



# *A Tobacco Free Future*

Director of Public Health  
**South Tyneside**

**ANNUAL REPORT 2016**



**South Tyneside Council**



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# 1. Introduction

Welcome to my 2016 Annual Public Health Report. This year the focus is on smoking and tobacco control. There are strong reasons for this; smoking is the single biggest cause of premature death and ill health facing our residents and right now, is the greatest threat to public health. In South Tyneside since 2012, 5000 people have given up smoking, which reduces our smoking levels to 17.4% from 22%. This is a fantastic achievement with individuals and families benefitting significantly.

This report continues the theme of 'assets' which was the focus of my 2015 report. This is the very positive way we have chosen to address our health and wellbeing challenges in the borough and the report highlighted a wide range of community assets in South Tyneside, from our fantastic buildings and facilities such as Haven Point leisure provision to peer mentoring within our substance misuse services.

This year, my report shows our timeline of health and wellbeing issues from birth through to end of life but also highlights some key areas where our Joint Strategic Needs and Assets Assessment has focused. This includes carers, falls and chronic obstructive pulmonary disease. In each of these topic areas we have also explored the 'assets' that exist within local communities to support and meet the needs of people.

The JSNAA has been developed by hosting dedicated training with local staff and Elected Members to increase understanding of good health information and is now live on the Council website for easy access.

Smoking remains the biggest public health challenge and we have a real ambition locally to reach a 'tobacco free future'. Throughout my career in Public Health, tobacco has always been an issue that I have sought to tackle.

However, the sustained focus on tobacco needs to remain to aspire to a 'Tobacco Free Future'. The Health and Wellbeing Board has re-affirmed its commitment to reach a smoking level of 5% by 2025. Our local Foundation Trust has committed to go 'smoke free' and we have dedicated work with our pregnant women who smoke. We continue to support Fresh North East, working on behalf of the North East at both regional and national level. Throughout 2017, further work will be carried out with local people to gain insight into what would help them to give up smoking.

The review of 2016 highlights some of the excellent work being carried out across the borough, supported by the Public Health team, to improve and protect health and to strive for excellent health and care services. A joint awards ceremony took place celebrating the diverse range of settings that promote a healthy environment.

We have seen the introduction of an integrated sexual health service for the borough providing improved access to sexual health advice and services. Our work on flu immunisation has continued to develop with 100% take up of our primary schools and a tailored programme for our Council staff. We have worked with our partners to deliver our winter preparedness programme and have also utilised social media to send alerts and messages to people to help them stay well and warm throughout winter.

We continue to support our NHS colleagues to address a range of programmes including Chronic Obstructive Pulmonary Disease via a targeted campaign, and a self-care programme linked to a better ü.

I hope you enjoy reading this report and also support my aspiration for a 'Tobacco Free Future'.

**Amanda Healy**  
Director of Public Health



## 2. The health of our people and communities (JSNAA)

The **Joint Strategic Needs and Assets Assessment (JSNAA)** presents the big picture of our residents' health and wellbeing. It provides a range of information and statistics in order to plan and improve services for the future. The JSNAA also highlights the assets; such as the skills, resources and knowledge across all communities that can help to achieve improved health and wellbeing for the population.

2016 saw the rollout of our new JSNAA process that brings together topic experts from across South Tyneside to write and maintain a collection of needs assessments. We have summarised a few of the findings to date, though you can find the complete JSNAA at our new site: [www.southtyneside.gov.uk/jsnaa](http://www.southtyneside.gov.uk/jsnaa).

### The JSNAA in Numbers

- 13 published needs assessments
- 64 topics identified
- 6 organisations involved to date
- 300 views per month
- 26 participants from health, social care, and voluntary sector organisations participating in workshops on how to use the JSNAA and other online public health tools



Here are a few highlights from what we've found out so far:

**Falls:** 1 in 3 people over the age of 65 have a fall every year. South Tyneside's Falls Prevention and Fuel Poverty Group continues to focus on how to prevent falls which is particularly important as our population continues to age.

**Housing:** The upcoming Local Plan will focus on housing that keeps people healthy and is especially suitable for older people.

**Carers:** There are an estimated 17,000 people providing unpaid care in South Tyneside. There should be more respite provision opportunities for carers in their community to allow them to continue in their caring role.

**Suicide:** South Tyneside has similar levels of suicide compared to national averages. A local suicide prevention group has done much pro-active work in the past few years to raise awareness and reach out to people appropriately. We have a whole-community approach to suicide prevention, from monitoring and analysing trends, to awareness raising, practical measures, training and working with the media.

**Chronic Obstructive Pulmonary Disease (COPD):** The largest risk factor for getting COPD is smoking. While rates are improving, South Tyneside's Tobacco Alliance has developed a comprehensive Tobacco Control Strategy to continue to address this issue amongst others.

**Lesbian, Gay, Bisexual and Transgender (LGBT+):** It is estimated that there are around 12,000 LGBT+ people living in South Tyneside. Very little is known about how well they access health services and there are limited facilities for formal support. Universal services, such as hospitals, pharmacies, sexual health clinics and leisure and community centres should seek to be LGBT+ friendly and services should routinely collect sexual orientation monitoring data to ensure the LGBT+ population are accessing services.

# Our health and wellbeing

## BIRTH

**SMOKING IN PREGNANCY**

Every Year around 350 children are born to mothers that smoke. 21.8% of mothers smoke at the time of delivery compared to 10.6% nationally.



