

Foreward

Local government has a long and proud history of promoting and protecting the public's health dating back to Victorian times, it was only in 1974 that the NHS took over most public health functions. However, on 1 April 2013 the Government returned the responsibility for improving public health to local government.

31 March 2023 marked 10 years since public health returned to local government. I have been incredibly fortunate to be part of the whole journey in North Tyneside.

At the time of the transfer in 2013 I was coming to the end of the public health specialty training programme preparing to take up the role of Consultant in Public Health with North Tyneside Council. Little did I know that some two years later I would become the Director of Public Health for the borough and then subsequently lead the Council's efforts through a worldwide pandemic!

There is no doubt in my mind that public health is in the right place. Local authorities as democratically accountable stewards of their local populations' well-being understand the crucial importance of "place" in promoting well-being. With considerable expertise in building partnerships to focus on the environment within which people live, work and play, the housing they live in, the green spaces around them, and the opportunities for education, work, leisure and socialising. These are the building blocks of health and well-being.

My annual report this year focuses on the 10 years in local government. While there have been challenges along the way there is much to celebrate. This report looks back over those 10 years and compares health then and now in North Tyneside, it describes what has been achieved and what we need to focus on in the next 10 years.

I hope the report will demonstrate some of the considerable opportunities to build innovative and sustainable approaches to improve and protect the health and well-being of our residents, expanding the offer of a comprehensive range of public health measures during the 10 year period.

Closer working across the Council with colleagues from every department, with our local NHS, the police, fire and rescue, probation, the voluntary, community and social enterprise (VCSE) sector, and the wider public health system has made this possible.

My report last year focussed on the two years of the COVID-19 pandemic, highlighting the disproportionate impact on some of our communities. The legacy of the pandemic and a subsequent cost of living crisis means that inequalities across the borough during the last 10 years have worsened. However, there is much greater understanding across all organisations of the impact of those inequalities locally. This, with the increased profile of public health in local government, provides huge opportunities to work across multiple partnerships to tackle poor health and inequalities.

I am relentlessly positive about the potential to continue to make a difference for the residents we serve in the next 10 years and beyond.

Wendy Burke
Director of Public Health



Introduction

Public health is the science and art of preventing disease, prolonging life, and promoting health and efficiency through organised community effort for sanitation of the environment, the control of communicable disease, the education of the individual in personal hygiene, the organisation of medical and nursing services for early diagnosis and preventative treatment of disease, and the development of the social machinery to ensure everyone has a standard of living adequate for maintenance of health, so organising these benefits as to enable every citizen to realise his birthright of health and longevity.

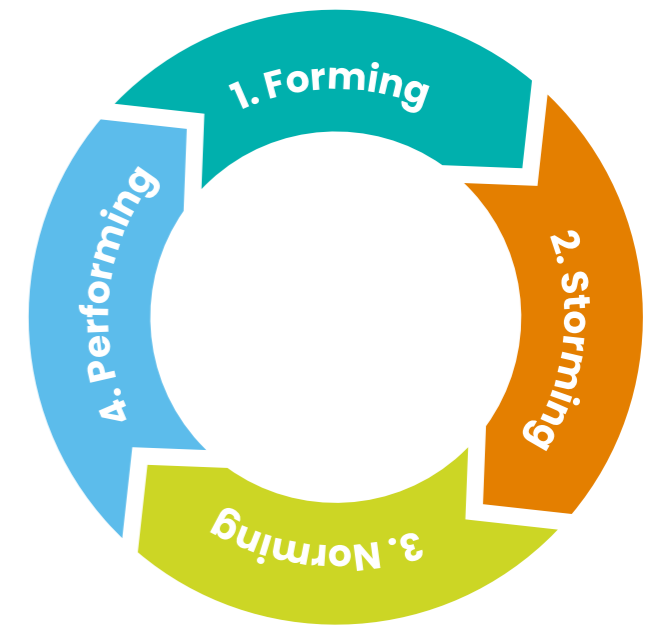
Charles-Edward Winslow in his paper "The untilled fields of public health" published in the journal Science in 1920.

After a gap of almost 40 years, the Health and Social Care Act 2012 recognised and strengthened the role of local government in improving health. The Act returned public health teams to local government, following a long period in the NHS, and increased the public health responsibilities of local government for their communities.

Using the lens of the well-known Tuckman¹ four-stage model of team development – forming, storming, norming, and performing, this report will consider how the approach to public health across North Tyneside Council and with partners has developed to promote population health and well-being in the last decade.

It will look at how health and well-being indicators have changed as well as the reach of some services that have been developed to meet the needs of its residents.

A range of senior leaders from across North Tyneside organisations have been interviewed to hear their reflections on the transfer of public health responsibilities back to the local authority. Case studies have also been used throughout the report to demonstrate the broad scope of public health.



¹ Tuckman, Bruce W (1965). "Developmental sequence in groups". Psychological Bulletin. 63 (6): 384–399. doi:10.1037/h0022100. PMID 14314073.

2013 – 2015: Forming

The early years building a new, enhanced, locally led 21st century public health service

Forming: To make something, to begin to exist, to come together. Clarifying the purpose, getting to know people, understanding how things work. Characterised by optimism, uncertainty and seeking direction.

From 2001 to 2013 the responsibility for public health lay with Primary Care Trusts (PCTs) which were part of the National Health Service (NHS) in England. Primary Care Trusts were abolished on 31 March 2013 as part of the Health and Social Care Act 2012 and the reforms resulted in the establishment of Clinical Commissioning Groups. On 1 April 2013 the responsibility for public health returned to local government and at the same time a new national executive agency was formed called Public Health England to take over the responsibility of other agencies such as the Health Protection Agency and the National Treatment Agency for Substance Misuse.

The transfer of the responsibility for public health from the NHS to local government was 'one of the most significant extensions of powers and duties for local government in a generation'². It created a unique opportunity for local government to take the lead for improving health and coordinating local efforts to protect the public's health and well-being and ensuring health services effectively promote population health. Local political leadership was seen to be central to making it work.

Historically, the origins of local authorities trace back to public health initiatives, and addressing the health and well-being of our residents remains at the very heart of what we do as a council every day. While clinicians and other healthcare workers play vital roles in treating illness, the wider determinants of health lie largely out of their reach. It is local government that is ideally placed to address issues such as the environment, housing or education and skills opportunities.

Paul Hanson, Chief Executive, North Tyneside Council.

I was very pleased when I heard that public health was returning home to the Local Authority. It brought everyone who is responsible for the health of the locality together. The Council knows where health issues lie in our community, but we require the expertise of the public health teams to address these quickly and to respond in a timely manner and co-ordinated fashion.

Dame Norma Redfearn DBE, Elected Mayor of North Tyneside (Elected in 2013 and the current Elected Mayor in 2023).

Building on local government's long and proud history of public health leadership, the vision was for local authorities to use their new responsibilities and resources to put health and well-being at the heart of everything they do, thereby helping people to lead healthier lives, both mentally and physically by:

- tackling the causes of ill-health, and reducing health inequalities
- promoting and protecting health
- promoting social justice and safer communities

Taking over responsibility for a raft of public health activity – cancer prevention, drug issues, sexual health and obesity. This has allowed local authorities to take a more strategic role to deliver the statutory functions and mandated services, looping public health through the full range of business as an influential source of trusted advice.

Despite the very warm welcome by North Tyneside Council there were challenges in the early days of the transfer of public health. Big cultural and organisational differences between the NHS and local government were evident, particularly in how decisions were made. Public health was not well understood across the organisation, but there were high expectations of what it could achieve and the additional funding that came with it. There were however plenty of opportunities to make a difference and seek some early wins.

One of the early achievements which helped demonstrate the value of the democratic leadership was the Health and Well-being Board signing the Local Government Declaration on Tobacco Control, backing the campaign for tobacco products to be sold in standardised, plain packaging.

Another early win was to ensure North Tyneside had an effective multi-agency suicide prevention partnership in place and an action plan which was based on local need. Under the leadership of the

Director of Public Health, using local and national data and evidence of effective interventions, key senior colleagues from within the local authority, primary and secondary care, the voluntary sector, police, probation, and employment services came together to pledge to reduce the risk of suicide and self-harm in key groups.

