is the most common heart rhythm disturbance, and more men than women have AF. It can cause dizziness and shortness of breath, and is a risk factor for stroke. Sometimes AF does not cause any symptoms and a person who has it is completely unaware that their heart rate is irregular. Check on your wellbeing without scheduling a visit to the doctor." Logos for North Tyneside Council and Active North Tyneside are at the bottom.
- A photograph of a man standing behind a table covered with a yellow 'active NORTH TYNESIDE' cloth. The table has a 'How's your heart?' banner and informational materials.

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.

This page is intentionally left blank



# North Tyneside Alcohol Strategy 2023–2025



North  
Tyneside  
Council



# Acknowledgements

This strategy has been developed in collaboration with a range of stakeholders:

- **Balance North East**
- **Bottled Up**
- **P.A.U.S.E- Problematic Alcohol Use...Saying Enough (Meadowwell Connected)**
- **North Tyneside Council – Public Health**  
0–19 Children’s Public Health Service  
Core Public Health Team  
Public Protection including Trading Standards and Licensing
- **North Tyneside Council – Adult Social Care**  
Adult Mental Health  
Wellbeing and Assessment
- **North Tyneside Council – Children’s Services**  
Education  
Safeguarding and Children’s Services
- **North Tyneside Council – Housing & Property Services**  
Housing Strategy  
Housing Operations
- **North Tyneside Council – Corporate Strategy & Customer Services**  
Communications and Marketing  
Policy, Performance & Research  
Community and Voluntary Sector Liaison
- **North Tyneside Recovery Partnership (NTRP)**
- **North East and North Cumbria (NENC) Integrated Care Board – North Tyneside Place**
- **Northumbria Healthcare NHS Foundation Trust**
- **Northumbria Police**
- **P.A.U.S.E – Problematic Alcohol Use... Say Enough Project**
- **PROPS Family Recovery Service North East**



# Foreword

I am pleased to introduce the North Tyneside Alcohol Strategy for 2023–2025. This strategy is the first of its kind for the borough and has been written in response to the identified needs of our residents.

While many people safely consume alcohol without harming themselves or others, high-risk alcohol consumption and dependency are major public health concerns.

Data suggests more than 45,000 people in North Tyneside are regularly drinking more than the recommended weekly limit. This will lead to significant harm and long-term consequences for some people in North Tyneside, not just those who are dependent on alcohol. Alcohol has been identified as a causal factor in over 60 physical and mental health conditions. It is the leading risk factor for ill health in individuals aged 15 to 49 and higher risk drinking can contribute to self-harm and suicide. Alcohol use among older adults is increasing and people aged 55–64 are more likely to exceed the recommended weekly guidelines than any other age group.

## Health

- Casual factor in over 60 conditions, leading to hospital admissions, chronic illness and mortality

## Social

- Loss of income or employment
- Family or relationship problems and breakdown
- Anti-social behaviour, street drinking and disorder in the night time economy
- Crime and disorder
- Homelessness

## Economic

- Healthcare and hospital admissions at least partly attributable to alcohol
- Crime anticipation, consequences and response
- Presenteeism, absenteeism and premature deaths
- Adult and children social services support

The harmful effects related to alcohol are not only felt by the individual, but their loved ones and wider communities too. This includes crime, anti-social behaviour, domestic abuse, and risky behaviour. There is significant economic harm with an annual cost to society of £21 billion in England and an estimated cost of at least £74.2 million in North Tyneside (Source, TBC).

This strategy has a two-pronged approach, with intervention and prevention measures to support the whole population and individuals. By seeking to tackle higher risk consumption across the population, this strategy aims to reduce morbidity and mortality, and ultimately the health and social care costs associated with harmful drinking. Particular attention is given to children, families and people with complex health needs or other vulnerability factors for whom the effects of alcohol misuse can often be amplified.

There are clear inequalities in the patterns of alcohol misuse, with individuals of lower socioeconomic status experiencing more harm, even when they have the same or lower levels of alcohol consumption than individuals of higher socioeconomic status. This strategy will make an important contribution to efforts across the borough to tackle inequalities by supporting 'Equally Well', the Joint Health and Wellbeing Strategy.

We know that alcohol-related harm and the underlying causes aren't straightforward, people's health behaviours are affected by many factors. Therefore, this strategy takes a whole system approach to alcohol-related harm in North Tyneside. I am confident with our ongoing joint efforts that we can start to reduce alcohol harm for the residents of North Tyneside.

