



Health & Wellbeing Board

North Tyneside Council

6 March 2019

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

on **Thursday 14 March 2019**

at **2.00pm**

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

Agenda Item

Page(s)

1. Apologies for Absence

To receive apologies for absence from the meeting.

2. Appointment of Substitute Members

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 named below must be notified prior to the commencement of the meeting.

Continued overleaf

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Item		Page(s)
3.	<p>To Receive any Declarations of Interest and Dispensations</p> <p>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.</p> <p>Non voting members are invited to declare any conflicts of interest in matters appearing on the agenda and the nature of that interest.</p> <p>Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.</p>	
4.	<p>Minutes</p> <p>To confirm the minutes of the meeting held on 28 February 2019.</p>	4
5.	<p>NHS Long Term Plan & the Integrated Care System for the North East and North Cumbria</p> <p>Alan Foster, the Lead Officer of the Integrated Care System (ICS) for the North East and North Cumbria, has agreed to attend the meeting to present details of the NHS Long Term Plan and its implications for the development of the ICS.</p>	-
6.	<p>Strategic Objective No. 6 “To reduce alcohol misuse”.</p> <p>To receive a further report on progress made by the North Tyneside Alcohol Strategic Partnership on delivery of the Board’s Strategic Objective No 6 to reduce alcohol misuse.</p>	7
7.	<p>Strategic Objective No. 2 “To reduce the use of tobacco across the life course”</p> <p>To receive a further progress report on delivery of the Board’s Strategic Objective No. 2 to ‘Reduce the use of tobacco across the life course’.</p>	25
8.	<p>Director of Public Health Annual Report and Commissioning Intentions 2019/20</p> <p>To note the presentation of the Council’s and the Clinical Commissioning Group’s commissioning intentions for 2019/20 and the Director of Public Health’s Annual Report on 7 March 2019.</p>	40

Members of the Health and Wellbeing Board:-

Councillor Margaret Hall (Chair)
Councillor Muriel Green (Deputy Chair)
Councillor Gary Bell
Councillor Tommy Mulvenna
Councillor Karen Clark
Wendy Burke, Director of Public Health
Jacqui Old, Head of Health, Education, Care and Safeguarding
Richard Scott, North Tyneside NHS Clinical Commissioning Group
Lesley Young-Murphy, North Tyneside NHS Clinical Commissioning Group
Iain Kitt, Healthwatch North Tyneside
Paul Jones, Healthwatch North Tyneside
Christine Briggs, NHS England
Kate Simpson, Newcastle Hospitals NHS Foundation Trust
Claire Riley, Northumbria Healthcare NHS Foundation Trust
Kedar Kale, Northumberland, Tyne & Wear NHS Foundation Trust
Paul Stanley, TyneHealth
Craig Armstrong, North East Ambulance Service
Lynsey McVay, Tyne & Wear Fire & Rescue Service
Dawn McNally, Age UK North Tyneside
Andy Watson, North Tyne Pharmaceutical Committee
Richard Burrows, North Tyneside Safeguarding Children Board
Catherine Hearne, Voluntary and Community Sector Chief Officer Group
Dean Titterton, YMCA North Tyneside

Health and Wellbeing Board

28 February 2019

Present: Councillor M Hall (Chair)
Councillors M A Green, J Mole and T Mulvenna
J Old, North Tyneside Council
W Burke, North Tyneside Council
A Paradis, North Tyneside Clinical Commissioning Group
P Jones, Healthwatch North Tyneside
J Robe, Northumberland, Tyne & Wear NHS Trust
N Bruce, Newcastle Hospitals NHS Trust
J Pratt, Tyne & Wear Fire & Rescue Service

Also Present:

M Robson, North Tyneside Council
J Lawlor and R Campbell, Northumberland, Tyne & Wear NHS Trust
L McVay, Tyne & Wear Fire & Rescue Service
Councillor L Spillard

HW40/02/19 Apologies

Apologies for absence were received from Councillor G Bell, L Young-Murphy, R Scott and M Adams (North Tyneside Clinical Commissioning Group), C Riley (Northumbria Healthcare NHS Trust), K Kale (Northumberland, Tyne & Wear NHS Trust), P Stanley (TyneHealth), D McNally and A Caldwell (Age UK North Tyneside), R Burrows (Safeguarding Children Board), C Hearne (Community and Voluntary Sector) and D Titterton (YMCA North Tyneside).

The Chair reported that Alma Caldwell was to retire from her position as Chief Executive of Age UK North Tyneside. She paid tribute to Alma for her work within the borough and for her contribution to the work of the Board. The Board agreed that a letter of thanks be sent to Alma.

HW41/02/19 Substitute Members

Pursuant to the Council's Constitution, the appointment of the following substitute members was reported:

Councillor J Mole for Councillor G Bell
A Paradis for L Young Murphy (North Tyneside Clinical Commissioning Group)
N Bruce for L Robson, (Newcastle Hospitals NHS Trust)
J Robe for K Kale (Northumberland, Tyne & Wear NHS Trust)

HW42/02/19 Declarations of Interest and Dispensations

There were no declarations of interest or dispensations reported.

HW43/02/19 Minutes

Resolved that the minutes of the meeting held on 10 January 2019 be confirmed and signed by the Chair.

HW44/02/19 Northumberland, Tyne and Wear NHS Foundation Trust

John Lawlor, the Chief Executive of the Northumberland, Tyne and Wear NHS Foundation Trust, attended the meeting to present details of the Trust's future plans and strategies and how they were aligned to the North Tyneside Joint Health & Wellbeing Strategy. John Lawlor was accompanied by Rebecca Campbell and Jose Robe from the Trust.

The Trust's Strategy for 2017-2022 was entitled "Caring, Discovering, Growing: Together". It contained the Trust's vision and values, its quality goals and six strategic ambitions as follows:

1. Working together with service users and carers we will provide excellent care, supporting people on their personal journey to wellbeing;
2. With people, communities and partners, together we will promote prevention, early intervention and resilience;
3. Working with partners there will be "no health without mental health" and services will be "joined up";
4. The Trust's mental health and disability services will be sustainable and deliver real value to the people who use them;
5. The Trust will be a centre of excellence for mental health and disability; and
6. The Trust will be regarded as a great place to work.

The Board heard how the Trust was organised into a triumvirate management structure made up of doctors, nurses and managers and 4 clinical business units of which 3 were locality focussed. Mr Lawlor described the range of services provided by the Trust for the population of North Tyneside and how the Trust contributed to system and clinical developments in North Tyneside. He also commented on the transformation of services towards community based and preventative models of delivery.

The Board examined how the additional £2.4bn investment in mental health services nationally would benefit North Tyneside residents. It was noted that the North Tyneside CCG had agreed its commissioning plans for the year ahead with the Trust and this incorporated delivery of the Mental Health Investment Standard which demonstrated that additional investment was being directed towards mental health. The Board were presented with examples of the range of services to be commissioned from the Trust by the CCG and members asked that they be provided with further details of how the additional investment would be spent in the borough.

The Board asked questions and made comments on a variety of issues arising from the presentation when particular consideration was given to:

- a) the Trust's approach to workforce planning;
- b) improvements in the physical condition of the Trust's properties
- c) closer working relationships between the Trust and the North Eastern Ambulance Service and other first responders such as the Police and Fire Service;
- d) the success of the street triage service in reducing the number of inappropriate detentions;
- e) the Trust's response to the report and recommendations prepared by Healthwatch North Tyneside in relation to people experiencing a mental health crisis; and

- f) the connections between the development of the Trust's new models of care and the Council's "Keeping Connected" facility.

Members of the Board asked that they be provided with a list of mental health services delivered in North Tyneside according to venue together with contact information so that users could be signposted to the correct service.

The Chair thanked John Lawlor for his presentation and for answering the Board's questions. She welcomed the growing importance of mental health on the political agenda and the increased investment in local services. She looked forward to receiving further reports in relation to mental health in the future to demonstrate how this investment was making a difference to people's lives.

HW45/02/19 Tyne & Wear Fire and Rescue Service

John Pratt from the Tyne and Wear Fire and Rescue Service addressed the Board to explain that this meeting would be his last as a member of the Board. He expressed his thanks for the opportunities to work more closely with partners represented on the Board and to contribute to the delivery of shared preventative strategies to keep people safe and healthy.

North Tyneside Health & Wellbeing Board Report Date: 14th March 2018

ITEM 6

Title: Strategic Objective
No 6, Reducing Alcohol
misuse in North Tyneside

Report from: Cllr Alison Waggott-Fairley
Chair of the North Tyneside Alcohol Strategic Partnership

Report Author: Christine Jordan, Senior Manager Public
Health – Adults and Older People

1. Purpose:

The purpose of this report is to provide the Board with the latest information on the progress that has been made to date by the North Tyneside Alcohol Strategic Partnership and on the Health and Wellbeing Board's Strategic Objective No 6 to reduce alcohol misuse.

2. Recommendation(s):

The Board is recommended to:

- a) Acknowledge the work undertaken by the North Tyneside Alcohol Strategic Partnership;
- b) Agree the North Tyneside Alcohol Strategic Partnership's Action Plan for 2019/20 as set out in Appendix 2; and
- c) Agree to appoint Councillor Janet Mole as the new chairperson for the partnership from May 2019.

3. Policy Framework

This item relates to the following priorities of the Joint Health and Wellbeing Strategy 2013 and the North Tyneside Alcohol Strategy 2013-2018:

- A change in behaviours so people think it is not acceptable to drink in ways which would cause harm to themselves and others.
- Increase the healthy life expectancy and reduce difference in life and healthy life expectancy between communities.
- Reduce alcohol related crime and disorder and perception of alcohol related crime and disorder.
- Reduce the adverse impact of alcohol on families and the wider community

4. Information:

4.1 Background

Alcohol has a significant role in our society, providing employment opportunities and community cohesion and those who drink sensibly and in moderation play a valuable role in North Tyneside's night-time economy. However, it is also evident that the misuse of alcohol can have a detrimental impact contributing to individual, social and economic

harm with those drinking to excess bringing considerable financial pressures on health and policing services, causing risk to themselves and others and has a reputational, and therefore economic, impact on the borough.

The harmful effects of excessive alcohol consumption are far-reaching; alcohol misuse can lead to alcohol-related health disorders and disease, anti-social and criminal behaviour, poor outcomes for children and families, reduced quality of life, loss of productivity in the workplace, anti-social behaviour, disorder and crime.

The underlying reasons why people misuse alcohol are many and complex, in order to respond effectively to them, an extensive array of interventions and policies are required with the primary aim of preventing the public health burden of alcohol. As a result, a range of partners have come together to form the strategic multi-agency alcohol partnership in North Tyneside. The partnership was established in January 2016 to tackle identified priorities following the Board's Alcohol Action Day in September 2015 and the Health and Wellbeing Board's Strategic Objective No 6 to reduce alcohol misuse. The purpose of the partnership is to provide system leadership and to ensure key actions are implemented in order to reduce the impact from alcohol misuse across North Tyneside.

The partnership has been chaired by Councillor Alison Waggott-Fairley since January 2016 and her support has been invaluable in raising the profile of the partnership, securing commitment and driving the agenda forward. In May 2019 Alison will be standing down as a Councillor and as the chairperson of the partnership.

The partnership has agreed terms of reference and there is good representation and attendance from a range of partners (Appendix 1). The membership includes key stakeholders and partners from the Police, Criminal Justice, North Tyneside Recovery Partnership, PROPS Service, Northumbria Health Care NHS Foundation Trust, Balance, Public Health England, North Tyneside Clinical Commissioning Group and the Local Authority including representatives from public health, housing, social care, children services, commissioning and licensing.