**BREAST FEEDING**

Around half of mothers initiate breast feeding within 48 hours of delivery. Less than a quarter of babies are breastfed by their 6-8 week check, nationally it's almost half



**CHILDHOOD OBESITY**

Almost 4 out of 10 10-11 year olds are overweight or obese. Nationally it's just over a third.



**ALCOHOL**

52% of people are increasing/high risk drinkers.



**PHYSICAL ACTIVITY**

Less than 4 out of 10 adults are physically inactive. Locally 37.2% and in England 28.7%.



**DEATHS FROM CANCER**

483 cancer related deaths in 2015. 27.7% of deaths were cancer related, in line with the national average.



**DIET**

Half of adults eat their "5 a day". 51.7% locally compared to 52.3% nationally.



**UNEMPLOYMENT**

Over 1,000 people are in long term unemployment, claiming job seekers allowance for over 12 months. That's 1.1% of 16-64 year olds, nationally it's 0.4%.



**DEPRESSION**

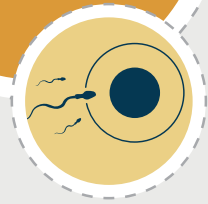
Almost half of social care service users, 49.7%, report feeling anxious or depressed. That is lower than the national average of 52.8%





### TEENAGE CONCEPTION

Around 3 conceptions in every 100 teenage girls, 30.7 per thousand compared to England's 28.5.



### GCSE RESULTS

57.9% of children achieved 5 A-Cs including English and Maths, slightly higher than the England rate of 57.1%.

### CHILD INJURIES

173 hospital admissions for injuries, a rate of 209 per 10,000 0-4 year olds.



### NOT IN EDUCATION, EMPLOYMENT OR TRAINING

Around 290 16-18 year-olds not in education, employment or training. That's 5.7% compared to England's 4.2%.



### SMOKING

4.3% of 11-15 year old's regularly smoke, England's rate is 3.1%. This jumps to 19.6% in 16-17 year-olds, the national rate is 14.7%.



550 Early deaths per year. 24.5% higher than the national rate.

### EARLY DEATHS



### DEMENTIA

Over 1,500 South Tyneside residents are registered as having dementia



### LONG TERM CONDITIONS

12% said their day-to-day activities were limited a lot because of a health problem or disability, over 18,000 residents. Nationally it's just 8%



### FALLS

Over 600 injuries in persons aged 65+ annually. The rate is slightly lower than the national average.



### END OF LIFE



### 3. Tobacco

South Tyneside has a multi-agency tobacco alliance which oversees our local approach to tobacco control.

Smoking represents one of our biggest public health challenges. Reducing levels of smoking and creating a smoke free environment for the next generation in South Tyneside remains the top priority for improving health and wellbeing due to the wide range of effects it has on individuals, families, workplaces and communities. In the last decade the North East has seen a massive change in attitudes towards smoking. A third fewer people (around 189,000) are smoking since 2005, fewer children are starting, and fewer people are exposed to harmful second-hand smoke.

At a local level in 2012, nearly 22% of adults in South Tyneside were smokers, compared to just over 19% for England. By 2015, this had come down to 17.4% compared to 16.9% for England. This is a fantastic achievement and means that the estimated South Tyneside rate is no longer statistically significantly higher than England's. 20,789 adults in South Tyneside are smokers, compared to around 25,000 in 2012.

In terms of people giving up smoking across our communities this means over 5000 less people smoking since 2012. However there remain almost 21,000 still smoking and the levels vary across the borough. Smoking is the single biggest cause of inequalities in death rates between the richest and poorest in our communities.

South Tyneside has a multi-agency tobacco alliance which oversees our local approach to tobacco control. This group's plan sets out how tobacco control will be delivered locally and sets out a range of actions to tackle the impact of smoking and other tobacco use on the health of people in South Tyneside

Therefore tackling smoking in South Tyneside requires a comprehensive approach which includes a range of public health interventions at different levels to address the individual, social and cultural influences on smoking behaviour. These include prevention and education programmes, stop smoking services for those who wish to give up smoking and wider legislative and regulation action.

This whole population approach must be supported by interventions which are focussed on meeting the needs of our local communities and using all our local assets. Our approach is not about unfairly stigmatising those people who smoke, or who are unable to give up smoking. We all need to consider what can be done to support each other to make smoking a thing of the past. It is only by working in partnership with all our communities that we will be able to achieve our ambition of a tobacco-free South Tyneside.



There are  
**16,509**  
households in South Tyneside  
with at least one smoker



**33%** of these (5503)  
households are living  
below the poverty line.  
Approximately 1800 people  
would be lifted out of  
poverty if these households  
went smokefree

## Eight out of ten

smokers in the North East say they  
regret ever starting



In 2015/16,  
**352**  
babies have  
been born to  
mothers who  
smoke in  
South Tyneside  
(21.8% of all  
maternities)

**346**

people die in South  
Tyneside every year  
from smoking

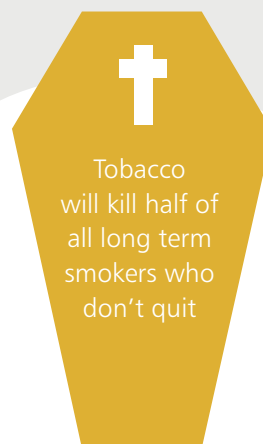


Around

**378** South Tyneside  
children need GP or  
hospital treatment every  
year from breathing in  
other people's smoke  
the car – from illnesses  
like glue ear, wheeze  
and asthma