Local authority mandated public health services

- Annually weigh and measure children in reception and year 6
- Provide NHS Health Checks for >40s assessing cardiovascular risk
- Provide integrated sexual health services
- Provide public health advice to the NHS
- Health protection
- Promote oral health and dental health surveys
- Provide services for families with children and young people including 5 universal contacts for <5s
- Provide services that support people suffering from drug and alcohol dependence

What are Health and Well-being Boards?

Under the Health and Social Care Act 2012, Health and Well-being Boards were introduced for each local authority and tasked with undertaking a joint strategic needs assessment of their local areas to create a health strategy to meet the needs of the local population in response to it.

² LGA, 2019

Plain packaging for tobacco – Stop the tobacco industry hooking our young

The campaign for tobacco products to be sold in standardised, plain packaging was led by FRESH, the North East's regional tobacco programme (funded by all local authority public health teams in the North East).

The aim was to help make smoking history, particularly for children. In 2013 the average age for smokers starting in the North East was just 15, and evidence showed that children in the North East were more likely to be attracted to glitzy, colourful tobacco packaging.

The Elected Mayor at the time, Mrs Linda Arkley, said: "I very much support this campaign as it is crucial that we turn off the tap of a whole new generation of smokers. Tobacco is full of harmful, addictive chemicals and we need standardised packaging to help prevent young people, who it is proven are attracted to glamorous packaging, from starting to smoke."

Marietta Evans, the Director of Public Health for North Tyneside in 2013, also backed the campaign explaining: "There is significant harm caused to local people through smoking and promotion of tobacco products and we want to protect as many of our residents as possible

from a premature and unnecessary smoking related death.

"Currently our young people are bombarded with bright colours, brands and logos on tobacco packaging, which present misleading messages and disguises the fact that this product will kill one in two of its users. I fully support this measure which will ultimately help to prevent a new generation of smokers from getting addicted to such a harmful product."

Over 665,989 people nationwide put their names to the Government consultation for standardised, plain packaging of tobacco, with a high response from the North East. The Standardised Packaging of Tobacco Products Regulations (SPoT) 2015, came into force in May 2016 and introduced a requirement for standardised packaging of cigarettes and hand rolled tobacco offered for sale in the UK.



Suicide prevention training: One act of kindness

Suicide is a devastating event with far-reaching consequences. Each suicide represents both an individual tragedy and a loss to society.

As part of North Tyneside's approach to suicide prevention a commitment was made to offer training to frontline staff who might be in contact with vulnerable people in their day-to-day work in basic suicide awareness training including customer first advisors, housing staff, librarians, and Active North Tyneside colleagues.

"One of the big things for our frontline staff is that they often come across people living in difficult circumstances, it's very challenging for them. This training was excellent and gave them confidence to remain calm but listen and signpost appropriately. I think my team will be able to recognise early signs and ask about thoughts of suicide where appropriate" Customer service manager.



2015–2019: Storming

Innovative but challenging financial times

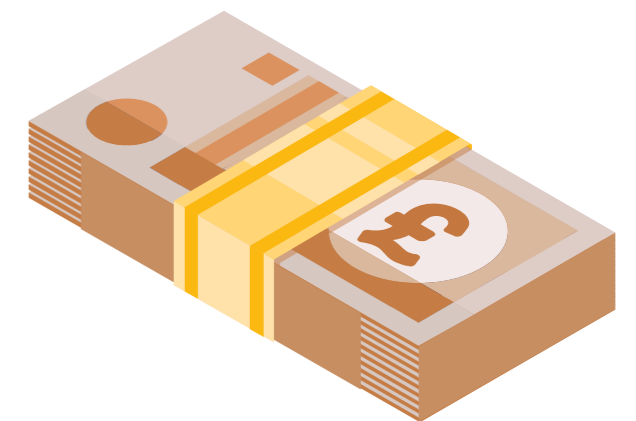
Storming: A phase of dynamism and energy as people settle in and become more familiar with each other and those around them. Tension and conflict can begin to form there needs to be a focus on goals. Compromise may be required to enable progress.

By 2015, public health had become an accepted function of the Council and the team settled into the local authority establishing relationships across the organisation and with partners. During this period there were significant changes to the senior leadership team at the Council with a new Director of Public Health and a new Chief Executive bringing fresh ideas and new approaches in challenging financial times for local authorities across the country.

Through the Health and Well-being Board the public health team led the development of joint strategic needs assessments and joint health and well-being strategies. This underpinned approaches to local commissioning strategies and ensured a community-wide approach to promoting and protecting the public's health and well-being.

Local government's expertise in procurement and monitoring of contracts was welcomed and the public health team was able to use the considerable commissioning skills to procure public health services, such as sexual health, and drug and alcohol services, to be more community orientated. This enabled the services to take greater focus of the social determinants of health and to be more responsive and accessible to community need.

Relationships across the system, including with NHS colleagues in the North Tyneside Clinical Commissioning Group continued to be strengthened. A range of strategic partnerships focused on improving health and well-being outcomes in North Tyneside and joint planning. The well-established Health and Well-being Board, as a sub-committee of the Council, provided a unique partnership of political, clinical, professional and community leaders working across the care and health system to make a real difference to health and well-being and inequalities for residents.



At this stage it was becoming clear there were many opportunities across local authority departments that could be explored in order to improve health and well-being and tackle inequalities through a public health approach. This phase was associated with having greater organisational influence, for example embedding well-being approaches into traditional Health and Safety work. Initiatives such as 'Make Every Contact Count' and mental health first aid were introduced across the Council and in the voluntary, community and social enterprise (VCSE) sector, as well as the NHS.



The Better Health at Work Award was established and funded in 2018 by all 12 local authorities in the North East. Co-ordinated by the Northern region Trade Union Congress (TUC), it recognises the efforts of employers in the North East and Cumbria to consider the health of their employees and how health and well-being can be supported and promoted within the workplace.

There are four levels to the awards – bronze, silver, gold and continuing excellence. The public health team has successfully over the last five years led the Council through the award achieving the highest level of continuing excellence while at the same time commissioning support for a large number of local organisations and businesses to create a healthier workforce.



Public health started to advocate more strongly for the local authority to use its powers around planning to create healthier local environments. Following concerns about the proliferation of takeaways and the effect on diets and eating behaviour and obesity, public health evidence and data was used to influence the development of the Local Plan adopted in North Tyneside in 2017. The introduction of policy DM3.7 restricted hot food takeaways to promote healthier communities. The policy has been extremely effective in restricting hot food takeaways and no appeals have been upheld.

The policy Development Management policy '3.7 Hot Food Takeaways'

Proposals for hot food takeaways will be permitted unless:

- a. It would result in a clustering of A5 uses to the detriment of the character, function, vitality and viability of the defined centres or it would have an adverse impact on the standard of amenity for existing and future occupants of adjacent land and buildings.
- b. There are two or more consecutive A5 uses in any one length of frontage. Where A5 uses already exist in any length of frontage, a gap of at least two non A5 use shall be required before a further A5 use will be permitted in the same length of frontage.

To promote healthier communities the council will:

- c. Prevent the development of A5 use within a 400m radius of entry points to all middle and secondary schools.
- d. Prevent the development of A5 use in wards where there is more than 15% of the year 6 pupils or 10% of reception pupils classified as very overweight.
- e. Assess on an individual basis the impact hot food take-aways have on the well-being of residents.

During this period there was the opportunity to review the existing contracts which transferred from the NHS and consider new approaches to improve health and tackle inequalities.

A significant opportunity was realised when reviewing the therapeutic exercise service delivered by Northumbria Healthcare NHS Foundation Trust. The review concluded that utilising the Council's extensive sport and leisure facilities and resources, with a more upstream focus, could reach more residents.

The new approach 'Active North Tyneside', a public health sponsored programme delivered through the sport and leisure teams in the Council, complemented North Tyneside Council's existing

five leisure centres and outdoor sport facilities, all with qualified staff to provide support, as well as introducing a wide range of new universal and targeted initiatives including support to access health screening and advice and support on smoking and alcohol.

In 2015, North Tyneside Council won a Royal Society for Public Health Award for its Active North Tyneside programme, demonstrating the underlying evidence base of physical activity as a 'best buy' in public health providing dramatic benefits for physical and mental health and a proportionate universal approach to delivery.

Physical activity can reduce your risk of major illnesses.

This includes coronary heart disease, stroke, type 2 diabetes and cancer and can lower your risk of early death by up to 30%.