An action plan (Appendix 2) has been developed in response to the key issues identified and highlights three priority areas including prevention, children and young people and adults.

4.2 Key achievements to date

Good progress has been made with the implementation of the action plan and all partners and stakeholders recognise the benefits of working together. The partnership has achieved improved integration which is key in terms of the complexity of the agenda, long term sustained action and improving outcomes. Key achievements in the last year include:

Prevention:

- Delivered key health improvement campaigns to raise awareness of the harms caused by alcohol working closely with Balance NE in particular. Dry January and the Alcohol and Cancer campaign.
- Developed and supported social marketing campaigns with Balance to widely promote safe drinking in line with the Chief Medical Officer's guidelines, maximum 14 units per week for adults, raising awareness of risks and reduce alcohol misuse.

- Supported specific pieces of work with licensing and trading standards on illegal sales resulting in one prosecution and removal of licence.
- A Local Maternity System Audit in relation to alcohol in maternity services has been undertaken and recommendations made for training and assessment.

Adults:

- Implemented the Alcohol “Have a Word” programme which provides Alcohol Identification and Brief Advice training to a range of key frontline staff within the Council, including social workers and housing professionals.
- Conducted an audit of Alcohol Brief Advice training across key partners and settings to assess what training is being delivered and to identify any gaps in delivery. Partners then agreed to roll out *consistent* Brief Advice (IBA) training in a range of settings including Police, Criminal Justice and the NHS promoting clear pathways to specialist assessment for those who may be alcohol dependent.
- Worked with the charity Alcohol Concern to deliver the national Blue Light Programme to develop alternative approaches and care pathways for change resistant dependant drinkers. Established a multiagency hub to develop a joint management and targeted focus with robust pathways for change resistant drinkers. The project evaluation showed that the model was well regarded by partners and has buy-in from stakeholders and improved practice, joint working and better offer of services driving up engagement.
- Completed a procurement exercise for a new specialist treatment service and also support for families. A drug and alcohol needs assessment was carried out which informed the procurement exercise. The new contract for an all-aged treatment service will now include the requirement to work with young people; focus on work with dependent drinkers not in treatment and successful completions which is an issue nationally. Current pathways also need to be reinvigorated particularly with adult social care and criminal justice partners.
- Submitted a bid to PHE for capital funds to relocate the specialist treatment service with a view to increasing access to the service and also increasing successful completion of treatments. The outcome of this work is awaited.

Children:

- Provided brief advice training to all family partners in Early Help Children’s Services
- Developed a community interest group on drug and alcohol to develop knowledge and skills and support teams in working with young people involved in substance misuse.
- School Improvement Service developed a Drug and Alcohol protocol for schools to up skill staff to provide drug and delivered alcohol awareness training in schools and ensured that pathways are known.
- Undertaken a review of the current provision within Children’s Services for supporting children and young people with drug and alcohol problems with recommendations to improve the provision and pathways.

Public Health England Alcohol CLEAR Audit self-assessment tool:

- The Partnership completed the PHE's Alcohol CLEAR Audit self-assessment tool as part of a needs assessment to identify gaps in the work programme across the system and highlight any key actions for the programme.

4.3 Alcohol consumption and health

Alcohol is a prominent commodity in our society. It is widely used in numerous social situations. For many, alcohol is associated with positive aspects of life; however there are currently over 10 million people drinking at levels which increase their risk of health harm. Among those aged 15 to 49 in England, alcohol is now the leading risk factor for ill-health, early mortality and disability and the fifth leading risk factor for ill-health across all age groups.

In recent years, many indicators of alcohol-related harm have been the cause for concern nationally, regionally and locally. There are now over 1 million hospital admissions relating to alcohol each year, half of which occur in the lowest three socioeconomic deciles. Alcohol-related mortality has also increased, particularly for liver disease which has seen a 400% increase since 1970, and this trend is in stark contrast to much of Western Europe. In England, the average age at death of those dying from an alcohol-specific cause is 54.3 years. The average age of death from all causes is 77.6 years. More working years of life are lost in England as a result of alcohol-related deaths than from cancer of the lung, bronchus, trachea, colon, rectum, brain, pancreas, skin, ovary, kidney, stomach, bladder and prostate, combined.

Despite this burden of harm, some positive trends have emerged over this period, particularly indicators which relate to alcohol consumption among those aged less than 18 years, and there have been steady reductions in alcohol-related road traffic crashes.

The public health burden of alcohol is wide ranging, relating to health, social or economic harms. These can be direct costs (including costs to the health, criminal justice and welfare systems), or indirect costs (including the costs of lost productivity due to absenteeism, unemployment, decreased output or lost working years due to premature pension or death). Harms can also be intangible, and difficult to cost, including those assigned to pain and suffering, poor quality of life or the emotional

Alcohol misuse contributes to 200 health conditions leading to hospital admission, due either to acute alcohol intoxication or to the toxic effect of alcohol misuse over time. Conditions include:

- Cancers
- Cardiovascular conditions
- Depression
- Liver disease

What's more, harmful use of alcohol affects the most vulnerable groups in society - those in the lowest income bracket and those experiencing the highest levels of deprivation.

The effects of harmful drinking are, however, felt by all of us. Its impact on individuals, their families and communities is wide-ranging and the annual cost to society is £21 billion.

This is made up of:

- £11 billion from alcohol-related crime
- £7 billion from lost productivity through unemployment and sickness
- £3.5 billion to the NHS.

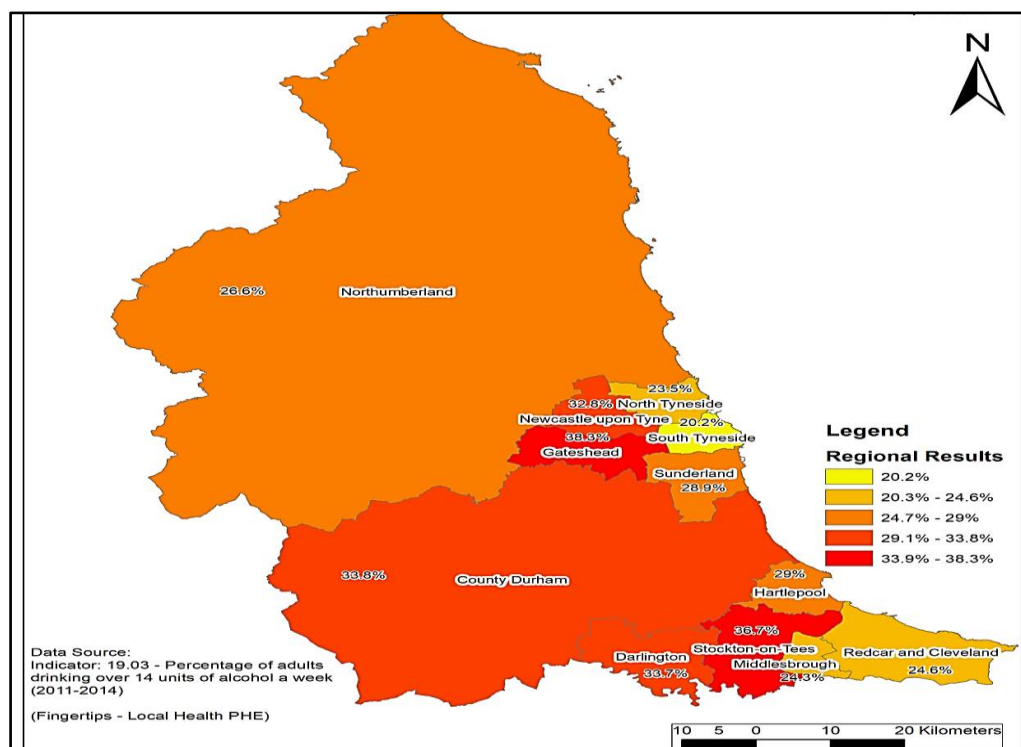
Not all of these costs are attributed to people who are alcohol dependent, but the costs illustrate the scale of the problems caused by alcohol and the challenge we face.

4.3.1 Progress against the North Tyneside Ambitions

4.3.2 Reduce the proportion of adults who drink more than 14 units of alcohol per week in North Tyneside to below the best rate in the region 20.2%

In North Tyneside it is estimated that currently 23.5% of adults drank over the CMO's low risk levels, which is lower than the England rate of 25.7% but this is higher than the best rate in the NE region of 20.2%. (Fig 1)

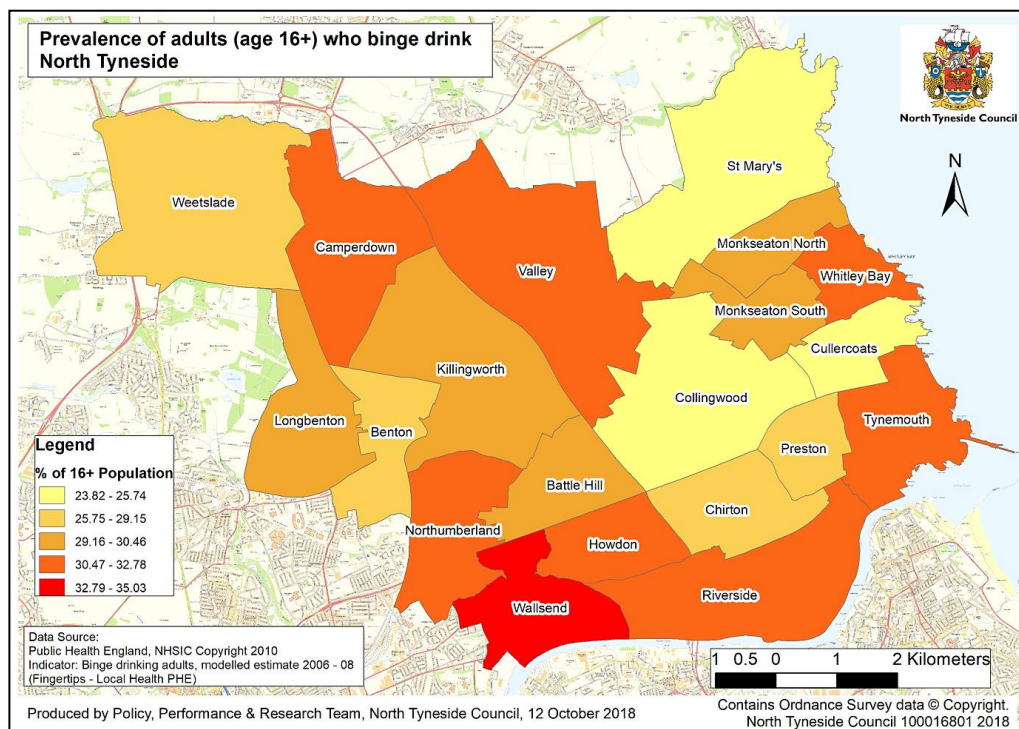
Fig 1: Percentage of adults drinking over 14 units of alcohol a week across the North East



Binge drinking is defined as drinking more than double the lower risk guidelines for alcohol in one session. In North Tyneside, 18.7% of adults engage in binge drinking (Public Health England, 2006-08) which is higher than the national average of 16.5%.

The highest proportion of binge drinking adults in 2006-2008 were clustered in the Wallsend, Howden, Riverside, Tynemouth, Camperdown and Valley areas of North Tyneside as shown in figure 2. 35% of adults within an MSOA in Wallsend were estimated to be drinking at harmful levels. (Fig 2)

Figure 2: Percentage of binge drinking adults aged 16+ grouped by middle super output area – 2006-2008; Source: Local Health Profiles



4.3.3 **Reduce alcohol related and specific admissions in adults from to same or less than England rate**

Hospital admissions due to alcohol can be a result of regular alcohol use above lower risk levels as well as chronic heavy drinking and are most likely to be found in increasing-risk drinkers, higher-risk drinkers, dependent drinkers and binge drinkers.