**Councillor Karen Clark**  
**Chair of North Tyneside's Health and Wellbeing Board**



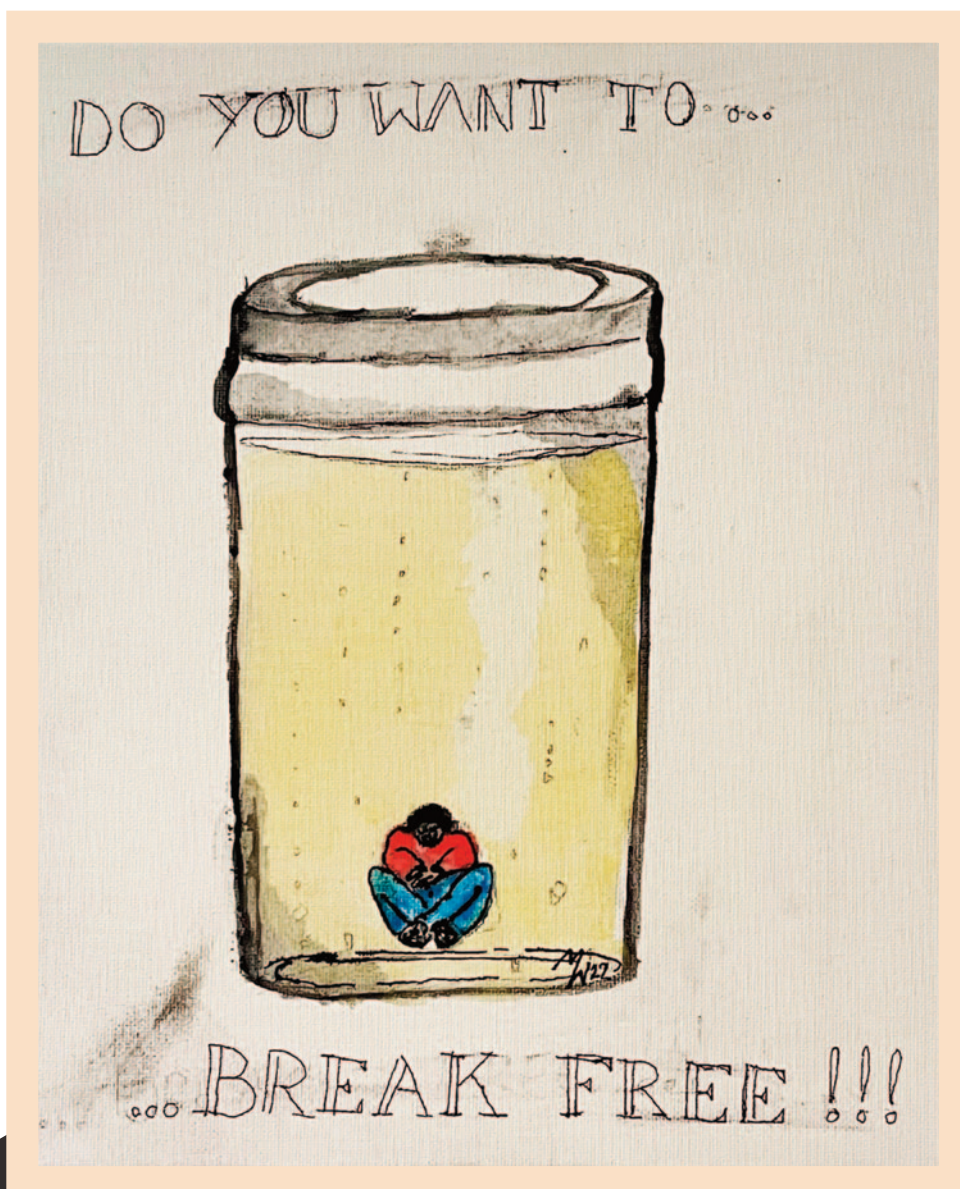
# Our vision for alcohol in North Tyneside

To reduce levels of alcohol misuse and alcohol-related harm across the life course within the borough while reducing inequalities.

This Alcohol Strategy is the first strategy of its kind for North Tyneside.

It considers the findings and recommendations from:

- Our recent **Alcohol Health Needs Assessment (HNA)**
- The regional **North East Alcohol Healthcare Needs Assessment**
- The **Government's National Alcohol Strategy**, last updated in 2012, which focusses on preventing harm by reducing levels of excess consumption and normalising 'less risky' drinking



With thanks to service user from North of Tyne Addictions.