Moderate or strong evidence for health benefit

Children	Adults	Older adults
<ul style="list-style-type: none"> Bone Health Cognitive function CV fitness Muscle fitness Weight status Depression 	<ul style="list-style-type: none"> All-cause mortality Stroke and heart disease Hypertension Type 2 diabetes 8 cancers Depression Cognitive function Dementia Quality of life Sleep Anxiety/depression Weight status 	<ul style="list-style-type: none"> Falls Frailty Physical function



Case study (2015): Active North Tyneside

Active North Tyneside programmes are designed to introduce residents to physical activity and are free or low cost at the point of access. Over the past decade, Active North Tyneside has been at the forefront of promoting health and well-being across the life course by encouraging our residents to move more to feel the benefits and live a long and healthy life.

Using the principles of proportionate universalism there is a mix of both universal and targeted programmes, and work with partners, to encourage access in more socio-economically disadvantaged communities and groups. Some examples include:



A pre and postnatal programme providing a space to safely exercise, meet other pregnant women and new mams.

“Attending Aqua Mams is the highlight of my week. Being pregnant for the first time I initially felt anxious about keeping my baby safe while exercising but I was put at ease right from the start.”

Bump, Birth, Baby service user



Mini Movers

A programme aimed at families with children aged 2 to 4 which provides children with the freedom to explore a wide range of sounds, movements, textures through play and dance.

“Mini Movers is a great initiative by North Tyneside Council to help introduce healthy habits from a young age. Well done!”

Mini Movers attendee



Body Benefits

Whitley Bay Islamic Centre has been working with Active North Tyneside to help promote healthy eating and well-being through a 12 week programme. A key goal was to provide an inclusive space from all backgrounds, recognising that some people from ethnic minority communities may not feel comfortable in traditional gym settings, particularly women, who may face additional barriers in accessing exercise facilities.

“Body Benefits has been brilliant for the local community and we have managed to develop other inclusive programmes including a women’s only swim session at the local swimming pool.” **Body Benefits participant**



Newcastle United Foundation: 12th Man

Men are more likely than women to be living with overweight or obesity, but are less likely to seek support. A lack of male peers in weight management programmes, combined with a perceived stigma around participating with such services is a barrier to engagement.

The 12th Man, delivered by the Newcastle United Foundation, is a 12 week holistic health and well-being programme which uses the draw of Newcastle United Football Club to engage men who could typically be considered ‘hard to reach’. Weekly sessions include a 60 minute workshop followed by a 60 minute physical activity session. North Tyneside Council was the first local authority in the North East to commission the programme. The programme has been very successful in engaging with men, with 69% of men completing the intervention, and of those completing, 70% reduced their weight.



Brian Ridley from North Shields completed the 12th Man weight management programme.

“For someone like myself who’s low on confidence and a big lad, to go out there and be involved as a team activity has been absolutely amazing and I’ve made great friends,”

12th Man programme completer

“At Active North Tyneside we work very closely with colleagues in public health as well as the NHS and a range of other community organisations. The partnership has allowed us to learn from each other’s expertise and has given us confidence to deliver new approaches and new services such as community health checks in neighbourhoods for those who don’t access traditional services.

“We feel part of a much bigger jigsaw when it comes to the health and well-being of our residents and we are all public health advocates in the Active North Tyneside team!”

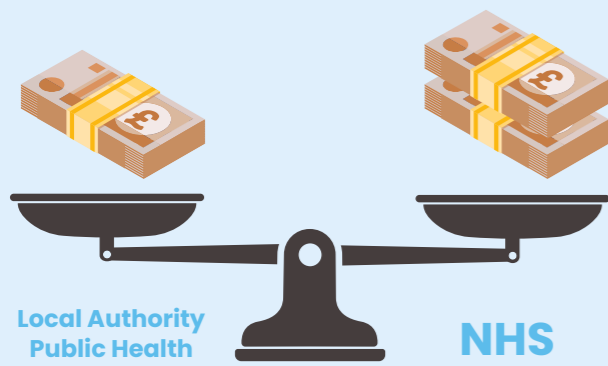
Bev Smith, Active North Tyneside Operational Manager



Financial challenges

In the first two years the government's ring-fenced public health allocations to local authorities were relatively generous, with higher real growth in funding than for the NHS. However, in 2015 the outlook for public health funding was going to get far harder when the Chancellor announced £4.5bn of measures to reduce public debt. This included £200m worth of cuts to the 2015/2016 local authority public health budget and further planned reductions amounting to £600m by 2020/2021. This equated to a reduction in cash terms of 9.6%.

Despite the clear fiscal case for taking upstream action to improve health, and the need for a "radical upgrade of prevention" cited in the NHS Five Year Forward's View, at the time the King's Fund reported the cuts to public health spending 'the falsest of false economies'.



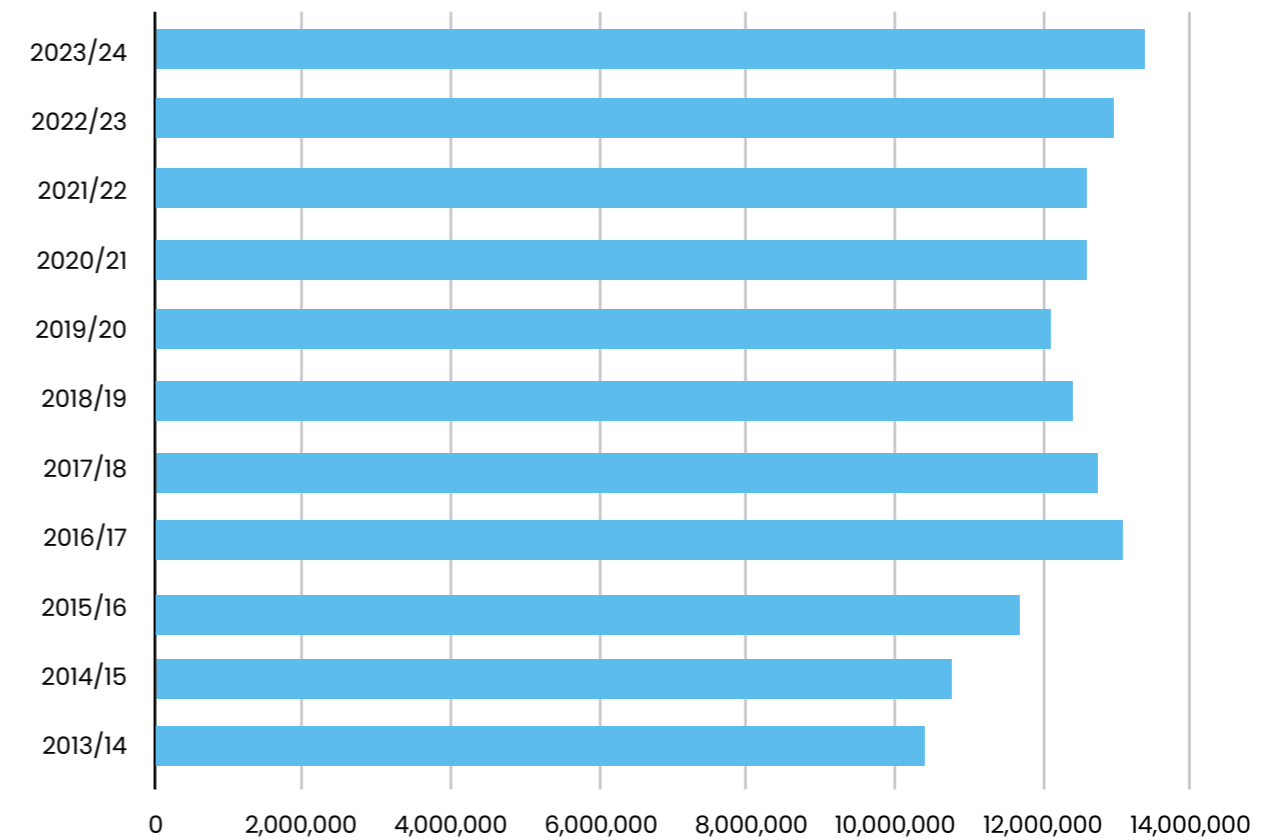
Investment in local authority public health is on average up to four times as cost-effective as spending the same money in the NHS.