In North Tyneside the rate of alcohol related admissions is significantly higher than the rate for England as demonstrated in Figure 3 below. The rate has not increased significantly since 2008.

Fig 3: Trend in Hospital Admission Episodes for Alcohol-related admissions – Adults

10.01 – Admission episodes for alcohol-related conditions (Narrow) (Persons) – North Tyneside

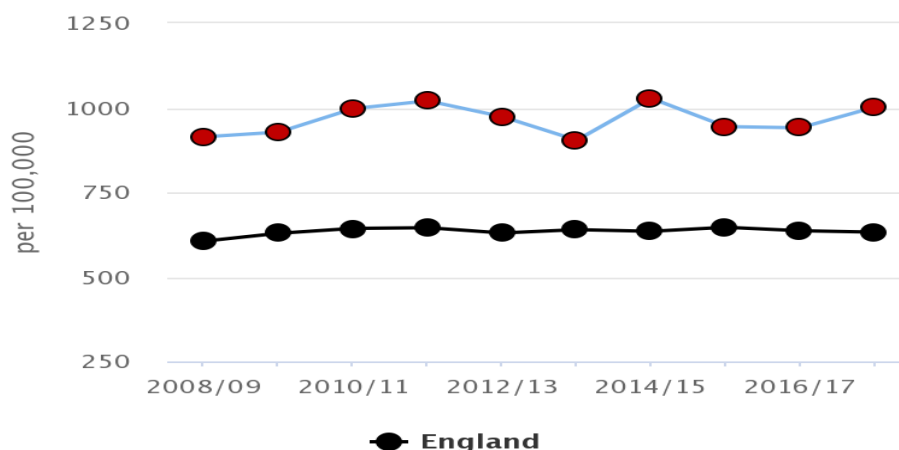
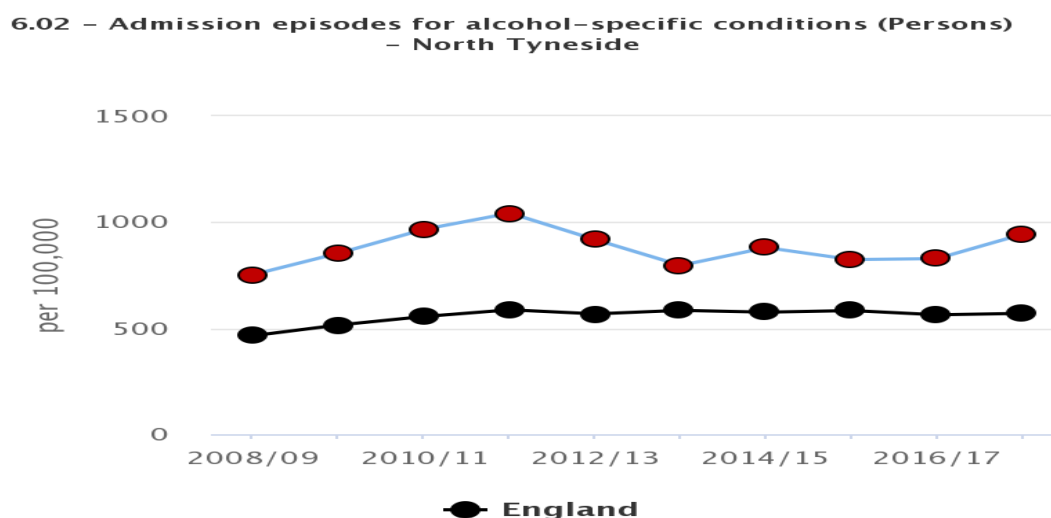


Figure 4 shows a similar picture for alcohol specific admissions. The picture in North Tyneside is reflective of that regionally with all areas in the North East demonstrating rates significantly higher than England.

Fig 4: Trend in Hospital Admission Episodes for Alcohol- specific admissions - Adults



4.3.4 **Reduce alcohol admissions for young people to same or less than England rate.**

In North Tyneside between 2014/15 to 2016/17 there were a total of 98 (64 Females & 34 Males) hospital admission episodes for Under 18s in North Tyneside where the primary diagnosis or any of the secondary diagnoses were wholly attributable to alcohol. This is a 19.5% increase on the previous figure of 82 (21% increase in Females and a 17% increase in Males).

This gives a rate of 80.7 per 100,000 population and is the third highest rate when compared to other North East Local Authorities. It is also higher than the North East and England rates of 64.8 per 100,000 and 34.2 per 100,000 respectively. (Fig 5).

Fig 5: Hospital Admission Episodes for Alcohol-related admissions - Under 18s North East Local Authorities, 2014/15 - 2016/17

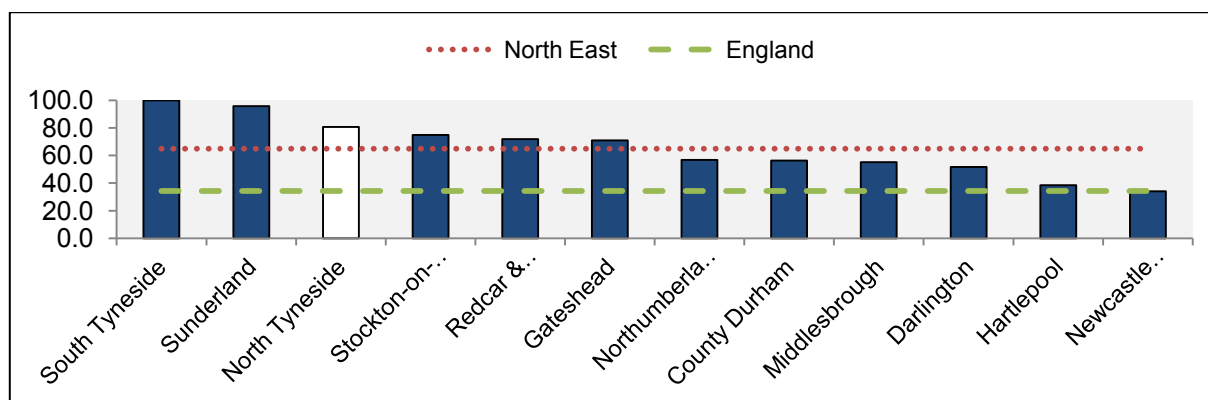


Figure 6 shows an overall decreasing trend in the rate of under 18 hospital admissions in North Tyneside since 2006. However the data shows a slight increase since 2013/14.

Fig 6: Trend in Under 18 Hospital Admissions (Alcohol-specific)



4.4 Next steps

The work programme for the Alcohol Partnership in the forthcoming year includes supporting the following key pieces of work:

4.4.1 'Bottled Up' Programme

Bottled Up is the name of North Tyneside's successful project funded through a successful bid to PHE's Innovation Fund to identify and support children of alcohol dependant parents/carers across North Tyneside. There will be a focus on identifying children in the borough living with alcohol dependent parents and offering them bespoke support. In addition parents will be supported to enter and successfully complete specialist alcohol treatment programmes and be offered support to address 'parental conflict'. The local evaluation is being undertaken by Newcastle University. The national evaluation of all the successful Innovation Fund projects is being led by the Tavistock Institute of Human Relations (TIHR).

4.4.2 Embedding new services and develop new pathways following procurement from 1st April 2019 and relocate specialist treatment service if the PHE capital bid is successful

The Drug and Alcohol Specialist Treatment Service contract has been awarded to the current provider, North Tyneside Recovery Partnership (NTRP) which is a partnership of Northumberland, Tyne and Wear NHS Foundation Trust (NTW), Turning Point and Changing Lives.

PROPS, the current provider have been awarded the family support service contract.

In terms of specialist treatment an all-aged treatment service will be provided from 1st April 2019. This includes the provision of specialist support for young people with the most complex needs including detoxification working closely with the provision of support within locality teams. The Service will also work with dependent drinkers not in treatment and will be an integral part of the Bottled-Up project. Current pathways need to be reinvigorated particularly with adult social care and criminal justice partners.

4.4.3 Relaunch the revised provision for children and young people with drug and alcohol problems from 1st April 2019

Following the review of the service provided to young people through Children's Services, there will be a revised provision from 1st April 2019. Within the early help service a team lead for drug and alcohol will coordinate staff, provide training and mentoring, develop new pathways for example with the specialist treatment service and also work with specific young people demonstrating particularly harmful behaviour. Lead practitioners will be developed for drug and alcohol in Early Help, YOT, Residential Care and Edge of Care and there will be a cohort of trained practitioners in these service areas to work with young people.

4.4.4 Alcohol Free Children (AFC)

Working jointly with Balance NE to deliver the AFC initiative and develop a local AFC Steering Group including leads from family partners, 0-19 service, PHSE leads, public health and Balance.

Key AFC work areas will include supporting communications campaigns; training for social services children and family's workers and engaging schools.

5. Decision options:

Option 1:

Note the report and take no further action; or

Option2:

The Board is recommended to acknowledge the work undertaken by the partnership agree the action plan for 2019/20 and agree to appoint Councillor Janet Moleas the chairperson for the partnership from May 2019.

6. Reasons for recommended option:

The recommendation is for the Board to agree option 2 to continue to make progress and reduce the harm caused by alcohol across North Tyneside by a system leadership approach delivered by the Alcohol Strategic Partnership.

7. Appendices:

Appendix 1 – Alcohol Partnership Terms of Reference

Appendix 2 – North Tyneside Alcohol Action Plan

8. Contact officers:

- Christine Jordan, Senior Manager Public Health, 0191 643-2880

9. Background information:

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

- North Tyneside Health and Wellbeing Strategy, 2013
- North Tyneside Alcohol Strategy 2013-18

10 Finance and other resources

Overall, too many people are drinking too much, too often and we are all paying for it, from policing to dealing with alcohol related crime, the NHS and Ambulance Service and treatment services for people with alcohol problems, to the cost to businesses of lost productivity and supporting children who have suffered as a result of living with a parent who misuses alcohol.

Alcohol misuse has an impact on the whole community through crime, health and wellbeing, affecting families and wellbeing of children, placing a strain on key health services and draining council resources.

A reduction in the number of alcohol specific admissions to hospital will deliver significant cost savings.

11 Legal

In accordance with the Health & Social Care Act 2012 the Board is responsible for encouraging the commissioners of health and social care services to work in an integrated manner to improve the health and wellbeing of people.

12 Consultation/community engagement

The information has been shared with statutory partners and key stakeholders who attend the alcohol partnership group.

13 Human rights

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

14 Equalities and diversity

Alcohol abuse is particularly harmful for communities and can impact upon their health, wellbeing, education and safety. Within North Tyneside there are several targeted programmes that attempt to mitigate the impact of alcohol on individuals and communities affected. The Alcohol Partnership has developed a comprehensive action plan that documents key objectives and actions on this agenda.

15 Risk management

There are no risk management implications directly arising from this report.

16 Crime and disorder

Excessive alcohol consumption can be an underlying factor in a range of crimes e.g. drunk and disorderly, violent crime and anti-social behaviour. Preventative work to reduce hospital admissions may also reduce incidences of alcohol related crime.