# Our Commitments and Enablers

## A multi-system approach

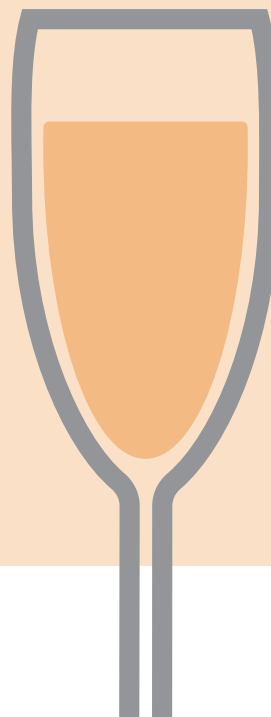
- The strategy recognises the complexity of tackling alcohol-related harms across the life course and the need to work with a range of partners to address this.
- 

## Population-level and targeted approaches

- A mix of approaches will be used to address the harms and reduce inequalities
  - This will require place-based actions as well as actions at a community level and for local services
  - Population level approaches will aim to change the language and shift cultural norms, where alcohol is at the heart of many social events – current prevention messages are either not being delivered or not getting through, so this strategy will seek to address that and encourage safer consumption in addition to addressing harm
- 

## An evidence-based approach

- Utilising up-to-date and relevant data and research to inform the actions of the strategy



# Drivers of the strategy

There are national, regional, and local level drivers of this strategy which include:

## National and regional

- The Government's Alcohol Strategy 2012
- Licensing Act 2003
- NHS England Long Term Plan 2019
- Anti-Social Behaviour Action Plan 2023
- Beating Crime Plan 2021
- Modern Crime Prevention Strategy 2016
- Northumbria Police and Crime Plan 2022-25
- North East Local Government Declaration on Alcohol
- North East and North Cumbria ICS - Better Health and Well Being for All Strategy

## Local

- Our North Tyneside Plan 2021 to 2025 - Building a Better North Tyneside
- Equally Well: A Healthier, fairer future for North Tyneside, 2021-25
- North Tyneside Statement of Licensing Policy
- North Tyneside Joint Strategic Needs Assessment
- North Tyneside Alcohol Health Needs Assessment 2023
- North Tyneside Drugs Strategy 2023-25
- Safer North Tyneside Strategy 2019-24
- North Tyneside Housing Strategy 2012-2021
- North Tyneside Children and Young People's Plan 2021-2025
- North Tyneside Prevention & Early Help Strategy 2021-2024
- North Tyneside Children and Young People's Mental Health and Emotional Wellbeing Strategy 2021-2026

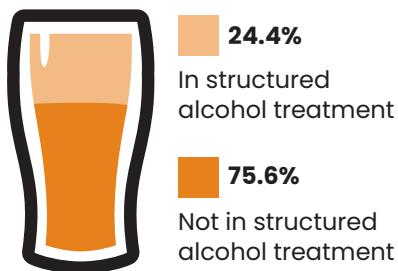


# Where are we now in North Tyneside?

Compared to the North East and England, there is:



## Adult dependent drinkers



## Alcohol-related hospital admission rates in adults per 100,000 of the population



## Alcohol-related hospital admission rates in children



## Crimes involving alcohol

Increasing number of crimes involving alcohol



**6x**

Over six times more common in the most deprived areas in the borough

To find out more about the current picture of alcohol harm within North Tyneside, read the **alcohol health needs assessment**.

# Achieving our vision – our key priorities

- 1 Early intervention and prevention of alcohol misuse
- 2 Protecting children, young people, and their families
- 3 Reducing health-related harms
- 4 Supporting individuals with alcohol dependency, complex health needs or additional vulnerability factors
- 5 Promoting safer communities

## Priority 1

# Early intervention and prevention of alcohol misuse

### Where do we want to be?

- Reduce the number of premises selling alcohol to those who are underage (<18 years old) and continue to take appropriate enforcement action
- Reduce the proportion of adults in North Tyneside who consume more than 14 units of alcohol per week to be in line with, or lower than, the England estimate of 22.8%
- Increase the number of individuals receiving alcohol screening within primary and secondary care
- Have 90% of appropriate frontline staff trained to deliver Identification and Brief Advice (IBA)
- Increase the number of IBA interventions delivered

### How will we get there?

#### Placed based:

- 1.1 Ensure licensed premises are responsible and compliant with regulatory policies to help promote a safe, diverse night-time economy

#### Communities:

- 1.2 Increase awareness of the health harms related to high-risk alcohol consumption across the life course
- 1.3 Work with agencies to advocate for population-based harm reduction measures