The Kings Fund Investment in Public health
The King's Fund (kingsfund.org.uk)



The Public Health Ring-Fenced Grant: North Tyneside's Allocation 2013 -2023 (millions, per annum)

Improve the health and wellbeing of the local population and reduce health inequalities



2015/16 *£200 million in year national cut to grants, 6.2% reduction locally
*Added responsibility for 0-5 Children's Public Health (health visiting) from 1 October 2015
2016/17 *Full year effect of funding transfer for 0-5 Children's Public Health (health visiting)

How has North Tyneside's population changed between 2013 and 2023

2013	A more diverse North Tyneside	2023
96.6%	The percentage of residents that are White	94.9%
1.9%	The percentage of residents that are Asian	2.6%
0.9%	The percentage of residents that are mixed or multiple ethnic groups	1.4%
0.4%	The percentage of residents that are Black, Caribbean, or African	0.6%
0.2%	The percentage of residents that are from other ethnic groups	0.6%



2013	Pregnancy in North Tyneside	2023
38.3%	Mothers who breastfed at 6-8 weeks after birth	44.4%
15.4%	Mothers who are smokers at time of delivery	8.3%
1.8%	Teenager mothers	0.8%



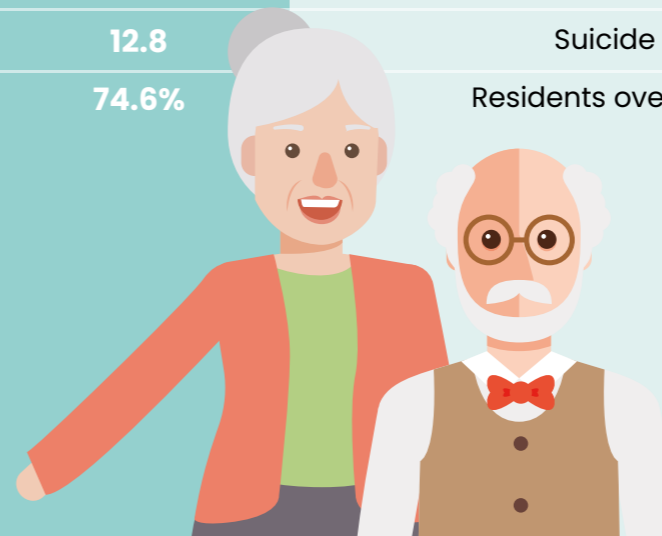
2013	Children in North Tyneside	2023
15%	Children who are in absolute low-income families	21.8%
29.3%	5-year-olds who have visible tooth decay	16.8%
26.2%	Reception pupils who are overweight/obese	25.9%
35.9%	Year 6 pupils who are overweight/obese	38.1%



2013	Life expectancy in North Tyneside	2023
82.4 yrs	Life expectancy at birth (women)	82.2 yrs
78.0 yrs	Life expectancy at birth (men)	78.3 yrs
60.3 yrs	Expected years of life in good health at birth (women)	57.2 yrs
59.9 yrs	Expected years of life in good health at birth (men)	61.6 yrs
9.7 yrs	Expected years of life in good health at 65 (women)	10.1 yrs
7.9 yrs	Expected years of life in good health at 65 (men)	8.3 yrs
8.8 yrs	Inequality of Life expectancy at birth between the most and least deprived area (women)	9.9 yrs
11 yrs	Inequality of Life expectancy at birth between the most and least deprived area (men)	11.4 yrs



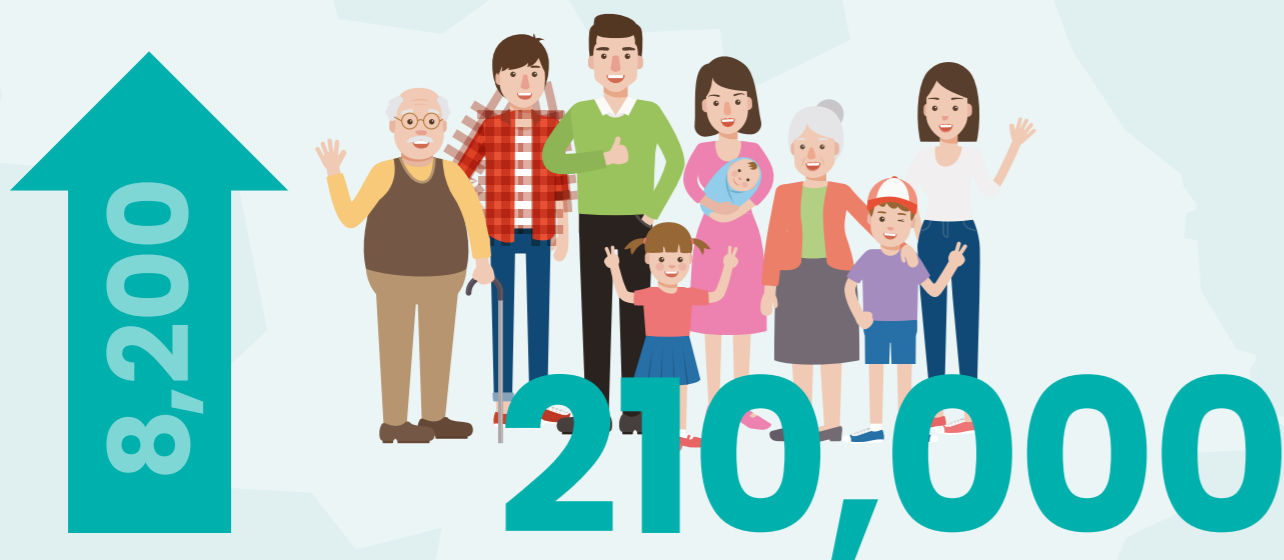
2013	Adults in North Tyneside	2023
69%	Adults who are physically active	64%
69.6%	Adults who are classified as overweight or obese	70.7%
19.3%	Adults that smoke	11.2%
23.1%	Adults that drink over 14 units of alcohol a week	25.2%
8.6%	Adults that are abstaining from drinking alcohol	14.3%
12.8	Suicide rate (Per 100,000 people)	11.0
74.6%	Residents over 65 that are vaccinated for Flu	86.5%



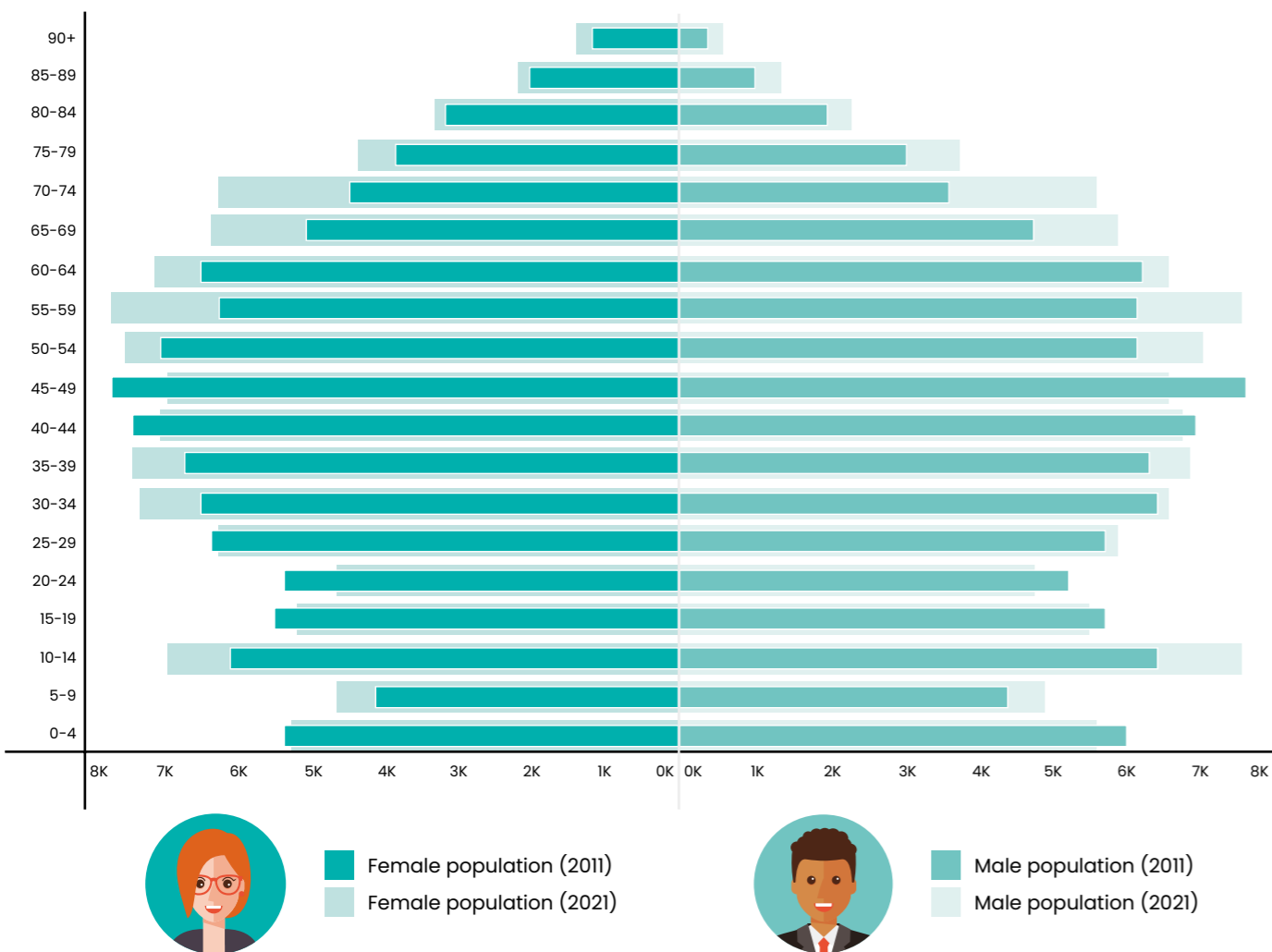
2013	Disability in North Tyneside	2023
79%	Residents who were not identified as disabled	80%
10.4%	Residents identified as being disabled and limited a lot	8.6%
10.9%	Residents identified as being disabled and limited a little	11.2%