**5.9%**  
of children aged 11-15  
in South Tyneside  
Smoke



Tobacco  
will kill half of  
all long term  
smokers who  
don't quit



Smoking takes up  
**23,716** GP  
appointments and  
**5,760** hospital  
admissions and outpatient  
visits every year

Cost to South Tyneside  
NHS per year

**£6.3m**

Cost to South Tyneside's  
economy in added sickness  
and absenteeism

**£1.9m**

Smoking costs South  
Tyneside an estimated  
**£2m** a year in  
social care costs

Reducing smoking to 5% by 2025  
would save South Tyneside NHS  
and economy an estimated  
**£4.1m** per year

### 3.1 Local action on tobacco in 2015

Our Health and Wellbeing Board has remained committed to regional and local partnership working to reduce the harm caused by tobacco. It supported an ambitious target to reduce levels of smoking to 5% by 2025. If we continue at the current rate of reduction this could be achieved and would result in fewer people dying prematurely from smoking related illnesses.



**17.4%**  
of adults  
smoke - around  
**20789**  
people

*“Smoking prevalence:  
5% by 2025” - our highest  
impact priority to improve health  
and reduce health inequalities  
in South Tyneside*

### 3.2 Smoking Commission

South Tyneside’s People Select Committee (a committee of the council which scrutinises services and organisations) set up a Commission in 2015 to tackle smoking rates and consider a range of measures to raise awareness of the harm of smoking as well as innovative ways of encouraging people to quit. This meant that local action was scrutinised and challenged. It resulted in a series of recommendations for attention. This included increased work on poverty and smoking, additional support for communities with the highest levels of smoking to give up and for the local NHS Foundation Trust to go ‘smoke free’

One of our health improvement priorities for 2017 include implementing the full recommendations from the People Select Committee.

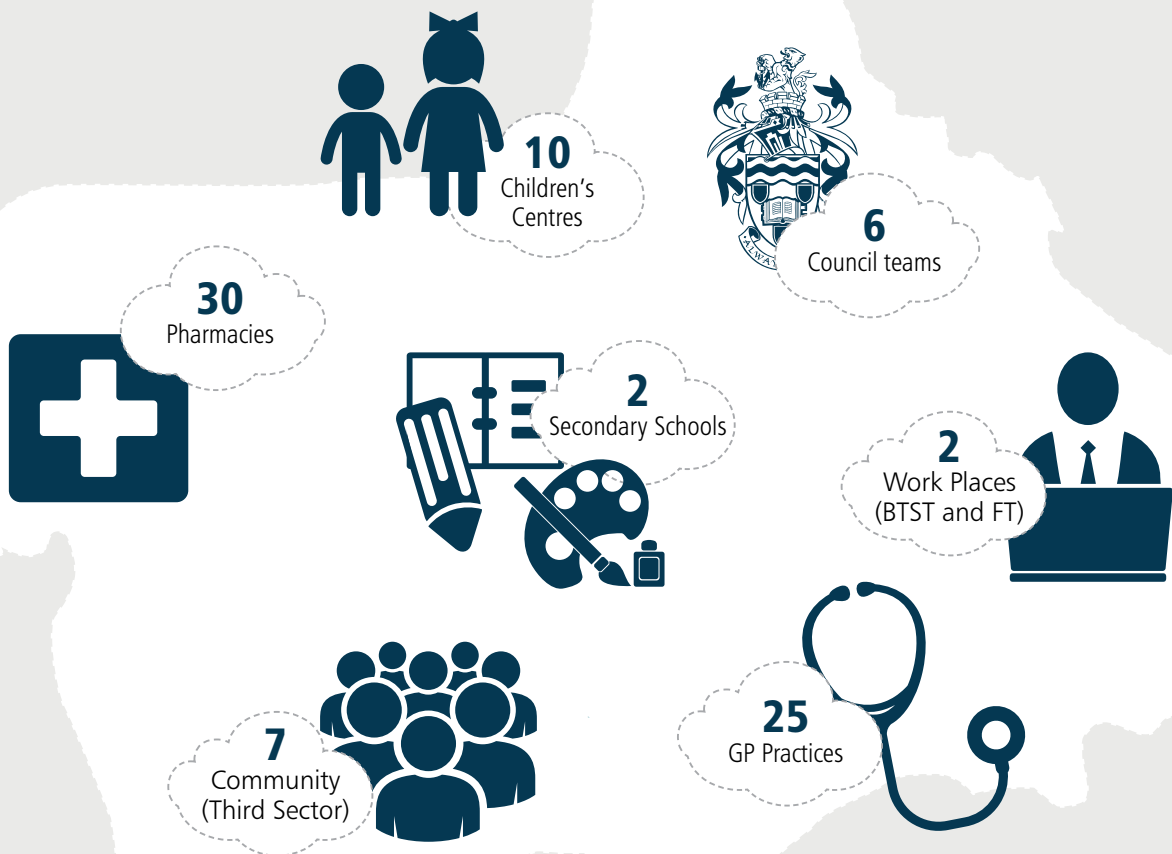


### 3.3 Stop Smoking Services

Giving up smoking is the biggest single thing that someone can do to improve their health.