#### Local services:

- 1.4 Increase early identification and support for individuals identified as drinking at high-risk levels

## Priority 2

# Protecting children, young people and their families

### Where do we want to be?

- Reduce the number of pregnancies with exposure to alcohol to help to prevent cases of Foetal Alcohol Spectrum Disorder (FASD)
- Reduce the number of children living with an alcohol dependent adult by considering the needs of the whole family
- Increase the number of referrals of children living with a parent or carer who misuses alcohol to relevant child services support
- Increase parental and carer awareness of the Chief Medical Officer (CMO) guidance for alcohol consumption during childhood and adolescence
- Reduce alcohol-specific admission episodes per 100,000 for under 18-year-olds to be in line with the England rate

### How will we get there?

#### Communities:

- 2.1 Increase awareness and prevention of the health harms relating to alcohol consumption during pregnancy
- 2.2 Protect children and young people from the harmful effects of parental or family alcohol misuse
- 2.3 Support children and young people to be educated and protected from alcohol harms, promoting the importance of an alcohol-free childhood

## Priority 3

# Reducing health-related harms

### Where do we want to be?

- Reduce the rates of alcohol-specific hospital admissions to be the same as, or less than, the England rate
- Reduce the rates of alcohol-related hospital admissions to be the same as, or less than, the England rate
- Increase the number of referrals from primary and secondary care to structured alcohol treatment services

### How will we get there?

#### Local services

- 3.1 Improve the use and accuracy of public health data and intelligence related to alcohol misuse
- 3.2 Strengthen multi-agency partnership working to address and reduce alcohol-related health harms
- 3.3 Develop and deliver a process for reviewing drug and/or alcohol related deaths within the borough to ensure learning and prevention of deaths

## Priority 4

# Supporting individuals with alcohol dependency, complex health needs or additional vulnerability factors

### Where do we want to be?

- Reduce the rate of individuals classed as alcohol dependent to be the same as, or less than, the England rate
- Reduce the proportion of dependent drinkers who are not in alcohol treatment from 76% to 70% (the borough with the lowest proportion of unmet need in England)
- Increase the proportion of individuals who successfully complete alcohol treatment from 60% to 70%
- Reduce the proportion of individuals who are re-presenting to treatment services within six months
- Reduce the alcohol-harm gap observed between those living in the most and least deprived areas of the borough
- Reduce alcohol-related mental health admissions to hospital to be in line with, or below, the England average

### How will we get there?

#### **Communities:**

4.1 Targeted work with more vulnerable groups to detect and prevent alcohol misuse

#### **Local services:**

- 4.2 Continue to develop commissioned alcohol treatment services to ensure they meet the needs of the population (within the allocated budget envelopes or where additional funding can be secured)
- 4.3 Targeted work with more vulnerable groups to manage alcohol dependency within hospital and treatment services

## Priority 5

# Promoting safer communities

### Where do we want to be?

- Involvement of alcohol is accurately recorded for all crimes within the borough, including anti-social behaviour and serious violence
- The proportion of all reported crimes within the borough related to alcohol use is reduced (note, there may be an initial increase as recording improves), including domestic abuse, anti-social behaviour and serious violence
- Individuals involved in alcohol-related crime are supported and, where appropriate, referred to alcohol treatment services with our work being aligned with wider substance misuse interventions and strategic arrangements (e.g. the Drugs Alliance)

### How will we get there?

- 5.1 Strengthen the alignment of our work to the Safer North Tyneside Partnership and its overarching objectives to tackle crime and disorder, combat substance abuse and prevent serious violence.
- 5.2 Work with the Safer North Tyneside Partnership to meet its key priority to address known gaps in data, focussing on the alcohol-related crime elements
- 5.3 Continue to develop a risk reduction approach to support and signpost victims and perpetrators of alcohol-related crime

# Strategic Leadership and Governance Arrangements

The North Tyneside Strategic Alcohol Partnership is responsible for delivering this strategy and is accountable to the Health and Wellbeing Board.

This multi-agency partnership is led by the Director of Public Health and consists of key stakeholders from local authority, health organisations and the voluntary sector. There is a shared responsibility for delivering this strategy.

There are important links to the Children and Young People Partnership, Safer North Tyneside Partnership, Drugs Partnership, and Licensing.