The population of North Tyneside increased by **8,200** over 10 years taking the total population to **210,000**



North Tyneside population pyramid 2013 - 2023



Fewer babies

The number of young children under 4 has decreased slightly to 10,859 (5.2% of the overall population) compared with 11,718 (5.8%). This reflects trends in national fertility rates which have also declined with fertility rates now averaging about 1.9 births per woman.



64+ age groups



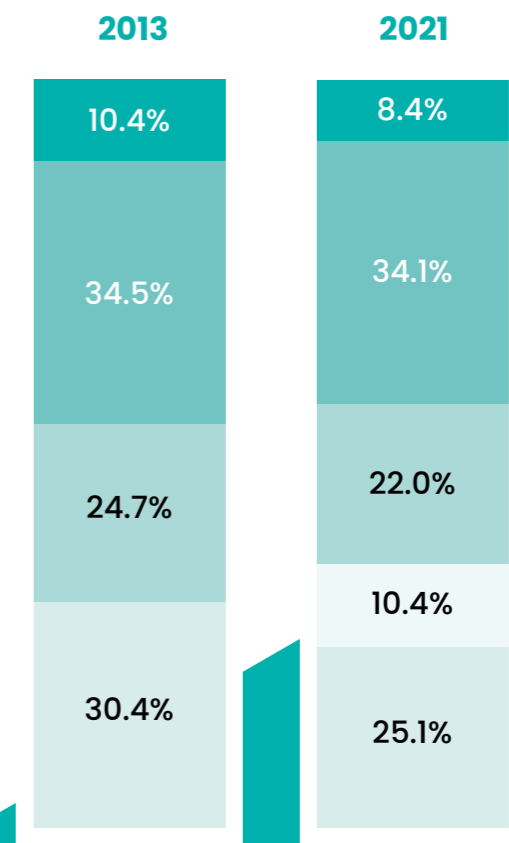
An older North Tyneside

Improvements in life expectancy mean that people are living longer and reaching older ages. Our average age increased by two years from 41 to 43 years of age.

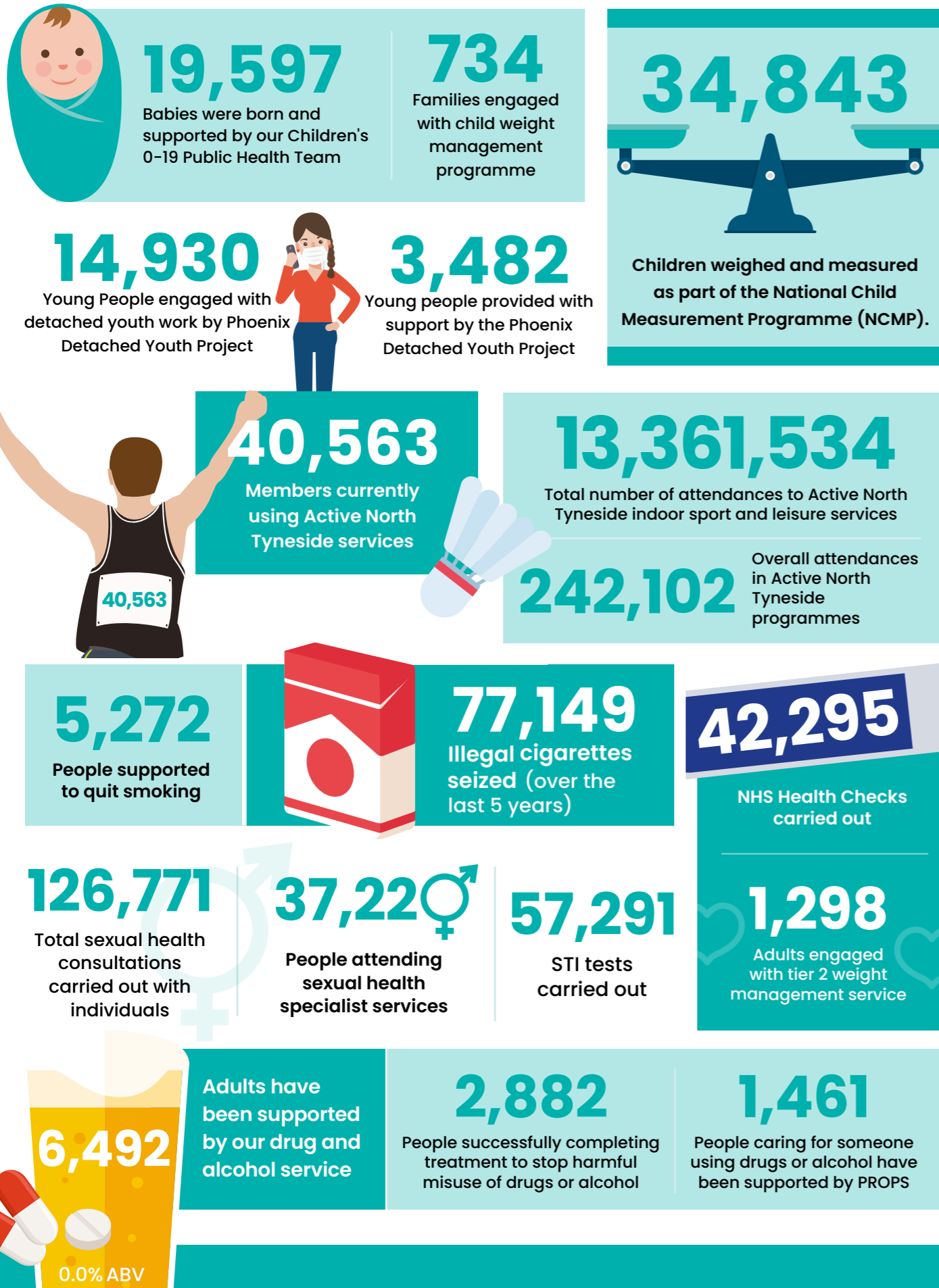
The biggest increase is in the number of people in our 64+ age groups, from 35,587 (18%) of the overall population to 43,213 (21%) of the overall population. The increase in our older population also reflects national trends and is a cross-cutting issue with economic, public service and societal impacts, for example, on pensions, social care, NHS and housing considerations.

Main causes of death in North Tyneside

- Respiratory
- Other
- CVD
- Cancer
- Covid



Over the last 10 years the reach of public health activity has included:



Good times

Putting children's health at the heart of the council

On 1 October 2015, the Healthy Child Programme (HCP) for 0-5 year olds, which included the commissioning of health visitors and family nurses, transferred from the NHS to local authority - the final part of the overall public health transfer - which was very welcome.

While most local authorities continued to commission both services for 0-5 and 5-19 from NHS providers following the transfer, North Tyneside Council saw an opportunity to transform and integrate health, education, social care and wider council led services and to focus on improving outcomes for children and young people and to provide the services directly.