However, it is important to recognise that the ability and willingness of people to stop smoking depends significantly on their wider life circumstances. In South Tyneside we have continued to invest in our Stop Smoking Services. Research shows that people are 4 times more likely to quit smoking with the help of structured stop smoking support. All our advisors across the borough offer expert advice, support and encouragement to help people quit for good. People can access stop smoking support in traditional settings, such as GP practices and pharmacies, but also through a growing network of local community based settings such as schools, children's centres, community centres and third sector organisations. We currently have over 160 advisors across the borough all trained through our locally commissioned Stop Smoking training programme.

#### Stop Smoking Services



South Tyneside

### 3.4 Smoking during pregnancy

Supporting pregnant women who smoke to give up is a key focus of our local work. Although the number of smokers is decreasing we are not seeing the number of expectant mothers who smoke decrease fast enough. Currently 1 in 4 expectant mothers are smokers in South Tyneside which affects 400 babies each year. This is thought to result in 22 miscarriages, 53 premature births, and 1 perinatal death. This can have a devastating effect on local women and their families.

*'To reduce the rate of mothers smoking during pregnancy to 11% by 2020'*

South Tyneside remains one of the areas in the country with the highest smoking during pregnancy rates, with more than 21.8% children being born to mothers that smoke. Only two authorities had a higher rate in 2015/16, North East Lincolnshire and Blackpool. Four authorities have a smoking at the time of delivery rate of under 3%; Westminster, Kensington and Chelsea, Hammersmith and Fulham, and Richmond on Thames.

In addition to the health benefits there are also financial benefits to giving up smoking. It is estimated that a pregnant mother could save £56 per week (based on smoking 20 cigarettes per day).

Children growing up around smokers are twice as likely to become smokers themselves. Young people generally start smoking in the adolescent years influenced by the people around them and where they live. Starting to smoke at a young age often makes it more difficult to quit in later life.

Our stop smoking service is available across the Borough to support pregnant women to quit. We asked for the views of mothers who smoke in South Tyneside to identify some of the difficulties to quitting during pregnancy.

### Smoking in Pregnancy

Smoking during pregnancy causes up to **2,200** premature births, **5,000** miscarriages and **300** perinatal deaths every year in the UK

They told us that the main barrier included starting at an early age, stressful home life and smoking during previous pregnancies.

Taking these issues on board midwives have been trained to discuss smoking and how women can access support from our local stop smoking advisors to quit. There is a choice of services available. All services are trained to support pregnant women to quit. Advisors within Children Centres can also provide support for women at home too.

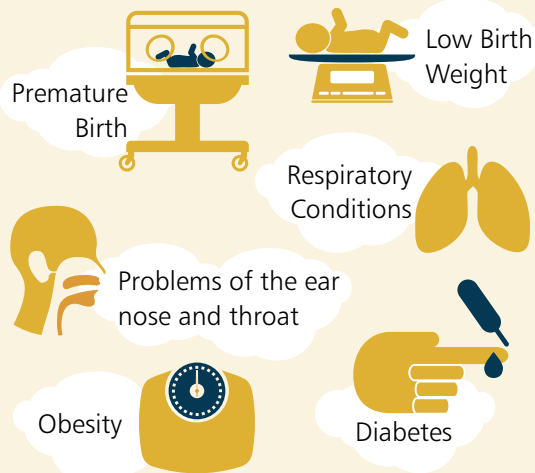
Support is also available for family or friends who may also want to give up smoking as this is often the key to quitting.

There have been some great success stories including Melanie Snowdon from South Shields, who welcomed her fifth child to the world recently. When she found out she was expecting she sought support from her local stop smoking service to quit tobacco for the good of her unborn child. She has continued to be smoke free following the birth and is confident that she'll remain that way in the future. Melanie used to smoke between 20 and 30 cigarettes a day and smoked through her previous four pregnancies but managed to quit with the support of the service.

Our priority for 2017 is to reduce smoking in pregnancy in line with the national average by 2020.



It also increases the risk of complications in pregnancy and of the child developing a number of conditions later in life such as:



During 2015 there has been joint work with the local NHS which has identified lung health as a major priority, given the high rates of both COPD and cancer, including lung cancer. This has led to the review of local Pulmonary Rehabilitation Services, strategic commitment from South Tyneside NHS Foundation Trust to implement a full smoke-free hospitals model and start work on offering stop smoking support to patients before they have planned surgery.

Public Health England's new campaign was launched to raise awareness of symptoms of lung cancer, lung disease and heart disease was supported by a range of partners including South Tyneside Clinical Commissioning Group, South Tyneside NHS Foundation Trust, local pharmacies, businesses and the community and voluntary sector.

The campaign which ran from July to October 2016 encouraged anyone with a persistent cough, or who found themselves out of breath to visit their GP. When comparing respiratory referrals from April - October 2015 to that of 2016 there was an increase of nearly 30% from 147 to 189.

### 3.5 Working with the NHS

South Tyneside is the fifth worst area in the country for people being admitted to hospital with smoking related issues

Lung disease:

- COPD - around 5,800 people are estimated to have chronic obstructive pulmonary disease in the South Tyneside CCG area.
- Lung cancer is the biggest cause of death in South Tyneside and smoking is the main cause. Around 200 people a year in South Tyneside develop a cancer due to smoking with 145 people dying from a smoking related cancer.