SIGN OFF

Chair/Deputy Chair of the Board

X

Director of Public Health

X

Director of Children's and Adult Services

X

CCG Chief Officer

X

Head of Law & Governance

X

North Tyneside Alcohol Strategic Partnership Group

Terms of Reference

1. Background

The North Tyneside Alcohol Strategy was developed in 2014. The Health and Wellbeing Board in September 2015, held an action day on alcohol for the board members and key partners. The Board met and looked at how they can make closer contact and gain a deeper understanding of alcohol services and agreed a number of next steps. One of the key recommendations was to establish a multi-agency Alcohol Strategic Partnership to oversee the alcohol action plan.

2. Purpose of the group

- To provide strategic leadership to ensure key actions are implemented in order to achieve a reduction in alcohol misuse in North Tyneside
- To develop a multiagency approach for alcohol in North Tyneside that will minimise its harmful effects through prevention and control measures and support for those who have alcohol related problems
- To oversee the implementation and performance management of the action plan across partner agencies within North Tyneside
- To ensure expert advice is provided on the risks and likely impact of existing and proposed policies and plans in relation to alcohol harm
- To maximise and utilise current resources to the best effect across the system
- To influence the commissioning of a range of evidence-based alcohol services.

3. Subgroups

The Alcohol Strategic Partnership Group will require task and finish groups on key areas such as treatment resistant drinkers and they will be developed as and when.

4. Chair of the Group

The chair of the group will be Councillor Alison Waggott-Fairley and Wendy Burke; Director of Public Health will be the vice-chair.

5. Membership

Local Authority:

- Elected members
- Public Health
- Children's
- Commissioning
- Licensing
- Housing

- Probation
- Recovery Treatment Partnership
- PROPS Service
- Alcohol Liaison Team, Northumbria Health Care
- Meadowell Connected
- Balance
- Public Health England
- Northumbria Police
- North Tyneside CCG

If partnership members are unable to attend, then they should send a representative on their behalf.

6. Accountability of the Group

The Alcohol Strategic Partnership Group will report to the Health and Wellbeing Board in terms of health (prevention, treatment and control) outcomes and to the Safer North Tyneside Board in terms of crime and anti-social behaviour related issues.

Democratic overview and scrutiny of the work of the Alcohol Strategic Partnership Group will be achieved via the Health and Wellbeing Sub Committee.

7. Frequency of Meetings

It is proposed that the group will meet on a quarterly basis.

Alcohol Strategic Partnership Board

Action Plan – 2019-2020

Area for improvement	key actions	HWBB Targets	Lead Officer(s)	By When	Progress Update
1. Reducing demand and availability	<p>To have a clear vision for alcohol licensing which sets out how this work contributes to the achievement of alcohol outcomes.</p> <p>Realignment of the Responsible Authorities Group.</p> <p>To use local crime, health and social care data to map the extent of alcohol related problems.</p> <p>To share crime and hospital data to inform improvements in community safety, licensing and enforcement activity.</p> <p>To target premises in the prevention of underage sales.</p> <p>Collate data on proxy sales to minors and take action.</p> <p>To protect children and young people from alcohol related harm by using current legislation and PHE tools</p>	<p>1. Reduce the proportion adults who drink more than 14 units of alcohol per week in North Tyneside to below the best rate in the region 20.2% (Fingertips)</p> <p>2. Reduction in alcohol related and specific admissions in adults from to same or less than England rate</p> <p>3. Reduction in alcohol admission for young people to same or less than England rate</p> <p>4. Reduction in Domestic Violence Incidents involving alcohol.</p>	<p>Joanne Lee</p> <p>Bev Marrs Jo Connelly</p>		<p>Trading Standards underage sales operation targeted nine premises. Two premises sold alcohol and action is now being taken against these premises.</p> <p>Cumulative Impact Assessment consulted in July/August which formed part of the review of the Statement of Licensing Policy.</p> <p>Revised Policy produced.</p> <p>Developing an AFC steering group</p>
	Support social marketing campaigns with		Sue Taylor		Delivered a range of local

	<p>Balance particularly Dry January.</p> <p>Widely promote CMO guidelines alcohol-free childhood, no safe alcohol consumption in pregnancy and max 14 units per week for adults.</p>		<p>Bev Marrs Jo Connelly</p>		<p>health improvement campaigns to raise awareness of the harms caused by alcohol e.g. Dry January and Alcohol and Cancer campaign</p> <p>Developed and supported social marketing campaigns with Balance NE to widely promote safe drinking in line with the Chief Medical Officer's guidelines, maximum 14 units per week for adults, raising awareness of risks and reduce alcohol misuse.</p>
Area for improvement	key actions	HWBB Target	Lead Officer(s)	By When	Progress Update
2As.Alcohol treatment for adults and older people	<p>Evidence-based alcohol treatment service commissioned in line with NICE Guidance and Quality Standards.</p> <p>Integrated pathways to meet the needs of the local population in all settings; community, hospital, primary care.</p> <p>To integrate the approach for Treatment Resistant Drinkers into MEAM</p>		<p>Oonagh Mallon</p> <p>Treatment providers</p> <p>Roslyn Leggett, Christine Jordan</p> <p>Steve Rundle Judith Stonebridge</p>		<p>Re-commissioned an all-aged alcohol treatment service</p> <p>Delivered a Blue Light training package to a range of front-line staff including children teams, health visitors and school nurses and treatment services.</p> <p>Established a multiagency hub to develop a joint management and targeted focus and robust pathways for change resistant drinkers. Evaluated the impact of the multi-agency operational hub and integrating the approach into Every Adult Matter multi</p>

	<p>Multidisciplinary alcohol care team in hospital delivering co-ordinated alcohol treatment and prevention programme over 7 days per week. The team will deliver systematic interventions and alcohol specialist nurses.</p>				<p>agency group.</p> <p>NHCFT have approved funding for a 7-day ALS the posts are in the process of being appointed</p> <p>A benchmarking audit in relation to alcohol in maternity services has been undertaken.</p>
2B.Alcohol treatment for young people	<p>Further develop specialist treatment available to young people in need as per NICE Guidance.</p> <p>Effective hospital care pathways in place for young people presenting to A&E with alcohol –related problems.</p> <p>All providers to use AUDIT – C as part of clinical assessments.</p> <p>To support Balance AFC initiative and developed a local AFC Steering Group including members includes leads from family partners, 0-19 service, PHSE leads and Balance.</p> <p>Key AFC work areas to include supporting communications campaign and training for social services children and family workers and engaging schools.</p>		<p>Bev Marrs/Rachel Nicholson</p> <p>Bev Marrs Judith Stonebridge</p> <p>Treatment Providers</p>		<p>Following the review of the service provided to young people through Children's Services, there will be a revised provision from 1st April 2019. Within the early help service a team lead for drug and alcohol will coordinate staff, provide training and mentoring, develop new pathways for example with the specialist treatment service and also work with specific young people demonstrating particularly harmful behaviour.</p> <p>Lead practitioners will be developed for drug and alcohol in Early Help, YOT, Residential Care and Edge of Care and there will be a cohort of trained practitioners in these service areas to work with young people.</p> <p>Bottled-Up is the name of</p>

					<p>North Tyneside's successful project bid to PHE's Innovation Fund to identify and support of North Tyneside children living in households where parents/carers are alcohol dependant. Parents will be supported to enter treatment and family relationships will be considered through a local 'parental conflict' programme.</p> <p>Trained all family partners in Alcohol Brief Advice, drug awareness and the Bluelight approach. Developed a community's interest group on drug and alcohol to develop knowledge and skills and support teams in working with young people involved in substance misuse.</p> <p>Developed a Drug and Alcohol protocol for schools to up skill staff to provide drug and alcohol awareness training in schools and ensure that pathways are known.</p>
Area for improvement	key actions	HWBB Target	Lead Officer(s)	By When	Progress update
3.Reduce consumption in	Develop a delivery group and an integrated plan to roll out Alcohol IBA		Christine Jordan		Public Health have rolled out the Alcohol "Have a

those that drink at above lower risk	<p>(Have a Word) in a range of settings.</p> <p>IBA training made mandatory and delivered across a range of settings; primary, secondary and social care settings, police, criminal justice.</p> <p>Routinely monitor outcomes of IBA training delivered across a range of settings.</p> <p>Clear pathways into the specialist treatment providers for those identified as dependent drinking through IBA.</p>		Alcohol IBA delivery group		<p>Word” programme which provides Alcohol Identification and Brief Advice training to a range of key frontline staff within the Council.</p> <p>Conducted an audit of Alcohol Brief Advice training across key partners and settings to assess what training is being delivered and to identify any gaps in delivery.</p> <p>Rolled out consistent Brief Advice (IBA) training in a range of settings including Criminal Justice and the NHS promoting clear pathways to specialist assessment for those who may be alcohol dependent.</p>
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North Tyneside Health & Wellbeing Board Report Date: 14th March 2019

ITEM 7

Title: Strategic Objective
No. 2 - To reduce the use
of tobacco across the life
course

Report from : North Tyneside Council
North Tyneside CCG
Northumbria Health Care NHS Foundation Trust
Northumberland, Tyne and Wear NHS Foundation Trust
Newcastle upon Tyne Hospitals NHS Foundation Trust

Report Authors: Heidi Douglas (Tel: 0191 6432120)
Tom Dunkerton
Judith Stonebridge
Sally Faulkner
Julia De Soyza

Relevant Partnership Board: North Tyneside Smoke Free Alliance

1. Purpose:

The purpose of this paper is to provide a progress report on the Health and Wellbeing Board's Strategic Objective No. 2 to 'Reduce the use of tobacco across the life course'.

2. Recommendation(s):

The Health and Wellbeing Board is recommended to:

- a) Acknowledge the progress made to date in reducing the use of tobacco and agrees that the North Tyneside Smoke Free Alliance continues to have oversight for this work.
- b) Agree to appoint a new Chair of the North Tyneside Smoke Free Alliance from May 2019.
- c) agree the following priorities for the North Tyneside Smoke Free Alliance Work Programme 2019/20:
 1. To test out and implement the North Tyneside treating tobacco dependency model
 2. Ensure that all NHS trusts that serve the population of North Tyneside are smoke free and implementing the CQUIN for 'Preventing ill health by risky behaviours – tobacco'
 3. Embed a pathway for pregnant smokers within the maternity system
 4. Address underage sales and sales of illicit tobacco products in order to reduce uptake of smoking amongst young people
 5. Ensure that North Tyneside commission high quality specialist stop smoking services and that key performance indicators are reviewed on a quarterly basis

- d) Receive an annual progress report on the action and recommendations outlined in this report.

3. Policy Framework

This item relates to the following priorities as outlined in the Joint Health and Wellbeing Strategy 2013-23.

1. Improving the health and wellbeing of families
2. Addressing premature mortality to reduce the life expectancy gap
3. Improving healthy life expectancy
4. Reducing avoidable hospital and care home admissions

This item also relates to the Health and Wellbeing Board Work Plan 2018-2020 with particular reference to the following objectives:

- Reduce smoking prevalence in adults in North Tyneside to 13% by 2020
- Reduce smoking at time of delivery (for pregnant women) in North Tyneside to 6% or less by 2022
- For partners and the public to work together so that as few people as possible take up smoking and as many who do are able to give up

4. Information:

This programme of work is overseen by the North Tyneside Smoke Free Alliance. The North Tyneside Smoke Free Alliance is a multi-agency partnership with representation from health and social care, public health, school improvement, trading standards, workplace health and the business community.

The Alliance meets three times per year and has a detailed work plan. The Alliance is chaired by Cllr Lesley Spillard (vice chaired by Cllr Alison Waggott-Fairley), Cllr Spillard has chaired the Alliance for over four years. Cllr Spillard and Cllr Waggott-Fairley will both be standing down from the role of chair and vice chair from May 2019.