If you need us to do anything differently (reasonable adjustments) to help you access our services, including providing this information in another language or format, please contact 0345 2000 101 or email: [publichealthenquiries@northtyneside.gov.uk](mailto:publichealthenquiries@northtyneside.gov.uk)



**North  
Tyneside  
Council**

North Tyneside Council  
Quadrant East, Cobalt Business Park  
The Silverlink North, North Tyneside NE27 0BY





North  
Tyneside  
Council



North East and  
North Cumbria

# NHS Primary Care Dental Services Dental Access Recovery & Oral Health

Page 73

## Health & Wellbeing Board 28 March 2024

Anya Paradis, Director of Place (North Tyneside)  
Dr Aishah Coyte, Public Health Registrar  
Chris Woodcock, Consultant in Public Health

Agenda Item 9

# Background

Page 74

**Oral  
health**

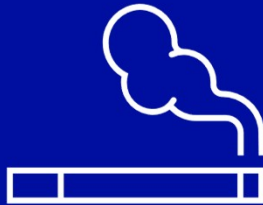
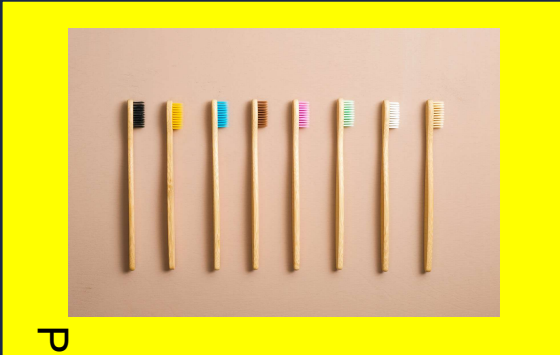
**Dental caries**