### 3.7 Trading Standards

South Tyneside Council's Trading Standards Service is a key partner in the Tobacco Alliance and the North East Tobacco Control programme led by Fresh to reduce the demand and supply of illegal tobacco. Priorities for the service include: business and consumer support, age restricted products, the 'illicit trade', which includes illegal tobacco, and product safety labelling. These issues are often tackled through partnership working for example with other Council Services, Police and HMRC.

Local businesses have continued to receive support and advice on to how best to comply with tobacco control legislation, including joint visits to newly licenced premises with licensing colleagues.

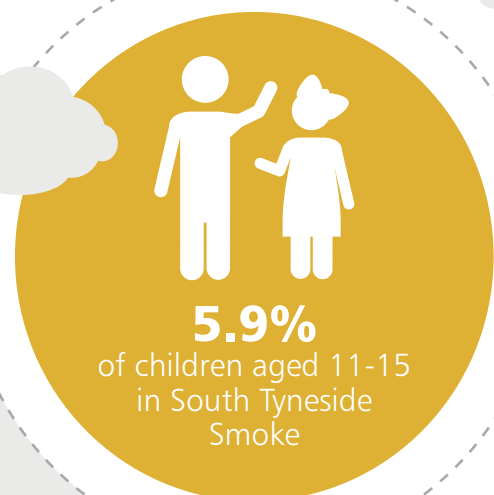
A local retailer was prosecuted for selling cigarettes to an underage volunteer and, in what was one of the first cases of its type in the country, for breaching the tobacco display ban. The retailer had previously been warned about both matters by Trading Standards.

Intelligence reports about sales of illicit tobacco continue to be received.

### 3.6 Work with young people – Healthy Schools

As part of its Healthy Schools application Hebburn Comprehensive School has set up a school stop smoking programme aimed at their students. School staff were trained through the free Change4Life South Tyneside smoking advisor scheme. A mixture of male and female advisors are now available to ensure pupils have a choice of who they feel most comfortable receiving support from.

Regular year group assemblies are used to remind students of the service and the school supports key campaigns such as Stoptober as well as promoting the service throughout January to encourage New Year resolutions. The programme is still in its infancy but is showing real promise in its efforts to target support towards our young people in the borough. The school has achieved a number of successful 12 week quits and has rewarded these students with a small shopping voucher as a token of their achievement.



### 3.8 Fresh NE

The Council has continued work with other councils in the region to fund the acclaimed regional tobacco programme Fresh. This has been recognised by the World Health Organisation and the NHS for its work to make smoking and tobacco history for more children and more families. In 2015 Fresh held an international conference, supported the introduction of smoke free legislation within cars, standardised cigarette packaging and had a major focus on smoking in pregnancy. Fresh also coordinates high priority campaigns as set out below.

In 2015, South Tyneside Council supported Fresh and Cancer Research UK to run the Quit 16 campaign to raise awareness that smoking causes 16 types of cancer, with a TV advert reaching 1.4m people, a radio advert reaching 1m people, and news coverage of real people's stories. 8 out of 10 smokers were aware of the campaign and 39.5% of those who saw it took action.



**Dave smoked for years before a tumour on his tongue changed his life. Read his story at [quit16.co.uk](http://quit16.co.uk)**



#### Mental Health

Smoking prevalence is significantly higher among people with mental health problems than among the general population. Of the 10m smokers in the UK, it is estimated around 3m have a mental health condition.

Fresh supported Northumberland Tyne and Wear (NTW) NHS Foundation Trust to go smokefree across its grounds in 2016. By working with local commissioners and training providers to train up staff within NTW they were able to provide in-house support to in-patients, and helped people who were being discharged into the community to be referred to the stop smoking service.

The Council has also worked with Fresh and local partners like South Shields Football Club to back national campaigns such as Stoptober, now in its 5th year, and create all year round coverage in local newspapers like the Shields Gazette for No Smoking Day and World No Tobacco Day.



## Standardised packaging

For many decades tobacco companies sold cigarette in glamorous packaging which disguised the fact that tobacco is a toxic product that kills half of all lifelong smokers. But from May 2017 everyone, particularly children, will have one less reason to start smoking with laws requiring all tobacco sold in the UK to be in plain standardised packaging.

Under the laws, green boxes with larger graphic health warnings on the front and back will highlight the many fatal diseases caused by smoking. The changes were supported by 6 out of 10 North East adults and opposed by only around 1 in 10, but tobacco companies have fought to stop these changes.

Around 350 people a year die from smoking in South Tyneside and for every death, around 20 people are suffering from a disease caused by smoking. This is why many questions are now being asked why tobacco companies should not pick up some of the cost of paying for the massive amount of harm smoking causes and the cost to the NHS and social care.

## 3.9 Sustainability and Transformation Plans

The NHS across England has been tasked with producing sustainability and transformation plans to deliver the NHS Five Year Forward View. This plan includes a focus on prevention and in particular to reduce smoking levels by supporting people to stop smoking, helping people quit smoking before their planned surgery, and with a drive to make all NHS hospitals smoke free, including supporting staff health and wellbeing.

## 3.10 North East Combined Authority/NHS Health and Social Care Commission - Health and Wealth

During the course of 2015 an external commission called 'Health and Wealth' took place led by the Chief Executive of Public Health England. The report recognised the major progress that has taken place in reducing tobacco levels since 2005, but acknowledges it remains a major challenge.