Having an elected member leading the work of the Alliance has provided strong leadership and has evidenced the high level commitment of the wider system in North Tyneside in addressing the harm caused by tobacco.

A briefing note is available in Appendix 1: Achieving a smokefree North Tyneside: Progress Report 2019 and sets out the progress made across North Tyneside and some of the important work undertaken.

In summary North Tyneside has made considerable progress over the last decade in reducing smoking rates from 27.5% (2006-08) to 16.5% (2017/18). North Tyneside tobacco control metrics are generally similar to the England average and better than the North East average. The only exception to this is the numbers of 15 year olds who report as regular smokers.

North Tyneside has the lowest rates of women smoking at time of delivery (11.3%) in the North East and is the only area in the North East which is similar to the England average (10.7%).

The North East has an excellent track record in the provision of high quality stop smoking services and this is reflected in the performance measures at a regional level. The North

Tyneside commissioned specialist stop smoking service performs better than the England average across the majority of indicators.

North Tyneside has good outcomes for service users as well as being one of the most cost effective specialist stop smoking services in the North East Region.

North Tyneside Council – Trading standards has received funding from the Department of Health and Social Care to implement an inspection regime to reduce the supply of tobacco products to young people.

All three NHS Foundation Trusts serving the population of North Tyneside are smoke free and have implemented the CQUIN for 'Preventing ill health by risky behaviours – tobacco'

Smoking in pregnancy has been made the key priority by the two North East Local Maternity System (LMS) boards. North Tyneside has the lowest rate in the North East Region for smoking at time of delivery (10.5%). The LMS ambition is to reduce smoking in pregnancy to 5% by 2025.

In North Tyneside; as part of a national initiative (Maternity and Neonatal Safety Collaborative) in depth work is underway within maternity services to look at opportunities for increasing the proportion of smoke free pregnancies.

There has been a significant amount of progress made in identifying smokers in hospital settings and referring them on to the specialist stop smoking service. For the majority of patients this has worked well, however for some patient groups this model has not been fit for purpose this includes;

- House bound patients
- Patients being referred for elective surgery
- Patients with long-term conditions where their care is provided by primary care

A working group comprising; primary care, CCG commissioning, public health, secondary care, North East Commissioning Support Unit (NECS) community pharmacy and medicine optimisation have started work on developing a local model for implementation in primary care settings to support the stop smoking pathways in the community.

5. Decision options:

The Board may either:-

- a) Note the report and take no further action; or
- b) Take a lead role in reducing the prevalence of smoking across North Tyneside in line with the agreed national and regional ambitions by embedding this work into the Board's action plan for 2018 - 2020 and beyond, endorse the actions identified, nominate a new chair and receive an annual progress report from the North Tyneside Smoke Free Alliance.

6. Reasons for recommended option:

The recommended option is b). The rationale for this preferred option is that the Board is appropriately placed to provide whole systems leadership and oversight for this ambitious programme of work.

7. Appendices:

Appendix 1: **Achieving a smokefree North Tyneside: Progress Report 2019**

8. Contact officers:

Heidi Douglas	Consultant Public Health North Tyneside Council	0191 643 2120
Tom Dunkerton	Senior Commissioning Manager North Tyneside CCG	0191 293 1156
Judith Stonebridge	Consultant Public Health Northumbria Health Care NHS FT	0191 293 2746
Sally Faulkner	Health Improvement Specialist Northumberland, Tyne and Wear NHS FT	0191 245 6652
Julia De Soyza	CQUIN Lead for Alcohol and Tobacco Newcastle upon Tyne Hospitals NHS FT	0191 213 9162

9. Background information:

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

- Towards a Smokefree Generation - A Tobacco Control Plan for England: Department of Health (2017)
- The NHS Long Term Plan: NHS England (2019)
- Modelled estimates using the Health Survey for England 2006-2008
- Smoking prevalence adults: Adult Population Survey 2017
- Royal College of Paediatrics and Child Health (2018) Child health in England in 2030: comparisons with other wealthy countries

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

There are resource implications in securing and commissioning a whole system approach to smoking cessation and treating tobacco dependency. However the cost of the resources required will release resources in health social care, as well as reducing demand as a result of the harm to health caused by smoking.

11 Legal

In accordance with the Health & Social Care Act 2012 the Board is responsible for encouraging the commissioners of health and social care services to work in an integrated manner to improve the health and wellbeing of people.

12 Consultation/community engagement

Staff and patients in NHS trusts have been consulted with and have informed their organisational approaches to being smoke free.

13 Human rights

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

14 Equalities and diversity

A key driver for the treatment of tobacco dependency is to reduce prevalence rates amongst the following groups where the current prevalence rate is significantly higher than the general population:

- Routine and manual workers
- People with mental health conditions
- People with long-term conditions
- Economically disadvantaged communities

The actions arising from this report will directly impact upon health inequalities in North Tyneside and reduce the gap in life expectancy and healthy life expectancy in North Tyneside by reducing the harms to health caused by tobacco dependency.

15 Risk management

There is a risk to reputation for the Local Authority, the CCG and the NHS acute trusts; both regionally and nationally if North Tyneside does not achieve the targets set out in the national tobacco control plan and those agreed by the regional Integrated Care System.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Chair/Deputy Chair of the Board	<input checked="" type="checkbox"/>
Director of Public Health	<input checked="" type="checkbox"/>
Director of Children's and Adult Services	<input checked="" type="checkbox"/>
CCG Chief Officer	<input checked="" type="checkbox"/>
Head of Law & Governance	<input checked="" type="checkbox"/>



North Tyneside Council

Quadrant, The Silverlink North, Cobalt Business Park,
North Tyneside, NE27 0BY
Tel: 0345 2000 101

Briefing note

To: Wendy Burke Date: 20th February 2019	Authors: Heidi Douglas (NTC) Tom Dunkerton (North Tyneside CCG) Judith Stonebridge (NHCFT) Sally Faulkner (NTW) Rachel Henwood (NECS) Julia De Soyza (NUTH)
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Title of Briefing: Achieving a Smoke Free North Tyneside: Progress Report 2019

1. Purpose of the paper

The purpose of this paper is to provide a progress report on the Joint Health and Wellbeing Board objective to '**Reduce the use of tobacco across the life course**'. This work is overseen by the North Tyneside Smoke Free Alliance.

This report provides an update on the progress to date in achieving the following:

- **Reduce smoking prevalence in adults in North Tyneside to 13% by 2020**
- **Reduce smoking at time of delivery (for pregnant women) in North Tyneside to 6% or less by 2022**
- **For partners and the public to work together so that as few people as possible take up smoking and as many**

2. National Policy Drivers

The Tobacco Control Plan for England¹ sets out the national ambition to achieve a smoke free generation; which is defined as a smoking prevalence rate of 5% or below. In order to achieve a smoke free generation the following targets have been set:

- Reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less by 2022
- Reduce smoking prevalence amongst adults in England from 15.5% to 12% or less by 2022
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population
- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less by 2022
- Make all mental health inpatient services sites smoke free by 2018
- NHS Trusts will encourage smokers using, visiting and working in the NHS to quit

The recently published NHS Long Term Plan² identifies that one-size-fits-all statutory services have often failed to engage with the people most in need, leading to inequalities in access and outcome. The

plan makes it clear that the NHS needs to play a greater role in upstream prevention, and the treatment of tobacco dependency in both primary and secondary care settings is essential in preventing avoidable illness.

Specific commitments set-out in the NHS Long Term Plan include:






- By 2023/24, all people admitted to hospital that smoke will be offered NHS-funded tobacco treatment services
- NHS-funded tobacco treatment services will also be adapted for expectant mothers, and their partners, with a new smoke free pregnancy pathway including access to focused sessions and treatments
- NHS-funded tobacco treatment services will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services. This will include the option to switch to e-cigarettes in inpatient settings
- Addressing health inequalities by targeting funding to those areas with highest need and working with partners to develop a menu of evidence based interventions

3. Tobacco dependency in North Tyneside

North Tyneside has made considerable progress over the last decade in reducing smoking rates from 27.5% (2006-08)³ to 16.5% (2017/18)⁴. North Tyneside tobacco control metrics are generally similar to the England average and better than the North East average. The only exception to this is the numbers of 15 year olds who report as regular smokers. Table 1 below presents the key metrics and compares North Tyneside to North East and England rates.

It is estimated that nationally 25% of women smoke during pregnancy⁵, working with pregnant smokers to stop is a local and national priority.

Table 1: Smoking prevalence rates: key performance metrics

Trend	Prevalence rates: smokers (current)	England	NE	NT	Target (2022)
	15 year olds who regularly smoke (2014/15)	8.2%	10.1%	10.3%	3%
	Adults who regularly smoke (2017)	14.9%	16.2%	16.5%	12%
	Adults - routine and manual occupations (2017)	25.7%	26.1%	27.6%	12%
	Adults with a long-term mental health condition (2016/17)	27.8%	29.1%	25.4%	NA
	Smoking at time of delivery (2017/18)	10.7%	16.3%	11.3%	6%

Significantly worse than England Average

Similar to England average

The table above presents a snapshot in time for smoking rates. The graphs below present the data over a longer period of time and illustrate the significant progress made.

The trend data shows that prevalence rates in adult smokers were higher in North Tyneside compared to both England and the North East. The only exception to this is smoking at time of delivery where North Tyneside has consistently been lower than the North East average, however slightly higher than the England rate.

Figure 1: Smoking prevalence in adults (APS) 2011-17

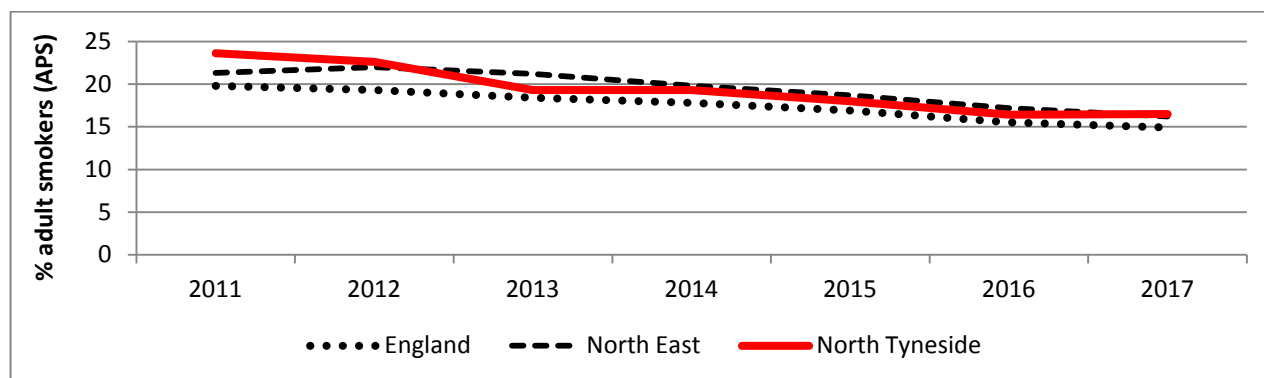


Figure 2: Smoking prevalence in adults in routine and manual occupations (APS) 2011-17

