

# North Tyneside Health & Wellbeing Board Report

Date: 28 March 2024

**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
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<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>