

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

Update to Health and Wellbeing Board,
March 2023



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

Introduction

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

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

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

Overarching indicators

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

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

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

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

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

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

Tobacco

There are ambitions to:

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

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

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

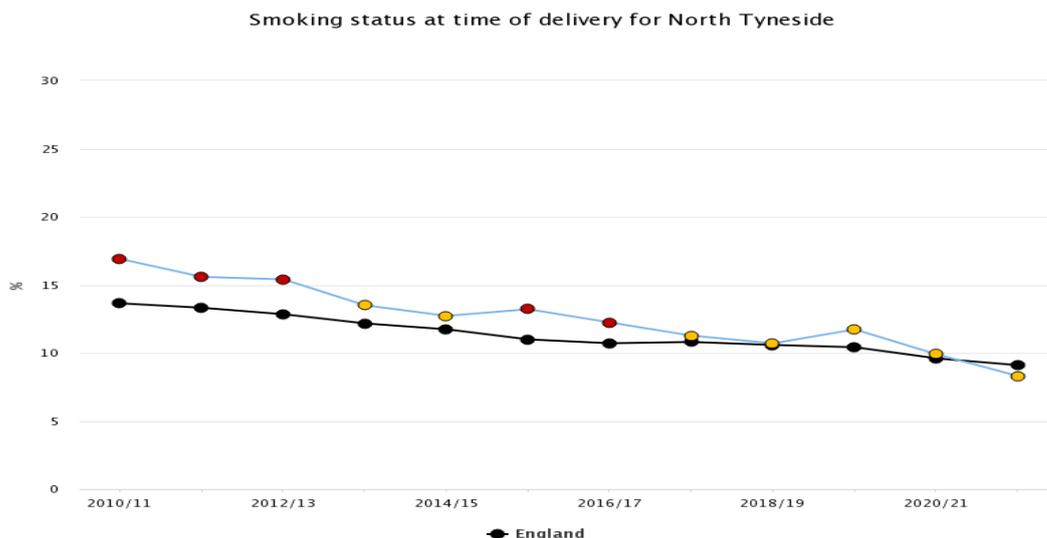
- Male
- Working in a manual occupation
- Renting from the local authority rather than owning their home.
- Living with a serious mental illness or long-term mental health conditions
- Receiving treatment for substance misuse

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

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

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

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



There is no local inequalities data on smoking in pregnancy, but nationally rates are almost double in the 10% most deprived areas compared the least deprived areas. Therefore, smoking in pregnancy remains a priority area and the Best Start

in Life pathway was introduced in 2022 in NHCT to provide opt-out support to pregnant smokers throughout their pregnancy and into the post-natal period. Since May 2022, Best Start in Life Advisors have received over 200 referrals for North Tyneside residents and have achieved a quit rate of 49%. Most referrals are from the 30% most deprived parts of North Tyneside, with a particular concentration from Wallsend. Work is ongoing to improve data reporting, and this should be in place for the next update.

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

Alcohol

There are ambitions to:

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

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

Healthy weight and physical activity

There are ambitions to:

- Provide targeted delivery of bespoke management programmes in communities with inequalities

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

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

There is a tiered approach to adult weight management:

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

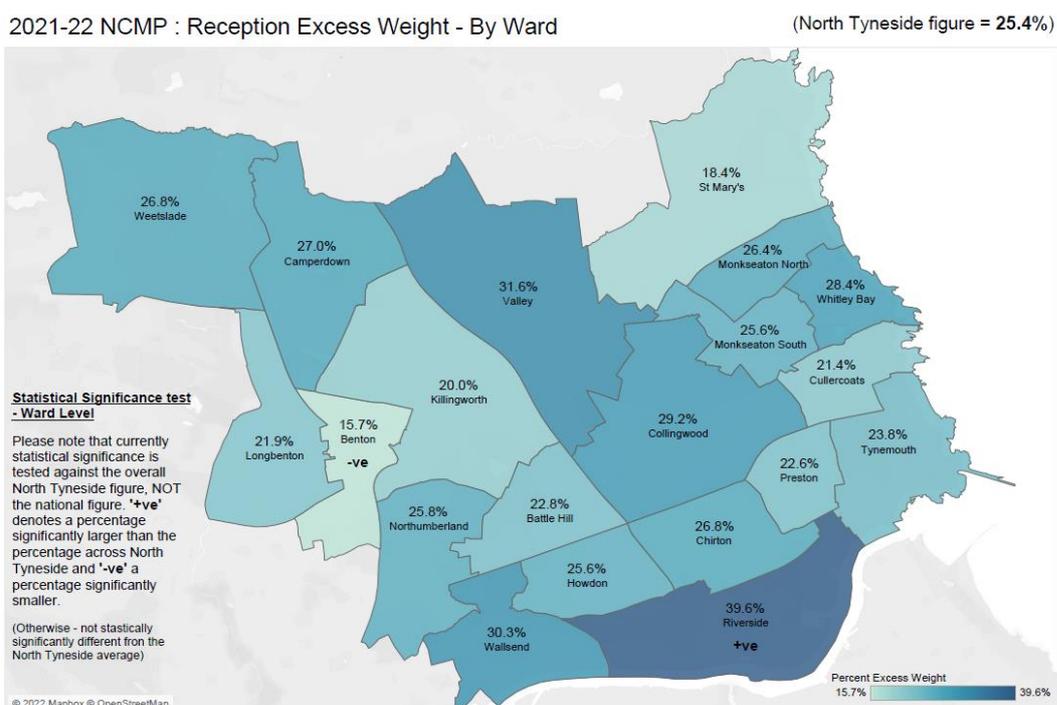
Additional Government funding was made available to local authorities in 2021/22 to increase local weight management provision. The national funding was not renewed for 2022/23, however the Director of Public Health was keen to continue to support this key work to tackle inequalities and improve health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

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

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

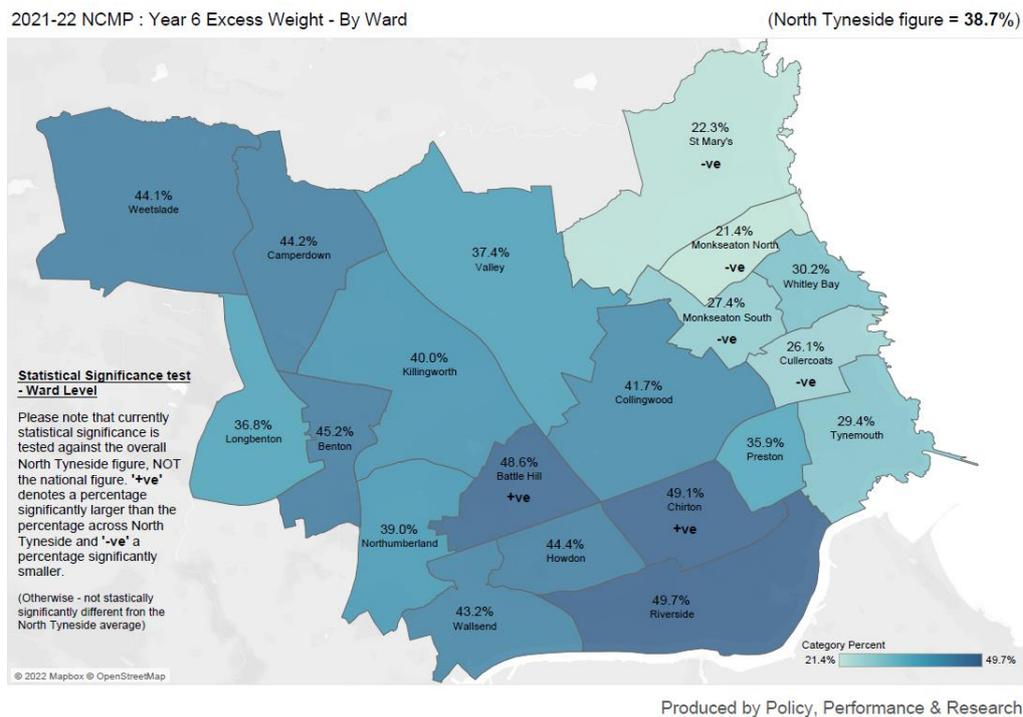
The report to the Health and Wellbeing Board in March 2023 shows overall prevalence of excess weight in children in the Borough and describes some of the variation. The National Child Measurement Programme (NCMP) shows a higher prevalence of excess weight in children living in more deprived areas compared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