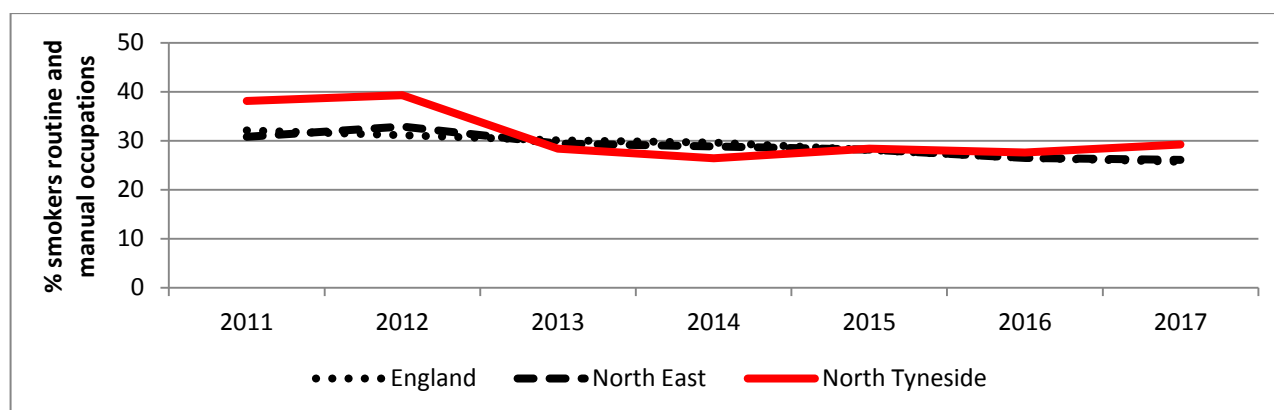


Figure 3: Smoking prevalence adults with a long-term mental health condition (GPPS) 2013-18

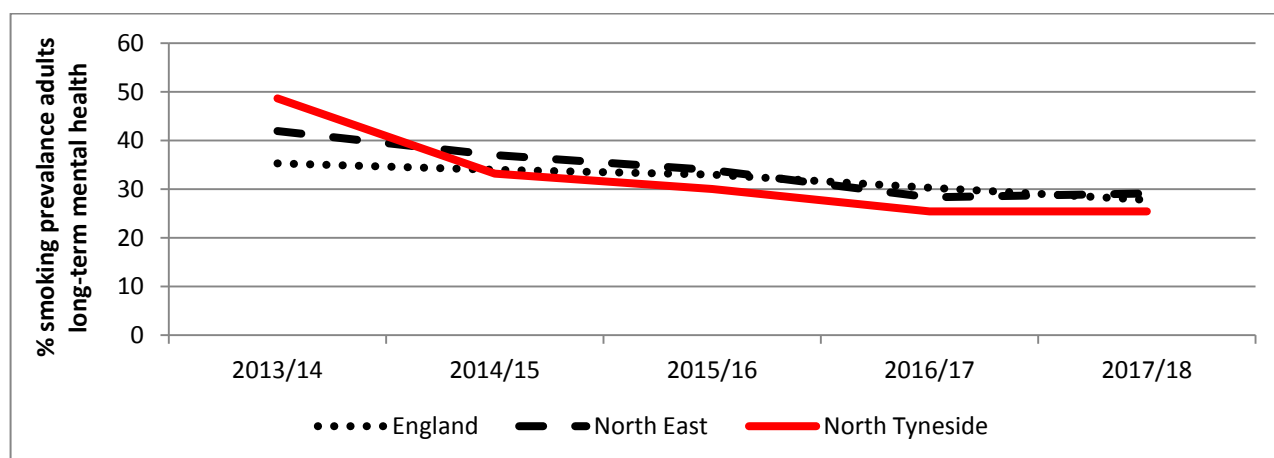
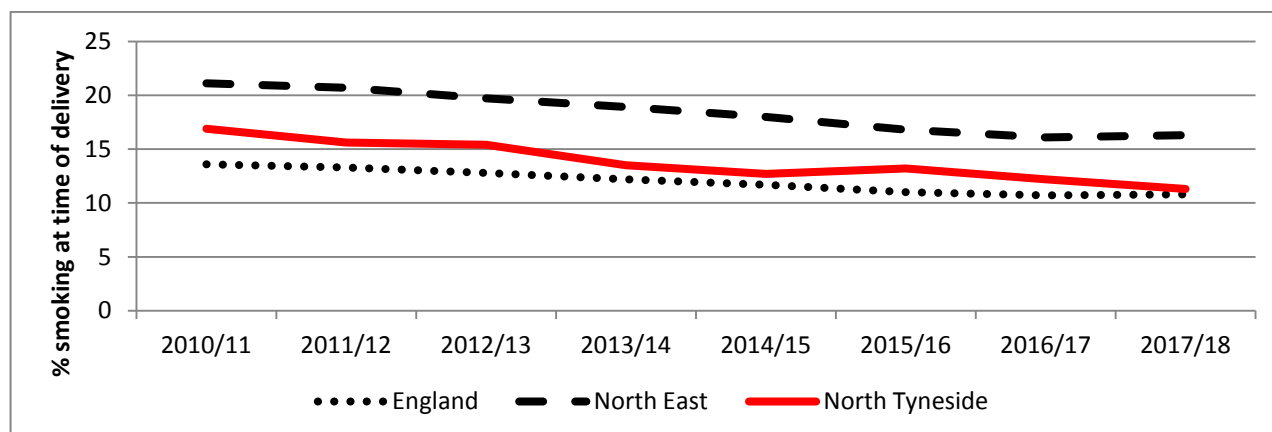


Figure 4: Smoking prevalence at time of delivery 2010-18

The trend data presented in the graphs above highlights the significant progress that has been made in reducing the number of smokers at a population level. Whilst this progress is positive, the prevalence rates has plateaued in recent years across all indicators except smoking at time of delivery where there continues to be a year on year reduction.

4. Treating tobacco dependency in community settings

There are a number of national outcome measures which means that the North Tyneside Council commissioned specialist stop smoking service can be benchmarked against national and regional performance measures. The table below (table 2) presents these measures. It is important to highlight that nationally and locally stop smoking service delivery models can differ significantly. In North Tyneside the specialist stop smoking service is provided in pharmacies where an individual will receive an evidence based treatment programme (12 weeks) which includes access to behavioural support alongside nicotine replacement therapy and/or pharmacological therapies.

The North East has an excellent track record in the provision of high quality stop smoking services and this is reflected in the performance measures at a regional level. The North Tyneside commissioned specialist stop smoking service performs better than the England average across the majority of indicators.

North Tyneside has good outcomes for service users as well as being one of the most cost effective specialist stop smoking services in the North East Region.

Table 2: Performance measures: Specialist stop smoking services (2017/18)

Indicator (2017/18)	England	North East	North Tyneside
Smokers setting a quit date*	4097	6243	5069
Smokers that have successfully quit at 4 weeks*	2070	2934	2094
Smokers quit at 4 weeks (CO Validated)*	1477	2403	1791
% Smokers quit at 4 weeks (CO Validated)	71%	82%	86%
Completeness of data recorded by SSS (%)	91%	99%	100%
Cost per quitter	£519	£668	£338

*rate per 100,000 smokers

Significantly worse than England Average

Similar to England average

Better than England average

5. Addressing uptake of tobacco products amongst young people

North Tyneside has higher estimated uptake of smoking at age 15 than England, although similar to the North East. Addressing uptake of tobacco products amongst young people is a key priority. There is a well-established evidence base that highlights that role of illicit tobacco products and underage sales in facilitating access to affordable tobacco products to young people aged under 18 years old.

North Tyneside Council - trading standards conducts regular inspections of targeted tobacco retailers. This includes using sniffer dogs to identify illicit tobacco stocks and the use of mystery shoppers to identify premises that sell tobacco products to young people aged under 18 years.

This work has been funded by a specific grant from the Department of Health and Social Care to ensure that Tobacco Product Directive and Age of Sale – Nicotine Inhaling Product Legislation is adhered to, as well as addressing the issue of access of tobacco products to young people.

6. Treating tobacco dependency in acute and mental health NHS trusts

National targets that have been established for NHS secondary care settings. This includes:

- All NHS Foundation Trusts are smoke free by April 2019
- Under the CQUIN for **'Preventing ill health by risky behaviours – tobacco'** all inpatients accessing mental health and acute NHS trusts are routinely screened for their smoking status and that all smokers are offered brief advice and onward referral to stop smoking services on discharge from hospital

7. Smoke free NHS

Northumbria Health Care NHS Foundation Trust (NHCFT): NHCFT will achieve the national target to be smoke free by 1st April 2019 and implemented going smoke free a year earlier (April 2018).

A comprehensive communications campaign – 'Change is in the Air' was developed and is in place across the organisation including at entrances, on bedside TV screens, in waiting areas and on the web site. The campaign has been adopted by other trusts across the region and recently won a communications award.

A national conference was undertaken to share the work of the trust and presentations have been delivered to neighbouring trusts to help them develop their smoke free journey.

The work that NHCFT has done in implementing a smoke free hospital has been held up as an example of excellent practice nationally and regionally. The journey that NHCFT has been on has informed national case studies and continues to inform the approach being adopted by other NHS trusts in the North East region.

NHCFT continues to work in partnership with the wider system to ensure a collaborative approach to stop smoking support

Northumberland, Tyne and Wear NHS Foundation Trust (NTW): NTW went smoke free on 9th March 2016. Work has been on-going since then to manage smoke free sites and there have been many challenges, particularly in inpatient settings.

Smoke free Policy and associated Practice Guidance Notes are currently undergoing a full review and are in the consultation process to get views from staff around the content. At the end of February 2019 a formal consultation will start with a view to getting the policy ratified.

The revised policy sets out more flexible guidelines around the use of electronic cigarettes, with service users being permitted to bring their own devices to hospital to use and recharge, providing an individual risk assessment has been completed. NTW is looking into the provision of a rechargeable e-cigarette to service users on admission if requested.

The new policy also offers some flexibility for local decision making so that wards can be guided by the principles of a smoke free Trust, but can adapt the specifics to suit their client group and facilities (e.g. designated areas for use of e-cigarettes may vary from ward to ward). The policy has been written with the principles of 'Talk First' embedded and the main focus is to ensure prompt access to cleaner nicotine for service users who are admitted, whether that be NRT or e-cigarettes.

NTW is progressing some work to raise better awareness around the use Varenicline and Bupropion, to ensure that service users are given a full choice of smoking cessation therapies.

Training is being developed for the North East, with Yorkshire and Humber Smoke free Mental Health Partnership leading on providing a bespoke brief intervention package for inpatient settings that would be standardised for the trusts within the North East. This will be rolled out via a train the trainer model.

NTW is in the process of developing some new patient information and communications materials and will be utilising the branding developed by NHCFT 'We Share Clean Air'.

Newcastle upon Tyne Hospital NHS Foundation Trust (NUTH): The Trust has been smoke free for a number of years.

NUTH has recently updated Trust policy and included the use of e-cigarettes in hospital grounds only.

NUTH have established a Task Smoke Free Group that is reviewing; the communication strategy, improving the electronic record for recording smoking status (both in-patients & out-patients), providing very brief advice and referral to the Stop Smoking Service. In addition the Trust is also reviewing the communication strategy regarding the implementation of the policy and signposting patients, visitors and staff to help them to stop smoking.

Smoke Free Newcastle has agreed to take referrals for outside the Newcastle area and refer out of area patients to their appropriate Stop Smoking Service. NUTH has worked with the commissioner in public health to ensure that there are a number of bespoke patient pathways are in place e.g. pre-assessment, vascular, and respiratory.

8. Preventing ill health by risky behaviours CQUIN – tobacco

The preventing ill health by risky behaviours CQUIN focuses on identifying and influencing inpatients that on admission to hospital are identified as smokers. The CQUIN was implemented in mental health trusts in 2017/18 and extended to acute trusts in 2018/19. The CQUIN incentivises NHS trusts to ensure that they have implemented a system that screens all inpatients and evidences that staff have offered brief advice and onward referral to stop smoking services.

