

# Health and Wellbeing Board

**Thursday, 13 January 2022**

Present: Councillor M Green (Deputy Chair) (in the Chair)  
Councillor W Samuel  
L Young-Murphy, North Tyneside NHS Clinical Commissioning Group  
C Woodcock, Public Health  
S Woodhouse, North Tyneside Council  
J Charlton, Healthwatch North Tyneside  
P Jones, Healthwatch North Tyneside  
A Blair, Northumbria Healthcare NHS Foundation Trust  
C Pollard, Newcastle Hospitals NHS Foundation Trust  
C Wheatley, Northumbria Police  
D McNally, Age UK North Tyneside  
D Titterton, YMCA North Tyneside

In attendance: V Nixon and M Robson, North Tyneside Council

Apologies: Councillors K Clark and P Earley  
W Burke, Director of Public Health  
J Old, Director of Children's and Adult Services  
R Scott, North Tyneside NHS Clinical Commissioning Group  
M Adams, North Tyneside NHS Clinical Commissioning Group  
L Jordan, Newcastle Hospitals NHS Foundation Trust  
C Riley, Northumbria Healthcare NHS Foundation Trust  
K Kale, Northumberland, Tyne & Wear NHS Foundation Trust  
S Thomas, Tyne & Wear Fire & Rescue Service  
C Gavin, Voluntary and Community Sector Chief Officer Group

## **HW16/21 Appointment of Substitute Members**

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

Councillor W Samuel for Councillor P Earley  
Chris Woodcock for Wendy Burke, Director of Public Health  
Scott Woodhouse for Jacqui Old, Director of Children's and Adult Services  
Alistair Blair for Claire Riley, Northumbria Healthcare NHS Foundation Trust  
Charis Pollard for Lisa Jordan, Newcastle Hospitals NHS Foundation Trust

## **HW17/21 Declarations of Interest and Dispensations**

There were no declarations of interest or dispensations reported.

## **HW18/21 Minutes**

**Resolved** that the minutes of the previous meeting held on 11 November 2022 be confirmed and signed by the Chair

## **HW19/21 North East and North Cumbria Integrated Care System**

It was reported that due to unforeseen circumstances, Mark Adams, Chief Officer of the North Tyneside CCG, was unable to attend the meeting to provide an update on the development of the Integrated Care System (ICS). In his absence it was noted that there had been a delay in Parliament passing the relevant legislation and so the transition from the Clinical Commissioning Groups to the ICS had been delayed until July 2022. This would allow more time to develop the local governance arrangements and further updates would be presented to the Board when details were available.

## **HW20/21 North Tyneside Ageing Well Strategy 2020-2025**

The Board received a presentation from Lesley Young-Murphy, the Chief Operating Officer of the North Tyneside Clinical Commissioning Group, setting out the progress made to date in delivering the Ageing Well Strategy 2020-2025. The Board were presented with details of the key areas of work, key achievements to date and the aspiration for the next 12 months in relation to:

- a) mental wellbeing in later life;
- b) integrated frailty services, including primary and community integration programme;
- c) falls;
- d) HowFit, the home fitness and wellbeing plan;
- e) the training and development of the ageing well workforce;
- f) the development and use of new technologies; and
- g) the establishment of the Backworth Ageing Well Village.

The Board welcomed the progress made to date and considered in more detail the ongoing integration of mental health services. Members also noted the investment in training and development for care workers and discussed ways in which careers in the health and care sector could be promoted.

The Deputy Chair thanked Lesley for her presentation and asked that the Board be provided with a further report when further significant progress had been made.

## **HW21/21 North Tyneside Smoke Free Alliance and Action Plan**

The Board received an update on the Smokefree North Tyneside Alliance and smoking harm and inequalities in North Tyneside. The report was presented to the Board in conjunction with the following item in relation to alcohol related harm because there were similar inequalities between communities in the distribution of harm caused by both alcohol and tobacco.

It was reported that half of all smokers would die prematurely and in North Tyneside half of the gap in life expectancy between the most and least affluent communities was attributed to smoking related mortality. The burden of smoking was estimated to cost the North Tyneside economy £47.6m.

The Smokefree Alliance had been established to co-ordinate a strategic partnership approach to deliver key national strategies and respond to local and regional initiatives. The Alliance had held a workshop in Autumn 2019 with partners across the system and a draft North Tyneside Tobacco Control Plan for 2020-2025 had been compiled to reduce smoking

prevalence to 5% or less. In November 2021 members of the Alliance had attended a further workshop which aimed to build upon the previous plan whilst reflecting on the impact of the pandemic in North Tyneside.