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



Produced by Policy, Performance & Research

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



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

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

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

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

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

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

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

North Tyneside Council and NHCT adopted the Healthy Weight Declaration in November 2022 to support a whole systems approach to addressing some of the multiple environmental factors that contribute to an individual’s weight and the prevalence of obesity in an area. This approach was endorsed by the Health and

Wellbeing Board and is being overseen by the Healthy Weight Alliance. A detailed action plan is in place and progress is monitored at each meeting of the Alliance. This ongoing work will support the ambition to reduce the inequalities driven by the food environment and wider environment and hopefully in time will reduce the prevalence of excess weight and cardiovascular disease (CVD).

Cancer screening

There are ambitions to:

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

As set out in the Board report, cancer screening programmes have resumed after being stood down during the pandemic. Work is underway to improve uptake and there is variation by programme and by Primary Care Network (PCN). Close working with the VCS and other members of the North Tyneside Cancer Prevention Network has helped to provide local insights and target efforts to improve screening rates and reduce inequalities e.g., work in North Shields shown in Figure 4 below. Our community voice has been shared with the national screening programme to lobby for improved local practice.

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



Drug-related deaths and drug misuse

There are ambitions to:

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

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

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

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

The report to the Health and Wellbeing Board in March 2023 states that deaths per 100,000 of the population are higher in North Tyneside than England overall, despite being one of the lowest in the region. Nationally there is a clear relationship between deprivation and deaths from drug misuse, with more than twice as many deaths in the 10% most deprived areas than in the 10% least deprived areas. Numbers are too small to explore this trend locally, but anecdotally deaths tend to occur in more deprived wards. The Drugs Alliance are

leading on the development of a new Drug and Alcohol-related Death process to learn from deaths and improve support and pathways in the future.

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

Cardiovascular disease

There are ambitions to:

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

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

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

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

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

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

During the pandemic fewer people came forward for non-urgent/routine care where the early signs of CVD were previously detected, which has led to a reduction in new cases being identified. It’s also likely that changes in health behaviours during the pandemic mean that some people are at an increased risk of CVD e.g., due to reductions in physical activity, increased alcohol consumption and changes in diet. These factors drive inequalities in CVD; electoral wards with higher deprivation scores generally have higher rates of hospital admissions for heart attacks and strokes, and the most deprived 10% of the population are almost twice as likely to die from CVD as the 10% least deprived

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

Figure 5 – Variation in hospital admission rate for heart attacks and strokes, 2016/17 to 2020/21

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

A multi-agency working group has built on the work that started prior to the COVID-19 pandemic and a pilot will begin in the Wallsend area shortly to offer blood pressure and AF testing at community venues. If this pilot is successful, then the work will be rolled out to other parts of North Tyneside. This work builds on other place-based case finding for hypertension and AF, including workplace health checks (commissioned by Public Health and delivered by Newcastle United Foundation), community and home health checks delivered by Tyne and Wear Fire and Rescue Service, community-based NHS Health Checks (commissioned by Public Health and delivered by TyneHealth) and a new community health check offer from Parish Nurses.

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

How's your heart?

Check on your wellbeing with a **quick, free** and **painless blood pressure** and **atrial fibrillation** check, without the need for an appointment.

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How's your heart?

Scan the QR code for event information:

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.

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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.