The report has several recommendations that focus on radically increasing preventative spending across the health and care system and considering the wider determinants of health and wellbeing. With relation to smoking, the following points were emphasised;-

- focusing on programmes to reduce smoking because smoking poses the greatest risk to ill health and early death.
- lifestyle based secondary prevention of which smoking prevention should be a key priority
- continuation of a regional collaborative approach to reduce smoking prevalence to 5% by 2025
- targeting pregnant smokers through the systematic implementation of NICE guidance

## 3.11 What next in 2017?

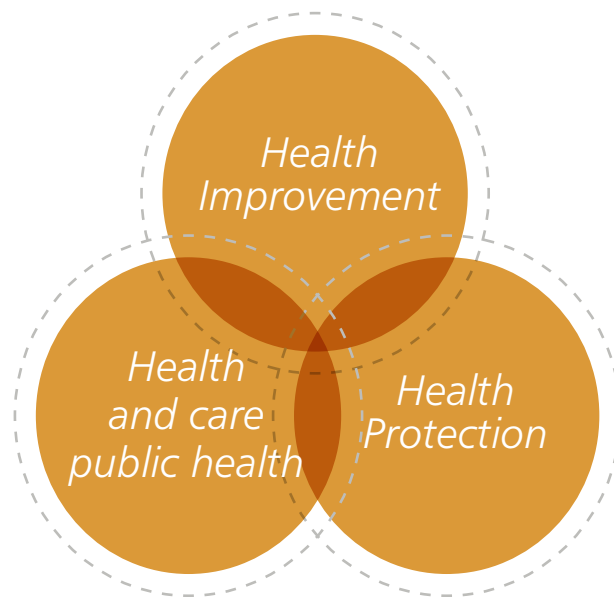
### Recommendations

While the levels of smoking have reduced, the rate of decline varies across our communities. Many people with lower incomes remain addicted to tobacco and this has a compounding effect on their finances, as well as their health. Action on Smoking and Health have estimated that over a third of households with a smoker fall below the poverty line and 1,800 households could be lifted out of poverty by quitting.

We aim to work with communities to focus on the factors that are likely to motivate people to stop smoking and overcome the barriers that make it difficult to give up. By taking an asset based approach we hope that support will be tailored to the specific needs of our communities. We will do this by supporting a "healthy settings" approach and

- Work with local communities to understand barriers to quitting smoking
- Implement further work to support pregnant women
- Work with the local NHS to implement 'smoke free NHS'
- Re-affirm 5% by 2025 in the revised Joint Health and Wellbeing strategy

## 4. Review of 2016



### 4.1 Health Improvement

A key focus of our work is to improve the health and wellbeing of individuals and communities through enabling and encouraging healthy lifestyles. Making changes such as stopping smoking, improving diet, increasing physical activity, losing weight and reducing alcohol consumption can help people to significantly improve their health. South Tyneside has embraced the national Making Every Contact Count (MECC) programme which supports the opportunistic delivery of consistent and concise healthy lifestyle information. We have trained a wide range of frontline staff to be able to engage in healthy conversations in their day to day interactions with people.

Health is also determined by wider influences such as housing, education, employment and access to services. Public Health leads a local Fuel Poverty and Falls Prevention Partnership, which bring key services together from the voluntary, public and private sectors to combat excess winter deaths, promote warm homes and reduce falls and hospital admissions.

Research has shown that being out of work is harmful to physical and mental health. Mental health problems have a greater impact on people's ability to work than any other health condition. During 2016 South Tyneside Council supported a new tailored employment support project to help unemployed people with mental health conditions to develop the skills and attributes needed to move into work.

#### Better Health at Work Award

A healthy workplace has considerable benefits for employers and employees. In 2016, there were 21 companies across South Tyneside signed up to improve their employees' health and working towards the award. Reaching over 13,000 employees, the workforce benefitted from a range of activities including support to stop smoking, walking and running clubs and access to NHS Health Checks in the workplace. Companies benefit from a reduction in sickness absence which saves money and also shows an improvement in the health of the workforce. The Council has also achieved the bronze level of the award in 2016.



## Change 4 Life (C4L) Health & Wellbeing Champion Network

We now have over 150 C4L Health and Wellbeing Champions promoting the public health campaigns and messages such as Dry January across the borough. The network is a multi-agency initiative of the Council, Voluntary and Community sector and members of the public. Rob Braines who coordinates the network has been a public health volunteer for over eight years and recently received a C4L Volunteer award for his commitment and contribution to health and wellbeing in South Tyneside.



## Healthy Schools

This year a total of 51 schools have joined the Healthy Schools programme with 14 of our schools reaccrediting during this last year. We currently have eight new schools working on their application and we hope they are ready to submit by the Summer Term. Toner Avenue Primary was awarded its e-safety and healthy weight badge and Harton Primary was awarded its emotional health and wellbeing badge.

Our pilot service 'Talbot Medical Centre' was awarded the Change Life Young People's Quality Mark by a team of Youth Inspectors who deem them 'Young People Friendly'. Also during 2015/16 a Mental Health Champions network was established including 86 staff from a range of settings where young people attend.