Given the context of a new Director of Public Health with a background in nursing and health visiting together with the brutal cuts, bringing the services 'in house' made absolute sense. The Council's Cabinet made the decision to become the provider of the services and on 1 April 2017 around 90 colleagues 'TUPE' transferred from Northumbria Healthcare Foundation Trust to North Tyneside Council.

Cllr Ian Grayson, cabinet member for Children, Young People and Learning in 2016 said:

"I look forward to welcoming the school nurse and health visiting staff to the council - they will be a great addition to our team. By bringing all these important services together, we are able to combine the expertise of staff to ensure we deliver the best outcomes for children and their families. The change means we are able to offer a single, universal service for families with children aged 0-19 as well as targeted support for those most in need."

The aim of the new North Tyneside 0-19 Children's Public Health Service was to put children's health and well-being at the heart of the Council and provide safe, caring, responsive, effective and well-led services for families.



"Bringing our 0-19 Children's Public Health Service into the council was a key achievement for our team. It meant that our thinking and approach was more joined up. We were able to become proactive in solving issues as opposed to reactive."

Dame Norma Redfearn DBE, Elected Mayor of North Tyneside



Even before a child's life starts, the choices parents make, the actions they take and the circumstances in which they live will affect outcomes for their child both at birth and later in life. The first two years of a child's life is inextricably linked with the lives and health of their parents and carers, communities, and the social determinants.

Indeed the period from conception to age two is globally recognised as critical for building strong

societies, supporting families to give their babies the best start in life, whoever they are, regardless of ability or circumstances,

To ensure the best start in life and good physical and mental health of our future generations in North Tyneside, we need to support all women and their families during pregnancy, at birth, and during the first two years (1,001 days) of a child's life, it is one of the best things we can do and here are some examples of that great work.



Best Start volunteers

When deciding whether to breastfeed or considering stopping, mam's tend to talk over concerns with close friends or family. However, due a culture with low rates of breastfeeding in the UK, social networks often lack positive breastfeeding experience.

Peer support aims to fill this gap by linking mothers who have parenting experience and providing training to mothers in their community. Volunteer peer supporters are other mam's who are known as 'Best Start volunteers' who work closely with the 0-19 Children's Public Health Service. They volunteer in community venues supporting families with basic information sharing and support to new mams.

"The help I received was invaluable, they didn't judge me, and they really built my knowledge, skills and confidence around breastfeeding." - Local resident supported by a Best Start volunteer.



DadPad

DadPad is a mobile app that provides new dads and dads-to-be with practical skills and information needed to manage and become confident in the transition to fatherhood. The app was developed in response to dads wanting more information about what to expect and how to care for their baby.

"Traditionally, lots of information, advice and support about babies is female-focused, but dads can feel as equally unsure or overwhelmed, so we are delighted to provide this fantastic resource in North Tyneside.

"DadPad helps by giving new dads the knowledge and practical skills that they will need to give their baby the best possible start in life." - Jo Connolly, Head of Service, 0-19 Children's Public Health

2019-2021: Norming

The years of the pandemic

Norming: An established standard of behaviour that is shared. Characterised by a deeper understanding of goals, processes and roles and collaborative activities.

By 2019 mature relationships had developed with all departments across the Council and with external stakeholders and partners.

While this period was marked by the opportunities to have significant visibility and influence as a result of the COVID-19 pandemic, there were other opportunities such as the development of the Violence Reduction Unit.

At this time the Police and Crime Commissioner (PCC) Kim McGuinness was successful in establishing a Violence Reduction Unit (VRU) for the Northumbria Police force area with a specific aim to use a public health lens to reduce crime. The VRU brought together different organisations, including the police, local government, health, community leaders and other key partners to understand the root causes of crime. The unit provides funding to organisations and projects that use a public health approach to reduce crime and anti-social behaviour.

The public health team, working with colleagues in community protection, the police, early help, and the voluntary, community and social enterprise (VCSE) sector led an innovative bid for funding to work with young people in Wallsend and Howdon to reduce anti-social behaviour. The bid included provision to co-locate the police on site in Wallsend Customer First Centre.

Project Vita was launched with an aim to steer young people away from anti-social behaviour through engagement and the offer of diversionary confidence-boosting opportunities to build life skills.

In the first four months of delivering Project Vita, incidents of anti-social behaviour were reduced by almost 50 per cent. The project has continued to deliver good outcomes and has won a number of local awards. It became increasingly important both during and after COVID-19 and has subsequently been mainstreamed through public health funding.



Case study (2019): Project Vita, working with young people to improve their life chances

Project Vita uses a multi-agency approach to steer young people away from involvement in anti-social behaviour (ASB) and crime. The initial pilot started with teams from Community Safety, Early Help, YMCA North Tyneside and the neighbourhood policing team setting out to engage with young residents more effectively through outreach and early intervention.

Outreach work provided a chance to identify vulnerable young people, ensuring timely referral to the Early Help team. Where ASB, alcohol or drug use was identified there was immediate follow up with a visit to the family home the next day, linking the family into early and preventative support from relevant partners.

“Project Vita has exemplified the benefits that true partnership working can bring when responding to what matters to local communities. The impact on crime and anti-social behaviour is significant and just as importantly, the project has resulted in many vulnerable children and young people being identified and directed to relevant support services.

“A multi-agency problem solving approach has been key to this success, involving weekly meetings between neighbourhood officers from Northumbria Police and North Tyneside Council, as well as shared resources between the teams.

“It has rightly been recognised as best practice within the force, and this success is something we are looking to build on and replicate in other areas of Northumbria.”

Janice Hutton, Chief Superintendent, anti-social behaviour lead for Northumbria Police in July 2022.

PROJECT VITA IN ASSOCIATION WITH NORTH TYNESIDE COUNCIL

Come along and hang out with your friends

Opening night
Friday 5th November

Live DJ **FREE**

6pm to 9pm
The Allen, Wallsend
CHURCH OPPOSITE RICHARDSON DEES PARK

Project Vita in association with North Tyneside Council

Boxing sessions at The Parks

For young people aged 10 to 18 years old.

- Thursdays:
- 6pm-7pm
 - 7pm-8pm

Sessions are free but spaces are limited, book (by text or phone call): 07971 854 281.

FREE

The pandemic

“By the time the COVID-19 pandemic hit, we had already established strong partnerships between our public health team and the rest of the Council. Our DPH was well-known, trusted and had strong credibility with our political leaders and communities alike.”

Paul Hanson, North Tyneside Chief Executive

The years of the pandemic were tumultuous and devastating, with public health at the centre of measures to tackle the pandemic nationally and locally. The journey is outlined in detail in last year’s Annual Report.

There is no doubt that it shone a light on the pivotal contribution of public health in local government. As public health professionals we are trained in containing infectious diseases, understanding and interpreting data, recognising risk factors, understanding the scientific evidence base, motivating behaviour change, and helping develop policy interventions, but we were unprepared for fast-moving and complicated nature of the demands that emerged with no blueprint for what was coming next. There were many difficult situations and dilemmas with no easy answers and trade-offs between safety from the virus and the impact of the control measures.

Building people’s trust by being honest about difficult decisions and clear and consistent in the messages was critically important. The use of public health expertise in communications to engage with local people to tackle outbreaks and maintain safety were central to our response.

Skills in epidemiology, data analysis and soft intelligence enabling responsive action helped quickly expand services such as setting up testing centres and local contact tracing.

“Our response to the COVID-19 pandemic proved that public health was in the right place. We were able to get everyone around the table and get a joined-up view from our first cases and what we needed to do. The relationships that were needed to co-ordinate an efficient response had already been established by years of working together at the local authority.”

Dame Norma Redfearn DBE, Elected Mayor of North Tyneside.

The whole course of the pandemic was a huge learning experience in which we had to make quick decisions while being responsive to changing circumstances.



Being proactive and innovative was essential because solutions that worked one week were sometimes redundant the next. Some of the interventions had never been tried before and decision making had never taken place at such pace and scale.

One of the unintended positive consequences was the common purpose that galvanised local partnerships which were characterised by camaraderie and enthusiasm, where organisational badges no longer mattered. The legacy of this work has continued throughout and beyond the pandemic, strengthening approaches locally and across our North East public health system and the 12 local authorities, UK Health Security Agency and the Office for Health Improvement and Disparities (both of which replaced Public Health England during the pandemic).

