

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

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

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

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

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

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

2. Recommendations:

The Board is recommended to: -

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

3. Progress update

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

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

Tobacco

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

Alcohol

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

Healthy weight

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

Physical activity

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

Drug misuse

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

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

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

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

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

4. Performance indicators

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

4.1 Prevalence of smoking

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

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

4.2 Alcohol-related hospital admissions

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

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

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

4.3 Children with excess weight

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

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

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

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

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

4.4 Physical activity in hospital patients

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

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

4.5 Uptake of cancer screening programmes

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

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

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

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

4.6 Drug-related deaths and unmet need

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

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

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

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

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

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

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

5. Community engagement

5.1 Response to Healthwatch findings

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

5.2 Other engagement

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

6. Appendices:

Appendix 1: Implementation Plan

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

Appendix 3: Alcohol Health Needs Assessment

Appendix 4: Drug Misuse Health Needs Assessment

7. Contact officers:

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

8. Background information:

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

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

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

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

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

11 Legal

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

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

13 Human rights

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

14 Equalities and diversity

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

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

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

15 Risk management

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

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

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

16 Crime and disorder

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

SIGN OFF

Chair/Deputy Chair of the Board

Director of Public Health

Director of Children’s and Adult Services

Director of Healthwatch North Tyneside

ICB Director of Place

Ambition: Our lifestyles and healthy behaviours

Leads: Wendy Burke, Jill Harland, Gary Charlton

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

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