In order to achieve the CQIN NHS trusts have to evidence the following:

- 90% of all inpatients have been screened and their smoking status is recorded on their records
- 90% of identified smokers are offered brief advice
- 30% of smokers are offered stop smoking medications and a referral to stop smoking services

In North Tyneside a care pathway has been developed with both NHCFT and NTW in order to facilitate easy referral into the community based stop smoking service for inpatients that have been identified as smokers and/or commenced a quit attempt whilst in hospital.

The performance data for the preventing ill health by risky behaviours CQUIN (tobacco) will not be available until the end of quarter 4 (31st March 2019). However NHCFT and NUTH have been regularly reviewing their performance, this is detailed below.

Northumbria Health Care NHS Foundation Trust: Since becoming Smoke free, NHCFT has seen a consistent increase in smokers accessing NRT and support to stop smoking while in hospital. Latest data suggests more than 80% of patients have their smoking status documented and all identified smokers are offered NRT. The in house service is supporting approximately 200 smokers per month. Less than 30 smokers per year were referred for support prior to the model being implemented. More than four hundred staff have had face to face training in very brief advice on smoking. Staff are more aware of their role in identifying those who are nicotine dependent and offering them support.

Newcastle upon Tyne Hospital NHS Foundation Trust (NUTH): NUTH has made good progress with CQUIN targets for tobacco, particularly in the last quarter whereby at the end of quarter 3 all targets set have been reached. 50% of patients have had their smoking status recorded in the eRecord system (patient electronic records) and this has doubled since the end of quarter 2. Since quarter 2 a dedicated member of staff has been working one day a week to coordinate activity around the CQUIN. This has involved working with IT and information services to refine the information collection process and has also involved educating clinical staff on how to record the data to ensure capture for CQUIN purposes.

9. Treating tobacco dependency – smoke free pregnancy

Smoking in pregnancy has been made the key priority by the two North East Local Maternity System (LMS) boards. North Tyneside has the lowest rate in the North East Region for smoking at time of delivery (10.5%). The LMS ambition is to reduce smoking in pregnancy to 5% by 2025.

In North Tyneside; as part of a national initiative (Maternity and Neonatal Safety Collaborative) in depth work is underway within maternity services to look at opportunities for increasing the proportion of smoke free pregnancies. This includes:

- A bespoke smoke free pregnancy communications campaign has been developed “Quit for you Quit for Two” which compliments the generic “Change is in the Air” campaign
- Embedding CO validation at all maternity appointments
- Ensuring all pregnant smokers are provided with the ‘risk perception’ baby clear intervention at 13 week scan clinic
- All pregnant smokers are provided with NRT and behavioural support
- All pregnant smokers are followed up to assess smoking status and provide on-going support for those struggling to quit during pregnancy

10. Developing a local model to treat tobacco dependency in North Tyneside

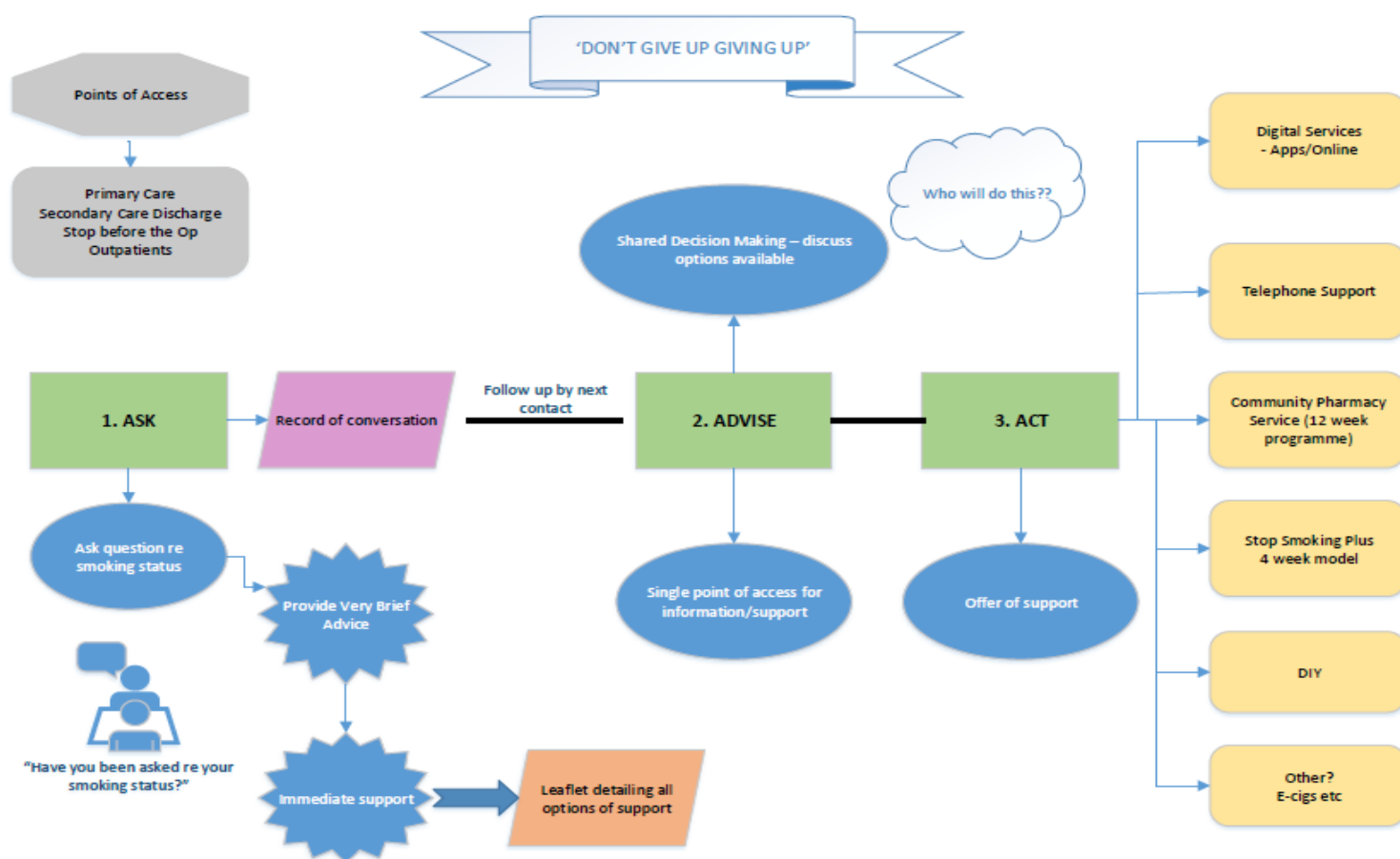
There has been a significant amount of progress made in identifying smokers in hospital settings and referring them on to the specialist stop smoking service. For the majority of patients this has worked well, however for some patient groups this model has not been fit for purpose this includes;

- House bound patients
- Patients being referred for elective surgery
- Patients with long-term conditions where their care is provided by primary care

A working group comprising; primary care, CCG commissioning, public health, secondary care, North East Commissioning Support Unit (NECS) community pharmacy and medicine optimisation have started work on developing a local model (figure 5) for implementation in primary care.

The model is based upon the concept of very brief advice (ask, advise and act). Central to this model is to offer smokers a wider range of evidence based interventions which include; access to apps, self-help, and telephone support.

Figure 5: North Tyneside model – treating tobacco dependency



It is important to highlight that this model is in a conceptual phase and work is underway to test this model out with the following groups:

- Primary care staff
- Smokers

Further work is also required in order to identify how to resource and support the implementation of this model.

11. Next steps and recommendations

The North Tyneside Smoke Free Alliance will continue to oversee the work streams reported on in this report and receive progress reports. Although significant progress has been made in working towards the North Tyneside Joint Health and Wellbeing Board's objective to 'reduce the use of tobacco across the life course'; there are a number of priorities for the next year.

1. To test out and implement the North Tyneside treating tobacco dependency model
2. Ensure that all NHS trusts that serve the population of North Tyneside are smoke free and implementing the CQUIN for 'Preventing ill health by risky behaviours – tobacco'
3. Embed a pathway for pregnant smokers within the maternity system
4. Address underage sales and sales of illicit tobacco products in order to reduce uptake of smoking amongst young people
5. Ensure that North Tyneside commission high quality specialist stop smoking services and that key performance indicators are reviewed on a quarterly basis

It is recommended that the North Tyneside Joint Health and Wellbeing Board agree the above priorities for the North Tyneside Smoke Free Alliance Work Programme 2019/20.



North Tyneside Council

Briefing note

References

- ¹ Towards a Smoke Free Generation - A Tobacco Control Plan for England: Department of Health (2017) London: Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/630217/Towards_a_Smoke_free_Generation_-_A_Tobacco_Control_Plan_for_England_2017-2022_2_.pdf
- ² The NHS Long Term Plan: NHS England (2019). Available at: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>
- ³ Modelled estimates using the Health Survey for England 2006-2008, Available at <http://fingertipsreports.phe.org.uk/health-profiles/2010/e08000022.pdf>
- ⁴ Smoking prevalence adults: Adult Population Survey 2017. <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132886/pat/6/par/E12000001/ati/102/are/E08000022>
- ⁵ Royal College of Paediatrics and Child Health (2018) Child health in England in 2030: comparisons with other wealthy countries. Available from: <https://www.rcpch.ac.uk/resources/child-health-england-2030-comparisons-other-wealthy-countries>

North Tyneside Health & Wellbeing Board Report Date: 14 March 2019

ITEM 8

Title: Commissioning
Intentions 2019/20 and
Director of Public Health's
Annual Report 2018.

Report from : Law & Governance, North Tyneside Council

Report Author: Michael Robson (Tel: 0191 643 5359)

1. Purpose:

This report records the presentation of the Council's and the Clinical Commissioning Group's commissioning intentions for 2019/20 and the Director of Public Health's Annual Report at a joint event with members of the Council's Adult Social Care, Health & Wellbeing Sub-Committee held on 7 March 2019. It also provides the Board with an opportunity to form an opinion on whether the Council and the CCG have taken proper account of the Joint Health & Wellbeing Strategy in formulating their commissioning intentions.

2. Recommendation(s):

The Board is recommended to:

- a) note that the Director of Public Health's Annual Report 2018 and North Tyneside Clinical Commissioning Group (CCG) and North Tyneside Council's commissioning intentions were presented and considered by members of the Board at an event held on 7 March 2019; and
- b) consider whether it wishes to form an opinion on whether the Council and the CCG have taken proper account of the Joint Health & Wellbeing Strategy in formulating their commissioning intentions 2019/20 and report this to the CCG and/or Council.

3. Policy Framework

This item relates directly to delivery of the vision, objectives and priorities contained within the refreshed Joint Health and Wellbeing Strategy 2013-23.

4. Information:

On an annual basis North Tyneside Council and North Tyneside Clinical Commissioning Group (CCG) present to the Board their respective commissioning intentions for the year ahead. The Director of Public Health also presents her annual report to the Board. It was agreed that in order to avoid duplication and to encourage dialogue between partners, the commissioning intentions and the annual report would be presented to

members of the Board and the Council's Adult Social Care, Health & Wellbeing Sub-Committee at a joint workshop style event held on 7 March 2019. The sub-committee exercises the Council's overview and scrutiny functions in relation to health related matters.