**Periodontal diseases**

**Dental trauma**

**Oral cancer**

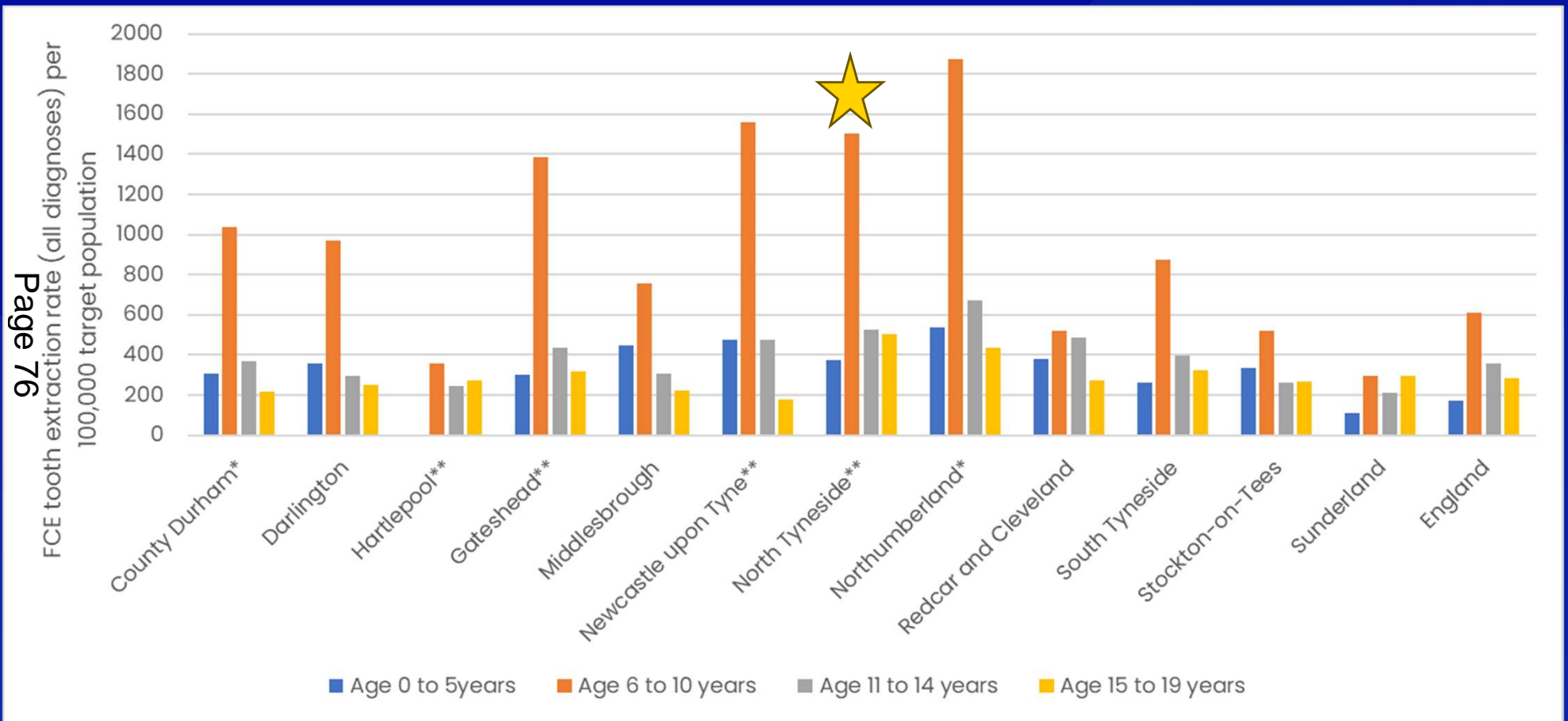
# Risk



Page 75



# Local need: Tooth extraction



Tooth extractions in hospital 0–19-year-olds 2023, OHID

# Local Need: Older Adults

## Residential care home residents:

- Higher tooth decay for those in residential care homes.
  - Difficulties making appointments for staff
  - Difficulty for residents to access appointments
- (PHE, 2015)*

## In North Tyneside mildly dependant residents:

- Lower oral health complaints reported then nationally
  - 40% lacking teeth (27% national average),
  - More people hadn't seen a dentist
- (PHE, 2016)*

# Local Priorities:

1. Severe tooth decay in children and young people
2. Tooth extraction rates in children and young people
3. Oral cancer incidence and mortality rates
4. Primary care dentistry capacity
5. Older adults unmet need

# Next steps

- Task and finish group: key multi agency stakeholders currently promoting good oral health within North Tyneside developing an oral health strategy
- Annual review of oral health strategy going forward

# Context

- Patients are not registered with a dentist in the same way as GP practices – you can therefore contact any NHS dental practice to access care.
- As independent contractors, dental practice are responsible for managing their appointment books and are best placed to advise on the capacity they have available to take on new patients.
- Practices providing NHS treatment are listed on [www.nhs.uk](http://www.nhs.uk). Practices are responsible for keeping the website updated and whilst it may currently indicate they are not taking on new patients, we would advise that patients do contact them to check the latest position on availability of routine appointments.
- Dental practices are being **encouraged to prioritise patients for treatment based on clinical need and urgency**, therefore appointments for some **routine treatments**, such as dental check-ups, may therefore still be delayed. Some practices are operating waiting lists to manage those patients requesting routine NHS dental care).
- If your teeth and gums are healthy – a **check-up, or scale and polish may not be needed every 6 months.**



# Summary Overview of NHS Dentistry

- NHS England have delegated responsibility to NENC ICB for commissioning dental services from 1 April 2023
- NHS Dentistry services MUST operate in accordance with nationally set General Dental Council Regulations (2006)
- Under NHS Dentistry national regulation there is no 'formal registration' of patients with dental practices as part of their NHS Dentistry offer. Patients can therefore approach any dental practice offering NHS care for access.
- Dental contracts and provision is activity and demand led with the expectation practices deliver courses of treatment with recall intervals appropriate to clinical need and manage their available commissioned capacity to best meet both local demand and the clinical needs of patients presenting to their practice.
- The contract regulations set out the contract currency which is measured in units of dental activity (UDAs) that are attributable to a 'banded' course of treatment prescribed under the regulations.
- North East and North Cumbria ICB do not commission private dental services. However, NHS dental regulations do not prohibit the provision of private dentistry by NHS Dental Practices.
- The prolonged COVID- 19 pandemic period required NHS Dental Practices to follow strict Infection Prevention and Control (IPC) guidance which significantly restricted levels of access to dental care. As a result, backlog demand for dental care remains high with the urgency and increased complexity of patient clinical presentations further impacting the ability for the NHS Dental Care system to return back to pre-COVID operational norms.

# Commissioned Capacity

- 20 Dental Practices in North Tyneside. Alma Dental Practice in North Shields is a child only contract
- Dental activity is measured in units called UDAs – Units of Dental activity where a value is assigned to the type of treatment. There are 1.79 UDAs commissioned per head of population in North Tyneside, which is slightly above the North-East & North Cumbria average of 1.76
- Commissioned spend per head of population in North Tyneside is also equivalent to the North-East & North Cumbria average (excluding spend on other commissioned specialist services)
- Only 1 Practice in North Tyneside has handed back its NHS since April 2023 (The Villa Dental Practice in North Shields) and the loss of this activity has been partially offset by commissioning additional capacity from other dental practices

# Other Primary and Community Dental Services

In addition to routine General Dental Practice, NENC ICB also commissions the following primary care and community dental services:

- Urgent dental care services - in-hours and out of hours appointments via NHS111 (see following slide for detail)
- Community dental services (CDS) – Service for vulnerable patients (adults and children) with additional needs that cannot be met within high street practices.
- Additional Services: Advanced mandatory (minor oral surgery services), Domiciliary care, sedation and orthodontic services (activity commissioned and rates paid vary across the NENC).