A very good example was the establishment of a new Health Inequalities Grant Programme for voluntary, community and social enterprise (VCSE) sector organisations, recognising their unique contribution throughout the pandemic. Jointly funded by North Tyneside Council and the then North Tyneside CCG and administered by VODA (our local voluntary sector infrastructure organisation) the fund was established to support work in tackling the widening inequalities that were emerging from the pandemic.

“We know that the VCSE sector makes an invaluable contribution to the care of patients and service users across North Tyneside. We’re

pleased to be working alongside VODA and North Tyneside Council to help increase the capacity and capability within the sector to improve health and care, and reduce health inequalities.” – Gary Charlton, North Tyneside CCG Deputy Director Commissioning and Corporate Development.

The programme aimed to be more than just an offer of funding. In order to build an evidence base of what works locally and to help identify scalable solutions, successful applicants attended a six-monthly learning and development session delivered in partnership with Goodlabs – a local management consultancy that helps charitable organisations to enhance their social impact.

“This programme provided a great opportunity to showcase the skills, knowledge, passion, commitment and innovation we have within our local voluntary, community and social enterprise (VCSE) sector. The sector has a key role to play in helping to address existing health inequalities in the borough.”

Robin Fry, former VODA CEO

The Health Inequalities Grant Programme – A wide range of activity was funded including:

- supporting people with mental health problems to improve their physical and mental health and to manage their conditions through exercise (Tyneside and Northumberland MIND)
- offering accessible health and fitness sessions to deaf and hard of hearing people (Deaf Awareness NE)
- delivering community nutritionist led cooking sessions for parents and carers (Linskill Trust)
- supporting children and their families to address the health and care inequalities faced by autistic people (North East Autism Society)
- supporting people with learning disabilities to access health services and overcome barriers to taking part in physical activities (LD North East)
- setting up a volunteer-led support group for people with arthritis (Versus Arthritis)

Performing 2021 and beyond

Becoming a public health council

Performing: Increased strategic awareness, shared vision and focus on goals. Accomplished, achieving, effecting and fulfilling.

Health, well-being and tackling inequalities are now at the core of the Council, central to corporate strategy and the Council plan ‘Our North Tyneside.’

The Council values, the evidence-based approach, wide skillset, tools and professionalism of public health is notable in the wide range of functions that are now part of a much larger public health directorate of the Council – including community safety, emergency planning, licensing, trading standards and environment health. These new responsibilities widen the reach of public health.

The need for effective partnership working was amplified in April 2021. The Government announced additional funding to support improvements in the quality and capacity of drug and alcohol treatment over a time limited three year period on the back of the national drugs strategy ‘From harm to hope: A 10-year drugs plan to cut crime and save lives’.

This long awaited focus on the destructive and negative impact on individuals lives, families and communities was most welcome.

“I think that the key achievement of the move is that public health has become firmly embedded at the heart of local government and has well established relationships across the local system.

“A good example of this is our local Health and Well-being Board. As well as multi-agency external partners our board membership now includes local government representatives from economic regeneration, housing and education. I think this shows that there has been a shift in how local government thinks about public health and how we recognise that public health is everyone’s responsibility.”

Councillor Karen Clark, Cabinet Member responsible for Public Health and Wellbeing and Chair of North Tyneside’s Health and Wellbeing Board

“The return of public health teams into local authority has allowed us to shift other key areas into the hands of our public health team. One notable example is our decision to place trading standards and environmental health into the public health portfolio, allowing more direct joint working.”

Paul Hanson, Chief Executive, North Tyneside Council.

The Northumbria Combating Drugs Partnership was established across the police force area to scale up interventions. Our local drugs partnership was established in North Tyneside and under the leadership of the DPH the partnership provides oversight on local action using the additional funding and ensures progress against outcomes. The approach ensures joined up local efforts across a range of agencies including the police, probation, NHS and local authority.

The current approach to Tobacco Control is another good example of the wider reach of public health across trading standards, police, local businesses and communities. While many people have given up, smoking remains the single largest cause of preventable deaths in England and remains a key driver of health inequalities. Half of all smokers will die prematurely, and in North Tyneside half of the gap in life expectancy between our most and least affluent communities is attributed to smoking related mortality. The burden of smoking is estimated to cost the North Tyneside economy £47.6m.

Tobacco Control – working in partnership to seize illegal tobacco

Over the past decade, the public health team has continued to prioritise stopping smoking as a key way to improve health. Working with partners we have made considerable progress in reducing the rates of smoking in North Tyneside’s population from approximately 1 in every 4 adults 10 years ago, to approximately 1 in every 6 adults currently. In total, this means that we have approximately 15,000 fewer adults smoking in the borough.

North Tyneside’s Smokefree Alliance aims to facilitate a whole system approach to addressing the harms caused by tobacco to individuals, communities and families in North Tyneside. This includes working in partnership to seize illegal tobacco. Usually, illegal tobacco is a mixture of either counterfeit products or had no duty paid.

North Tyneside Council’s trading standards team and Northumbria Police regularly work on joint operations using intelligence to tackle the sale of illegal tobacco.

All Smokefree Alliance partners are committed to stopping the sale of illegal tobacco as it disadvantages genuine businesses and creates a cheap source of tobacco that can support smoking, particularly in the young. In addition, the money used from the sale of these items is often used to fund organised

crime and further illicit activity. Items are often in hidden concealments such as in ceiling areas, behind panels, under floorboards or in freezers, so police dogs are often used to find the illegal tobacco. In the last five years, over 77,000 illegal cigarettes have been recovered in North Tyneside.

Chief Inspector of Northumbria Police’s Northern Communities Team, Colin Lowther, said: “These joint operations are the result of weeks of preparation and planning and we are pleased to have helped take these illegal goods off the street. We will continue to pursue those involved in illegal activities, as well as protecting the public from the sale of illegal unregulated products.”



Tackling post pandemic inequalities and cost of living challenges

Understanding of health inequalities has increased across all organisations in North Tyneside, and together with the legacy of close working relationships during the pandemic, has provided a firm basis for partnership working.

The public health team led work to quantify the impact of the pandemic on communities across the borough and understand how, on top of this, the cost of living crisis affects residents.

This has led to a refresh of the Health and Well-being Board Strategy and the publication of ‘Equally Well’ with a focus on the social determinants of health. The strategy and development of the implementation plan has

involved a wide range of partners and importantly almost every council department and Director. This is a clear acknowledgement of the importance of the social and structural determinants of health and their contribution to a greater burden of disease and thus health inequalities.

Work across the partnership has offered wide-ranging initiatives, many of them supported by public health, such as enhancing the holiday activities and food (HAF) programme, developing warm welcome hubs, the ‘Working Well’ initiative and ‘Places of Sanctuary’ work.

Equally Well: A healthier, fairer future for North Tyneside

2021 – 2025

North Tyneside Health and Wellbeing Board





Working Well – making every conversation count (MECC)

Working Well North Tyneside brings vital services together into one location for the first time to help support people into work. From accessing the latest jobs to mental health support.

The one-stop-shop in North Shields makes it easier for people to access employment and skills services, view the latest jobs on the market and receive support around housing, finance, debt, and physical and mental health.

Specialist teams are based at the hub and partners offer their services including the NHS, Age UK, Citizens Advice, National Careers Service and the voluntary, community, social enterprise (VCSE) sector.

Giving adults the opportunity to access support, guidance and employment opportunities is a priority for us and the opening of Working Well is a great step towards making it easier for residents to access all the support they need.

Recent data has highlighted that many residents who are out of work also have long term physical or mental health conditions.

Our Public Health Trainer has trained the frontline staff based in the Working Well hub in MECC (Making Every Contact Count). MECC gives public-facing workers an opportunity to support, encourage or enable residents coming into different settings to consider health behaviour changes such as stopping smoking or improving their sense of well-being.

What is good work?

Evidence shows that good work, including a good working environment, has a positive effect on the health of an individual and their whole family, and that bad work contributes to poor health. The

Marmot report: Fair Society, Healthy Lives' provides a description of what is considered to be good work:

A living wage and job security

Flexible working hours

Control over your work and job satisfaction

Protection from adverse and dangerous working conditions

Supervisor and peer support

Ill health prevention and stress management strategies in the workplace

In-work development and learning

Support to facilitate a return to work for those who have been ill



Places of Sanctuary – how can our towns create and nurture positive mental health and well-being for all?