At the event members of the Board and the sub-committee received a presentation from the Director of Public Health setting out her annual report. Members then visited a series of stands to consider the commissioning intentions related to early years, children and young people, working age adults, older and people. There was also an opportunity to hear what residents were telling Healthwatch NorthTyneside. A copy of the presentation slides used at the event are attached as an appendix.

The Board have the power to consider whether the commissioning intentions take proper account of the Joint Health & Wellbeing Strategy and Joint Strategic Needs Assessment and it may give its opinion to the CCG and Council if it so wishes.

5. Decision options:

Taking into account the information presented at the event on 7 March 2019 the Board may now either :-

- a) note the commissioning intentions and take no further action; or
- b) form an opinion on whether the Council and the CCG have taken proper account of the Joint Health & Wellbeing Strategy in formulating their commissioning intentions 2017/18 and report this to the CCG and/or Council.

The Board are also asked to note the Director of Public Health's Annual Report 2018. There are no further options available to the Board as the contents of the report are determined by the Director of Public Health in fulfilling her statutory duties.

6. Reasons for recommended option:

Unless the Board wish to form an opinion and report to the CCG and/or Council, it is recommended that the intentions be noted.

7. Appendices:

Appendix 1 – Presentation Slides from the joint event held on 7 March 2019.

8. Contact officers:

Michael Robson, Law & Governance, Tel: 0191 643 5359

9. Background information:

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

- North Tyneside Council Constitution
- Health & Social Care Act 2012
- National Health Service Act 2006
- Report to Cabinet on 26 November 2018 in relation to the 2019-2023 Financial Planning and Budget Process

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

The financial implications associated with the Council's commissioning intentions are being considered as part of its 2019-2020 Financial Planning and Budget Process.

11 Legal

In accordance with Section 14Z11 of the National Health Service Act 2006, the Clinical Commissioning Group is required to prepare a plan setting out how it proposes to exercise its functions and must give a copy to the Health and Wellbeing Board. The CCG must, in particular, provide the Board with a copy of the draft plan or revised plan (as the case may be) and consult it on whether it adequately takes the latest joint health and wellbeing strategy into account.

Section 14Z14 of the 2006 Act enables the Board to give an opinion on whether the commissioning plan published by a clinical commissioning group takes proper account of the joint health and wellbeing strategy and, if it does so, give the clinical commissioning group a copy of its opinion.

Section 196(3) of the Health & Social Care Act 2012 allows the Board to give the Council its opinion on whether the Council, in exercising its functions, has given due regard to the Joint Strategic Needs Assessment and the Joint Health & Wellbeing Strategy.

12 Consultation/community engagement

The Council's 2019/20 Budget Engagement Strategy has included an extensive programme of engagement across the Borough through the "Big Community Conversation" when there were opportunities for residents to have their say online and via social media and at discussion events. There were also meetings with key groups of stakeholders, including the Residents Panel, to discuss the Budget proposals.

13 Human Rights

Commissioning intentions must have regard to Human Rights Law including Article 8 of the European Convention on Human Rights the right to respect for private and family life.

14 Equalities and diversity

Commissioning intentions must have regard to the Equality Act 2010 and in particular the Public Sector Equality Duty under that Act. To achieve this Equality Impact Assessments have been carried out on the Council's budget engagement process and specific proposals on how services will seek to meet budgetary requirements will be subject to EIAs, which will be informed by the findings of the budget engagement.

15 Risk management

The Council's Commissioning Intentions will have been subject to risk reviews and individual project risk registers as part of the Authority's agreed approach to project management.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Chair/Deputy Chair of the Board	<input checked="" type="checkbox"/>
Director of Public Health	<input checked="" type="checkbox"/>
Director of Children's and Adult Services	<input checked="" type="checkbox"/>
CCG Chief Officer	<input checked="" type="checkbox"/>
Head of Law & Governance	<input checked="" type="checkbox"/>

North Tyneside Health and Wellbeing Board

Annual Presentation of Commissioning Intentions

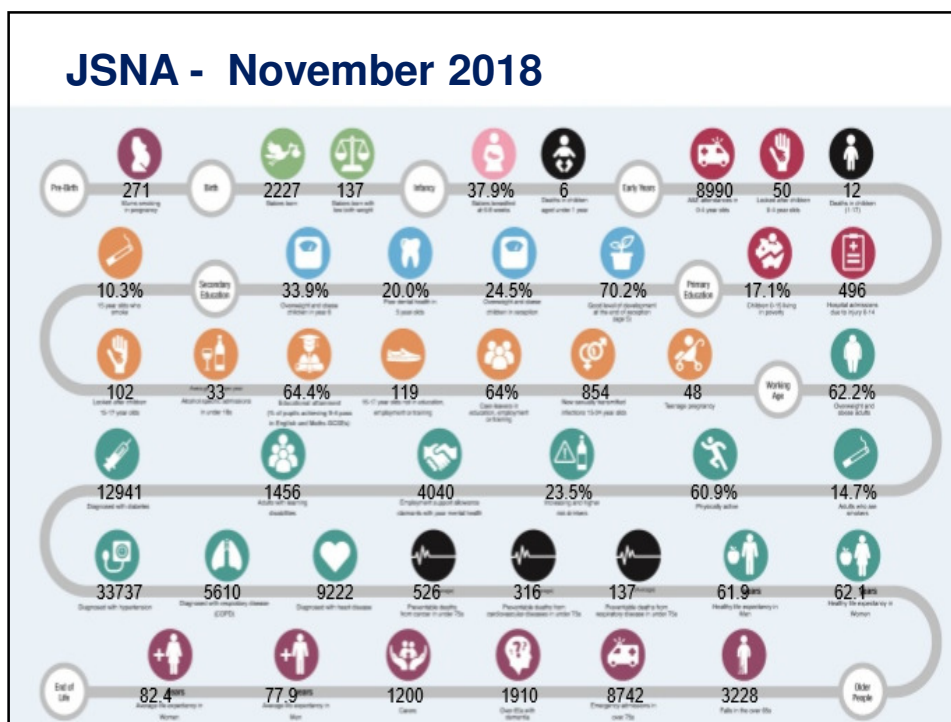
7 March 2019



Introduction

- **Commissioning intentions are:**
 - Communicated with the HWBB
 - Reflect the JSNA and Joint Health and Wellbeing Strategy (JHWBS)
- **Our journey:**
 - Try to avoid duplication with Scrutiny functions
 - Work together to demonstrate the synergy between different commissioners
 - Make links with the JHWBS
 - Try to make it interesting!

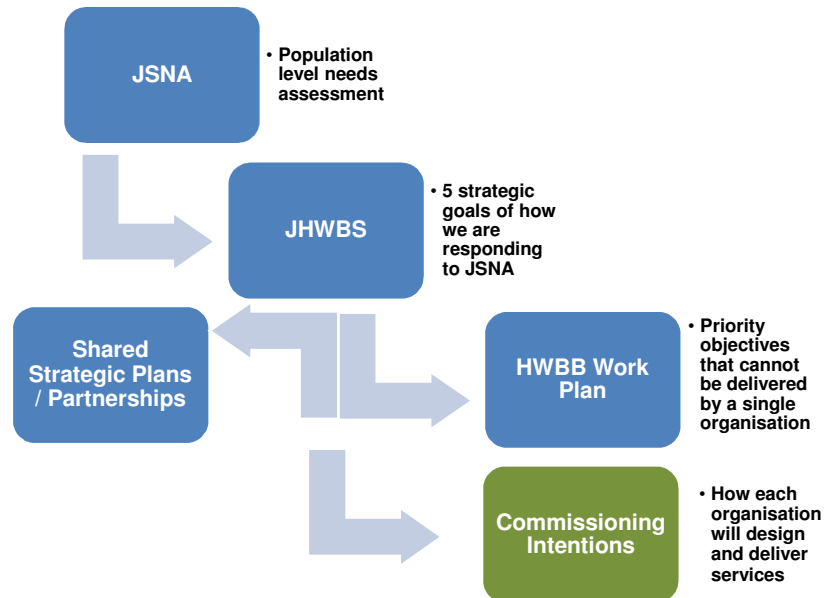
JSNA - November 2018



JHWBS – a reminder

- To focus on outcomes for the population in terms of measurable **improvements in health and wellbeing**
- To reduce the difference in **life expectancy** and **healthy life expectancy** between the most affluent and most deprived areas of the borough
- To shift investment to focus on evidence based **prevention** and **early intervention** wherever possible
- To **engage with and listen to local communities** on a regular basis to ensure that their needs are considered and wherever possible addressed
- To **build resilience in local services and communities** through a whole system approach across statutory and non-statutory interventions, to deliver better outcomes for the public and better use of public money

How this fits together



On the horizon

- **NHS long term plan:**
 - Expanded community teams for support at home
 - Mental health
 - Same day emergency care
 - Mental health funding boost
 - ICS and ICP
- **Adult social care Green Paper:**
 - Long term funding solutions
 - Possibly 2020
- **Combined Authority:**
 - Health and social care not currently in scope
- **Local System Reviews**

Early years

- **Reduce prevalence of smoking in pregnancy**
- **Improve breastfeeding initiation and rates at 6-8 weeks:**
 - Stage 3 Unicef accreditation in place for 0-19 service but needs to be achieved by NHCFT
- **Roll out training for perinatal mental health and improve pathways**
- **Early identification of preschool children with SEND**
- **Maximise the uptake of the 2 year targeted child care offer**

Children and young people

- **Improve mental health of young people**
 - Understand gaps in provision through strategic alliance with Barnardo's
 - Implement findings of health and wellbeing survey in schools and MH:2K project
 - Undertake and implement findings from CAHMS review
 - Continue to fund Kooth.com
 - Make application for wave 2 of national mental health trailblazer
- **Improve support to children and families affected by drugs and alcohol**
 - Implement the PHE funded 'Bottled Up' project for children of alcohol dependent parents

Children and young people

- **New drug & alcohol support pathway for young people**
- **Consultation for PHE national childhood obesity trailblazer and act upon findings**
- **Special Educational Needs and Disability (SEND)**
 - Increase special school places
 - Joint commissioning with health
 - Co-production of proposals with parents
- **Commission a new framework for providers of independent foster care**
- **Implement a new edge of care service for families with children either in or at risk of entering care**

Working age adults

- **Focus on prevention:**
 - Reduce smoking prevalence by tackling nicotine dependence across the local system
 - Promote healthy weight / weight management support
 - Embed the newly procured all age specialist drug and alcohol service and improve treatment outcomes
 - Review suicide prevention action plan
- **Health needs assessment of long term conditions**
- **Real time surveillance & response to drug related deaths and suicide**
- **Improve outcomes for people with mental health, learning disability and developmental disorders**
- **Improve prevention, early detection, treatment pathways and patient experience for cancer**
- **Develop primary care and other services for integrated care on a locality basis**

Older people

- **Improve the identification and support of carers' health and wellbeing needs**
- **Integrate services, where appropriate, to improve care and quality and access to services**
- **Strengthen services to reduce the impact of frailty on people's lives and to prevent falls**
- **Provide joined up care to residents in care homes via in-reach services**
- **Maximise the opportunities afforded by assistive technology to better support people in their own homes**
- **Continue to develop alternative housing options to support people to continue to live independently**

What residents are telling Healthwatch

- **General practice and primary care** – access
- **Urgent and Emergency care**
 - Role of services
 - Waiting times & appointments
 - Getting there
- **NHS 111** – role & quality
- **Mental Health**
 - Young People
 - Older people
 - Working age
- **Cancer** – waiting times and ongoing support
- **Social care**
 - Access
 - Care homes
- **Care at home** – gap in feedback

- Thoughts
- Questions
- Comments