# Urgent Dental Care Services

Service Type	Geographical Coverage
NHS 111 Dedicated 'In Hours' Direct Booking Hubs	<ul style="list-style-type: none"> <li>• North Cumbria</li> <li>• Northumberland</li> <li>• Newcastle and North Tyneside</li> <li>• Gateshead</li> <li>• South Tyneside</li> <li>• Sunderland</li> <li>• Durham</li> <li>• Tees Valley</li> </ul>
NHS 111 Integrated Dental Clinical Assessment Service (DCAS)	<ul style="list-style-type: none"> <li>• NENC Wide</li> </ul>
NHS 111 Dedicated 'Out of Hours' Direct Booking Treatment Centres	<ul style="list-style-type: none"> <li>• North Cumbria</li> <li>• North of Tyne</li> <li>• South of Tyne</li> <li>• Durham</li> <li>• Tees Valley</li> </ul>

# Challenges for Access to Dentistry in North East & North Cumbria

- Dental services have struggled to recover from the impact of covid and there are significant challenges with recruitment and retention of dentists. As a result, some providers unable to deliver full commissioned capacity.
- There is widespread recognition that the national dental contract requires reform (see link to House of Commons Health and Social Care Committee report published July 2023 for further details - <https://committees.parliament.uk/publications/40901/documents/199172/default/> )
- A significant challenge is that dentists can hand back their contracts. A number of contracts have been handed back across the NENC area since the ICB took over commissioning responsibility – only 1 in North Tyneside.
- This means local people across the NENC are experiencing problems accessing NHS dentists – areas of particular challenge include North Cumbria, North Northumberland, Darlington, parts of Co Durham and Sunderland

# We will tackle the challenges in three phases

Improving access to dentistry will not be a quick fix.

We are tackling this in three streams:

Page 86



Immediate actions to stabilise services



A more strategic approach to workforce and service delivery



Developing an oral health strategy to improve oral health and reduce the pressure on dentistry



# Immediate actions undertaken (1)

c£3.8m non-recurrent investment agreed for 2023-24 to:

- Increase NHS 111 dental clinical assessment capacity
- Increase out of hours dental treatment services
- Extend access arrangements to provide, where possible, an additional 31.8k patient treatment slots

Page 87 Funding made available to allow practices who have the NHS workforce capacity to deliver additional UDAs up to 110% of their NHS contracted levels.

Implemented a local commissioning process to re-provide (where possible) activity when contracts are handed back.

We have a flexible commissioning scheme to provide a training grant to support employment of overseas dentists – 24 months tie-in period.

# Dental Access Recommissioning (UDAs)

Locality	UDAs commissioned 2023-24 (recurrent)	UDAs commissioned 2023-24 (Non-recurrent)	UDAs commissioned 2024-25 (Non-recurrent)*
Durham		14,600	20,100
<b>North Tyneside</b>		<b>1,500</b>	<b>2,000</b>
Stockton on Tees		4,000	11,000
Newcastle		3088	5,730
South Tyneside		4185	10,000
Darlington		4707	4,707
N Cumbria (Carlisle)		3720	3,720
N Cumbria (Eden)	7,000		
<b>TOTAL</b>	<b>7,000</b>	<b>32,080</b>	<b>53,537</b>

\* Commissioned capacity to be made recurrent if providers demonstrates they can deliver this additional activity



# Recovering Access – Immediate actions Progress so far



- Circa 19.3k additional patient treatment slots have been commissioned to date,
- **plus**
- Circa 57.4k patient treatment slots secured from existing practice capacity for patients in greatest clinical need. 4452 of these additional treatment slots are available in North Tyneside
- 908.5 hours of additional dental clinical triage call handling capacity is now available in 2023-24.
- 836 additional sessions of dental out of hours treatment capacity until the end of March 2024. Out of Hours treatment for North Tyneside patients is provided by Newcastle Hospitals and an additional 638 out of hours appointments have been commissioned



Page 89



# Further actions/next steps (1)

- £7.5m funding earmarked to progress formal procurements to secure new market interest/NHS dental practices to address gaps in provision where it has not been possible to re-commission UDAs from existing NHS practices. Focused on areas of greatest need in North Cumbria, North Northumberland, Sunderland, Durham & Darlington).
- Further advert to be placed in British Journal of Dentistry to attract overseas dentists and to support them through National Dental Performer List process (required to deliver NHS dental care).
- Work on-going to identify options to address variation/inequity of funding into practices.
- Work with dental profession to identify further opportunities to 'protect, retain and stabilise local dental practices and improve dental access.