The feedback below highlights what Wallsend residents thought about being involved in the project, as well as their ideas:

“We know that the built environment has a big impact on population health and well-being. From working with our Director of Public Health over a number of years I felt strongly that we should take a healthy neighbourhood approach to our regeneration activity in North Tyneside.

“Implementing healthy planning and design principles and improving public engagement are important ways of reducing inequality. Throughout the development of the emerging draft Wallsend Masterplan, we engaged with Healthy Happy Places, Places of Sanctuary funding through the Academic Health Sciences Network to explore ways that design and the built environment can better support mental health and well-being.” - John Sparkes, Director of Regeneration.

Places of Sanctuary is a community-based arts project that gave Wallsend’s residents a platform to have their voices heard and share their views on the area as well as their hopes for the future. Wallsend is one of our areas with a famous industrial past, but currently has one the highest levels of deprivation in the borough and poorer health outcomes for some residents.

“My experience on the project was amazing. Meeting people and sharing experiences they share of Wallsend.”

“Brilliant. Really enjoyed the experience and you learn new things.”

“I went from being unsure about whether to participate to feeling I and others present had a valuable contribution and our voices were heard.”

“Ricky Dees Park would be in my masterplan. It’s a place where people can meet in the open air and celebrate Wallsend”.

The Council is now exploring how the insight gained can continue to inform and shape future interventions in the area through regeneration efforts.

The challenges and opportunities that lie ahead

Local government is absolutely the right location for public health. The NHS has a vital role in health and well-being, but councils are public health organisations that can utilise all their functions, community relationships and extensive partnerships to promote health. (LGA 2022)

Chronic health conditions and multimorbidity are likely to be the clearest drivers of self-reported poor health. People with chronic musculoskeletal conditions are over three times less likely to report poor health. Access to treatments during and after the pandemic may have further impacted self-reported poor health. In addition, risk factors such as physical activity, smoking status, education and household income are also associated with self-reported poor health and are likely to have important and complex relationships with each other, and physical health status³.

The gap across the borough in both life expectancy and healthy life expectancy for both males and females remains stubbornly persistent. The Government's levelling up mission⁴ sets a target that "by 2030, the gap in Healthy Life Expectancy (HLE) between local areas where it is highest and lowest will have narrowed, and by 2035 HLE will rise by five years."

Devolving and decentralising power and enabling local people to make decisions about housing, skills provision, the ability to fund services, land use and transport connections as well as the availability of public goods and services is part of the mission.

The journey over the last 10 years in North Tyneside demonstrates the value of public health, the unique approach and skill set, but most importantly the 'organised efforts' of collaborative partnership work.

While some of the indicators for health and well-being in the borough have improved in the last 10 years, including our breastfeeding rates, teenage conception rates and our smoking prevalence, many on average are worse than those for England. Health inequalities amplified by the pandemic and cost of living crisis are stark within the borough. This means that in some areas people spend more of their lives in poor health and die sooner than others.

The improvement in life expectancy across the borough has stalled over the last decade in North Tyneside, similar to the picture across the country. However, what's much more concerning is the decrease in healthy life expectancy at birth. This is the case for both males and females, but most significantly for females, particularly when this has held steady across England as a whole.

As a result, the devolution deal resulting in the emerging North East Mayoral Combined Authority offers real opportunity to improve economic prosperity and improve population health across the seven constituent local authority areas, including North Tyneside.

While the £4.2 billion of additional investment over 30 years will make a huge difference, individual local authority funding remains a significant challenge.

The National Audit Office reported that funding for local government fell in real terms by over 50% between 2010–2011 and 2020–2021⁵.

As funding has fallen, demand for key services, particularly adult and children's social care, has risen.

Public health funding to local authorities has decreased in real terms, even taking account of additional but time-limited funding for drug and alcohol treatment, leaving broader public health funding 21% lower on a real-terms per person basis since 2015/16, according to the Health Foundation⁶.

In contrast, investment in the NHS has continued year on year. The increased emphasis within the NHS on prevention is welcome following the Government's 'Build Back Better' plan for health and social care last year. Acknowledging that prevention and the effective management of long-term conditions are key to improving population health and curbing the ever-increasing demand for healthcare services.

While this is at the heart of the relatively new Integrated Care Boards, delivering a longer-term change at the same time as addressing operational pressures to return to pre-COVID-19 levels of elective activity and improve accident and emergency, and ambulance performance,

together with a 30% reduction in running costs presents a significant challenge to the current investment we have seen locally and to partnership working at place.

In the next 10 years of public health in local government the focus must be on those social determinants of health as the key to addressing the biggest health challenges seen across our communities. Health needs to be seen as a public good, underpinning economic prosperity as well as benefiting from it.

To make a real difference for our residents and communities across the borough and to close the gap, providing decent homes, access to good education and skills development, good employment opportunities with a living wage, active transport, good air quality, green spaces, and safe communities all matter. There is huge potential to contribute, collaborate and make further progress. It will require a shift away from single interventions focussed solely on individual behaviour change which may not be sufficiently effective in terms of value for money or health impact.

³ Levelling Up the United Kingdom – GOV.UK (www.gov.uk)

⁴ Understanding the drivers of healthy life expectancy: report – GOV.UK (www.gov.uk)

⁵ The local government finance system in England: overview and challenge Home – National Audit Office (NAO)

⁶ Health Foundation (:2023)Public health grant What it is and why greater investment is needed

Timeline: Key public health events over the past decade



2013

The 2012 Health and Social Care Act was enacted (April 2013) – this brought a wide range of changes including the restructuring of the NHS, the return of public health responsibilities to Local Authorities and the formation of Public Health England



2014

Making it work: a guide to whole system commissioning for sexual health, reproductive health and HIV (September 2014) – Public Health England introduced a guide as set out in the Health and Social Care Act (2012)



2015

The Smoke-free (private vehicles) legislation (October 2015) – UK introduces regulations making it illegal to smoke in a private vehicle while carrying someone under 18 years of age

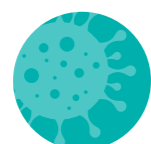
Transfer of the Healthy Child Programme (HCP) for 0–5 year olds, including the commissioning of health visitors and family nurses from the NHS to local government



2016

Plain packaging for tobacco (May 2016) – regulations requiring plain packaging for cigarettes and other tobacco products come into force

Childhood Obesity Plan (August 2016) – the UK government released its Childhood Obesity Plan focusing on healthier eating habits and physical activity



2020

COVID pandemic declared by WHO (March 2020)

Tackling Obesity: government strategy (July 2020)



2019

NHS Long Term Plan (January 2019)

First human cases of COVID-19 identified in Wuhan, China (December 2019)



2018

Fixed Odds Betting Terminals (FOBT) legislation (May 2018) – the UK government introduced legislation to regulate FOBTs due to concerns about their addictive nature and negative social and financial impact on individuals



2017

Tobacco Advertising Ban (May 2017) – the UK implemented a comprehensive ban on the advertising of tobacco products including in-store displays and packaging

PrEP availability (August 2017) – Pre-exposure Prophylaxis (PrEP) for HIV prevention became available through the NHS in England, offering individuals at high risk access to preventative medication



2021

COVID-19 Vaccination Campaign (January 2021) – the UK launches widespread COVID-19 vaccination campaign, prioritising high risk groups and expanding to the general population

UKHSA formally established (April 2021) – bringing together Public Health England, NHS Test and Trace and the Joint Biosecurity Centre to create an agency focused on health security

Adult weight management services grant introduced for local authorities for one year to support local authorities to commission weight management services in 2021 to 2022

OHID formerly established (October 2021)

From harm to hope: a 10-year drugs plan to cut crime and save lives (December 2021)



2022

The Khan Review: making smoking obsolete (June 2022) – a review commissioned by the UK Secretary of State for Health sets out a plan to achieve the 2030 smokefree goal

The Government announces additional funding to support improvements in the quality and capacity of drug and alcohol treatment between 1 April 2022 and 31 March 2025



2023

The Government launches a call for evidence on further opportunities to prevent children vaping

Celebrating 10 years of public health teams being part of local authorities

Suicide prevention strategy for England: 2023 to 2028 (September 2023)

If you need us to do anything differently (reasonable adjustments) to help you access our services, including providing this information in another language or format, please contact 0345 2000 101 or email: publichealthenquiries@northtyneside.gov.uk

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