A number of staff and young people were commended at the annual Healthy schools ceremony for their hard work and commitment to improving health and wellbeing across schools in South Tyneside

**8** schools are working towards their status

**51** schools are in date with their Healthy Schools status

**14** schools have renewed their Healthy Schools status



**20** Service areas have signed up to the Good Visitor Quality assurance project to provide support to schools within their PSHE programme

**3** schools achieved Healthy Schools Badges- an enhanced level of Healthy Schools

Our pilot service 'Talbot Medical Centre' was awarded the Change 4 Life Young People Mark by a team of Youth Inspectors who deem them 'Young People Friendly'.

# Healthy Schools



## Blue Light Work

In South Tyneside there are a number of people who drink alcohol at such excessive levels as to risk serious harm to themselves and others. The majority of these people do not access services and some will be actively resisting getting any treatment. These "treatment resistant drinkers" are sometimes called "Blue Light" clients because emergency services are often called out to support them. A large proportion of this client group are street drinkers or homeless.

South Tyneside's Blue Light programme includes a range of local statutory and voluntary sector organisations that are committed and passionate about developing alternative ways to support this client group. Over the last year this has included working with our Local Pharmaceutical Committee to make sure that this group receive appropriate vaccinations such as flu and hepatitis jabs, medicine reviews and Health & Wellbeing checks. We have also worked with a range of drop in services and soup kitchens to provide nurse interventions, housing support, probation services and police liaison.

Over the next year we will continue to engage with street drinkers to help them access support and appropriate services. We have submitted a number of funding bids which we hope will be successful to develop this work and to reduce the negative impact their behaviour has on them as individuals, their families and local communities.

### Key Challenges

- Smoking levels across the borough
- High rate of preventable deaths from respiratory disease in under 75 year olds
- Treatment resistant drinkers

## Our Health improvement priorities for 2017

- Relaunch MECC locally and develop a local steering group to oversee the roll out
- Ensure equitable access to lifestyle services, specific work to be undertaken with people living in areas of deprivation
- Roll out of Healthy Settings work, a standardised approach to delivery of Public Health interventions
- Further develop the Blue Light programme incorporating Making Every Adult Matter (MEAM) principles to support treatment resistant alcohol drinkers and street homeless into treatment and secure accommodation



## 4.2 Health Protection

Health protection is the domain of public health that concentrates on preventing or reducing harm from infectious diseases or other threats to health such as environmental hazards, contamination, major incidents such as an unexpected outbreak of disease or widespread flooding. This work relies on strong cooperation between a range of services – Police, Fire and Ambulance services and our internal partners within the Council. We have built positive working relationships with South Tyneside Clinical Commissioning Group, Public Health England and NHS England to ensure that health protection arrangements for the borough are robust. Recent incidents within the borough have been managed effectively and quickly to lessen any impact on, and to protect, the wider population.

### Equity and quality of screening and immunisation programmes

We have a responsibility to ensure that we offer vaccination and screening to protect our population. Vaccinations offer protection against certain diseases whereas screening helps to identify those that may be at an increased risk of disease. We need to ensure that all those who are eligible are able to access screening programmes.

A local priority is to improve access to screening programmes for people with a learning disability. This is because this group are at higher risk of ill health and early mortality, and tend to have lower rates of access to screening programmes. Local GP practices and Learning Disability teams have identified people in their care and have been encouraging and supporting them to take part in screening. This has led to a marked increase in uptake of the bowel screening programme by people with learning disabilities.

South Tyneside has high rates of diabetes and cancer related diseases. In 2015 the number of people accessing diabetic eye screening and cancer screening programmes was higher than the national rate. This is a good achievement and helps to spot any issues at an early stage where conditions can be managed.

### Maintaining prevention activity and surveillance of communicable diseases

Public Health England provides us with frequent and comprehensive updates on infectious diseases and we receive regular reports on Healthcare Acquired Infections, TB control arrangements and NHS Emergency Plans. This important information is essential as it gives us early insight into the patterns and trends of diseases, enabling us to plan accordingly.

### Implementing the recommendations of the Sexual Health Assessment

Public Health commissioned a new local integrated Sexual Health service in 2016. It provides comprehensive open access to sexual health services, including free sexually transmitted infection (STI) testing and treatment, notification service and free provision of contraception. The service is essential to control infection and prevent outbreaks of sexually transmitted diseases in South Tyneside.

### Winter preparedness

Many agencies work together in South Tyneside on preparing our population for winter and make sure that support is provided to help vulnerable people avoid the effect of cold or extreme weather. Increasing flu immunisation rates has been a particular focus, both in health and care workers and the general population. Through our focused winter flu campaign communications strategy, we saw an increase in uptake by a range of our council staff who work with some of our most vulnerable groups, for example older people. The uptake has increased amongst target staff including those who work in care homes and we look forward to sharing our evaluation of this programme with partner organisations next year. All primary schools across the Borough participated in the annual flu vaccination programme.



### Emergency Planning Preparedness and Resilience

Emergencies can be minor events that threaten the health and lives of local communities or major incidents that affect the whole population. It's important that we have local plans in place to prevent these emergencies where possible. However, it's also essential that we are prepared and are able to respond quickly if there was an incident. Therefore, training is provided so that all staff have a degree of awareness of their roles and responsibilities during any potential incident. We have also identified a core group of staff who will be trained to be part of an incident team and provide a co-ordinated emergency response.

The Director of Public Health engages with a range of local and regional groups to get assurances from them on the quality and coverage of immunisation and screening programmes, monitoring and response to communicable diseases and planning for emergencies such as pandemics and emerging new diseases.