## Further actions/next steps (2)

- Work with Healthwatch to update patient and stakeholder comms and to gain a more in-depth understanding of dental issues from a patient and stakeholder perspective.
- Work with local system partners to progress development of an oral health strategy to improve oral health and reduce the pressure on dentistry.
- Engage with NHS England Regional Workforce, Training and Education Directorate to support, where required, the work they are doing to improve workforce recruitment and the local implementation of the National Dental Workforce Plan.
- Engage with NHS England regional and national teams to influence national Dental System Reform.

# National Dental Recovery Plan (Feb 2024)

## Summary of key elements:

- Increase in minimum UDA rate from £23 to £28 from April 2024 – 3 practices in North Tyneside
- New patient payment of between £15-£50 (depending on treatment need) – patients not seen within the last 24 months (March 2024 to end of March 2024).
- ‘Golden Hello’ payment – one-off payment for up to 240 dentists for working in under-served areas for up to three years – awaiting further detail.
- Deploy new mobile dental vans in targeted rural and coastal communities in the most under-served areas whilst longer term arrangements are set up.
- Launch ‘Smile for Life’, a major new focus on prevention and good oral health in young children, to be delivered via nurseries and other settings providing Start for Life services and promoted by Family Hubs.
- Introduce dental outreach to primary schools in under-served areas to provide fluoride varnish treatments and advice.
- Take forward a consultation on expanding fluoridation of water to the north-east of England – a highly effective public health measure.

# National Dental Recovery Plan (Feb 2024)

## Supporting and developing the whole workforce:

- Expand dental undergraduate training place by 40%
- Consult on mandating NHS service for dentistry graduates
- Increase the number of dental care professionals
- Enable patients to access care from a variety of dental professionals
- Promote therapist-led models of care.
- Make it easier for overseas dental professional to work in the NHS
- Increase exam capacity for overseas-qualified dentists
- Introduce provisional registration to streamline the registration of overseas dentists
- Explore automatic recognition of international qualifications from outside the European Economic Area (EEA).
- Continue to improve the Dental Performers List (DPL).

# Advice/signposting for patients

- Patients are not registered with a dentist in the same way as GP practices – you can therefore contact any NHS dental practice to seek access to dental care.
- As independent contractors, dental practice are responsible for managing their appointment books and are best placed to advise on the capacity they have available to take on new patients.
- Practices providing NHS treatment are listed on [www.nhs.uk](http://www.nhs.uk). Practices are responsible for keeping the website updated and whilst it may currently indicate they are not taking on new patients, we would advise that patients do contact them to check the latest position on availability of routine appointments.
- Dental practices are being **encouraged to prioritise patients for treatment based on clinical need and urgency**, therefore appointments for some **routine treatments**, such as dental check-ups, may therefore still be delayed. Some practices are operating waiting lists to manage those patients requesting routine NHS dental care).
- If your teeth and gums are healthy – a **check-up, or scale and polish may not be needed every 6 months.**

# Advice for patients with an urgent dental treatment need

- If you develop an **urgent dental issue** telephone your regular dental practice (or any NHS practice if you don't have a regular dentist).
- It is important that when you ring the practice, you fully explain the nature of your dental problem so that the urgency of your dental treatment need can be determined.
- If the practice is unable to offer an appointment because their NHS urgent access slots have already been taken up, they will advise you to ring another NHS dental practice, or alternatively you can visit [www.111.nhs.uk](http://www.111.nhs.uk) or call 111.
- The NHS111 health advisor will undertake a clinical triage and where the dental need is deemed to be clinically urgent, an appointment will be made at the nearest in-hours urgent dental care hub, or, depending on the time of the call, into the dental out of hours treatment services.
- If the issue is not deemed urgent, patients will be signposted to another NHS dental practice and/or given self-care advice until an appointment can be offered.
- You should be advised to make contact again if your situation changes/worsens.

This page is intentionally left blank