The plan had been updated to include significant policy proposals included in the recommendations of the All Party Parliamentary Group on Smoking and Health, as well as reflecting the recommendations from Fresh, the regional tobacco office. The Board were presented with the updated Tobacco Control Plan which would continue to be developed as partnership activity evolved.

The Board considered the emerging evidence on the impact of minimum unit pricing in Scotland which indicated that it had had a positive effect on addressing the inequalities in harm caused by alcohol.

**Resolved** that (1) the report in relation to the Smokefree North Tyneside Alliance and smoking harm and inequalities in North Tyneside be noted;  
(2) the North Tyneside Tobacco Control Plan 2021 be endorsed; and  
(3) the recommendations of the All Party Parliamentary Group on Smoking and Health set out in its report “Delivering a Smokefree 2030” be endorsed.

## **HW22/21 North Tyneside Strategic Alcohol Partnership: Update and Action Plan**

The Board received an update on the North Tyneside Strategic Alcohol Partnership and alcohol-related harm in North Tyneside.

Alcohol was a key public health issue and the harmful effects of excessive consumption had an effect at the individual, family and community level. Data suggested that 25.2% of adults in North Tyneside drank more than the recommended limit of 14 units per week in 2015-2018. It was estimated that 1.63% of North Tyneside residents were dependent on alcohol, which was over 2,600 adults. However, there were only 480 people accessing specialist treatment services for alcohol dependence in 2020-2021.

The North Tyneside Strategic Alcohol Partnership had been established to facilitate a whole system approach to addressing the health, social and economic harms caused by alcohol to individuals, communities and families in North Tyneside. The Partnership had previously reported to the Board however whilst place-based partnership arrangements are being developed in the context of changes to the NHS, the group would also report to the Future Care Programme Board. The revised Terms of Reference of the Partnership were presented to the Board.

The Partnership had recently re-convened following the Covid-19 pandemic, consisting of representatives from a range of partner agencies. The partnership had reviewed data and agreed that there should be a focus on reducing demand and availability, reducing consumption in those that drink more than ‘lower risk’ levels and seeking assurances that services are able to respond where alcohol-related harm is identified.

The following high level priority areas had been identified, and these would inform the formulation of an action plan:

- Reduce the proportion of adults who drink more than 14 units a week to below the best rate in the region of 20.2%
- Reduce the rate of alcohol-related and alcohol-specific admissions in adults to the same

- as or less than the England rate
- Reduce the rate of alcohol-related and alcohol-specific admissions in young people to the same as or less than the England rate
- Explore the scale of broader social harms linked to alcohol, such as domestic abuse and self-neglect, and consider how to address this further in North Tyneside

In November 2021 members of the Alcohol Partnership had provided updates on activity during the pandemic and planned activity for the future including a 5 week “Alcohol Causes Cancer” campaign to be broadcast on TV and radio, 1:1 support for problematic alcohol use, strengthened processes to identify harmful drinking in people attending hospital, a strengthened harm reduction approach by the Police, several workstreams within the Council including work around licensing and domestic abuse, the probation service’s specialist alcohol support and PROPS support to families.

The high level priorities and planned activity would now be drawn together into an Alcohol Control Plan to be agreed by the Partnership in the coming weeks. The Board considered the challenge of identifying un-engaged needs, and the inequalities and barriers to accessing services. Whilst it was acknowledged that the range of services offered by the partnership might not suit the needs of everyone, and other alternative services were available, the forthcoming re-procurement of alcohol support services presented an opportunity to consider accessibility.

**Resolved** that (1) the report in relation to the North Tyneside Strategic Alcohol Partnership and alcohol-related harm in North Tyneside be noted;  
(2) the Strategic Alcohol Partnership’s high-level priorities as set out above be endorsed and inform the formulation of an Alcohol Control Plan; and  
(3) the future reporting arrangements from the Strategic Alcohol Partnership to the Future Care Programme Board be approved.

## **HW23/21      Joint Health & Wellbeing Strategy - Action Plan**

At its previous meeting the Board had approved its Joint Health & Wellbeing Strategy “Equally Well: A healthier, fairer future for North Tyneside 2021-25”. Vicki Nixon, the Council’s Participation, Advocacy and Engagement Senior Manager, reported on progress made to develop an implementation plan to take forward the delivery of the strategy. Theme leads had been identified for each of the priority areas contained in the Strategy and they had been asked to provide by the end of January details of what work was currently being done and what could be done in the future. This information would then inform community engagement, to be delivered by local voluntary and community organisations, so that proposed solutions and interventions could be co-produced and informed by the lived experience of residents. An action plan would be devised for consideration by the Board and this was likely to be presented later than the original timescale in March because of delays caused by the Plan B Covid restrictions.

**Resolved** that the update on the preparation of a Joint Health & Wellbeing Strategy implementation plan be noted.