### Priorities for 2017

- engaging with the Ante-natal and Childhood Screening Board on the development of inequality action plans
- increased uptake of seasonal flu jab with high priority for those population groups at greatest risk
- continue to ensure that emergency plans are current and effective, and that appropriate staff are trained in their implementation.



diseases (specifically cardiac failure and atrial fibrillation) as key improvement areas for South Tyneside.

This work resulted in additional funding being received from NHS England to develop an innovative primary care-based self-care programme, linked to the Better U approach in South Tyneside.

The pilot project, provided by First Contact Clinical aims to support people with COPD to better manage their condition by providing additional one-to-one behaviour change support relative to their level of motivation.

South Tyneside was asked to present their local good practice at the national NHS Expo in Manchester in September, reflecting the recognition of progress made in the borough.

### 4.3 Health and Care Public Health

This domain of public health is about supporting those who plan services to understand the health and care needs of the local population and ensure they provide services to meet those needs. A key part of this role is to ensure that NHS plans and activities are focussed on preventing ill health, not just treating or managing the consequences.

#### NHS Rightcare

The NHS Rightcare programme is about improving people's health and outcomes. It makes sure that a person has the right care, in the right place, at the right time, making the best use of available resources.

Public health has worked closely with the local Clinical Commissioning Group (CCG) to analyse and assess local data, review the evidence on best practice and prioritise areas for action. This allowed us to identify respiratory disease (specifically chronic obstructive pulmonary disease, COPD), cancer (specifically lung cancer) and cardiovascular

### South Tyneside Alliance

To deliver the best experience of health and social care for our population all organisations need to work together to provide integrated and continuous care. The Canterbury District Health Board in New Zealand developed an alliancing approach to provide integrated care and South Tyneside had the opportunity to learn from them as a national pioneer site for health and care integration.

Health and Social care partners in South Tyneside have agreed to develop a similar approach and local alliancing principles which will mean decisions are based on what's best for the health and care system, and for individuals receiving services.

One of the key objectives of the South Tyneside alliance is to develop our local 'community services' model. We want our health and care services to move closer to the community, with people taking a greater role in looking after their own health and hospital services focused on those who most need to be there.



## Health and wealth: closing the gap in the North East

An external commission called 'Health and Wealth' took place in 2015 led by the Chief Executive of Public Health England. South Tyneside's Public Health team supported listening events with local people and organisations to gather information and evidence to input into the commission.

The final report states "that there is an over reliance on hospital care, which is neither necessary nor affordable." The report found that the North East Combined Authority area spends £5.2bn on health and care each year. Of this over 60% is spent on tackling the consequences of ill health through hospital and specialist care, over 20 times the 3% devoted to public health. It recommends a significant shift towards preventing ill health and promoting good health and wellbeing.

### Our Priorities for 2017

- Develop our health and care system through the South Tyneside Alliance – learning from the Canterbury New Zealand model
- Support the South Tyneside Alliance with the JSNAA and prioritisation approaches – in particular, shaping joint Local Authority and clinical commissioning group commissioning intentions
- Continue to develop our innovative primary care self-care model (a better ü) with people with chronic obstructive pulmonary disease and evaluate the outcomes
- Support the implementation of stop smoking support as part of elective surgery pathways.



## 5. Recommendations from 2015

The Director of Public Health Report 2015 focused on the benefits of taking a community led approach to health improvement. Community centred approaches identify what has the potential to improve health and wellbeing, rather than looking at what a community lacks. These approaches value the talents, capacities, skills, knowledge, connections, potential and resources in communities and seek to increase people's control over their own health. The aim is to achieve a better balance between traditional service delivery and community approaches by helping to build more cohesive, resilient communities. Different approaches can be used and often a mix of techniques is preferable and depends on what the local priority is e.g. to increase volunteers, creation of new community organisations, participation in commissioning activity or strengthening communities.

The following table gives an update on the recommendations from the 2015 report

Recommendation	What has happened?
<p>Agree sign up to using the Community Led Framework locally from key partners across the Council, CCG and voluntary sector partners, Health watch and our local NHS.</p>	<p>Healthwatch and our Third Sector colleagues have embraced the approach and there is a vast amount of community led activity happening across the Borough e.g. the big local Jarrow central plan.</p> <p>Key statutory partners all understand the benefit of using the Framework to deliver improved health and wellbeing outcomes for residents. The CCG is leading work to develop community led models of self-care and management of health conditions.</p>
<p>Locally, we need to evaluate the approaches that might work in South Tyneside for all our communities, particularly those who might be socially isolated or vulnerable. We need to assess which approaches work and for whom to make sure we are reaching all communities</p>	<p>We are in discussions with regional Public Health England colleagues and potential academic partners to agree the best way to evaluate community led approaches.</p>
<p>Further develop the links between the 'place' people live in and community activities.</p>	<p>South Tyneside's Improving Communities Board is providing strategic leadership to harness the assets, strengths, networks and resources within communities. The focus is on supporting local residents to get more involved with their community and encourage more volunteering to enhance civic pride.</p>
<p>Build links with North East and National partners who are developing this work</p>	<p>We are also maximising opportunities for other parts of the Council to work in a community led way, particularly with the transfer of community associations to local people.</p> <p>We are ensuring that South Tyneside's community led work is innovative and links with regional and national work. We are speaking at national conferences to share our learning and contribute to the emerging evidence base.</p>







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