

# GATESHEAD HEALTH AND WELLBEING BOARD AGENDA

Friday, 18 October 2019 at 9.00 am in the Whickham Room - Civic Centre

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From the Chief Executive, Sheena Ramsey

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Item	Business
1	<b>Apologies for Absence</b>
2	<b>Minutes</b> (Pages 3 - 10)  The minutes of the business meeting held on 6 <sup>th</sup> September 2019 and Action List are attached for approval.
3	<b>Declarations of Interest</b>  Members of the Board to declare an interest in any particular agenda item.  <b><u>Items for Discussion</u></b>
4	<b>Gateshead Joint Strategic Needs Assessment Update / Refresh - Gerald Tompkins</b> (Pages 11 - 16)
5	<b>Health Weight Update - Emma Gibson</b> (Pages 17 - 22)
6	<b>Update on Tobacco Control in Gateshead - Andy Graham</b> (Pages 23 - 38)
7	<b>Better Care Fund Submission 2019/20 - John Costello</b> (Pages 39 - 42)
8	<b>Gateshead Health &amp; Care System Update - All</b>  <b><u>Assurance Items</u></b>
9	<b>Health Protection Assurance Annual Report 2018/19 - Gerald Tompkins</b> (Pages 43 - 68)
10	<b>Updates from Board Members</b>
11	<b>A.O.B.</b>
12	<b>For Information</b>

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Date: Thursday, 10 October 2019

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## GATESHEAD METROPOLITAN BOROUGH COUNCIL

### HEALTH AND WELLBEING BOARD MEETING

Friday, 6 September 2019

#### PRESENT

Councillor Leigh Kirton	Gateshead Council (Chair)
Councillor Martin Gannon	Gateshead Council
Councillor Gary Haley	Gateshead Council
Councillor Paul Foy	Gateshead Council
Dr Mark Dornan	Newcastle Gateshead CCG
James Duncan	Northumberland Tyne and Wear NHS Foundation Trust
Alice Wiseman	Gateshead Council
Sally Young	Gateshead Voluntary Sector
Lyndsey McVay	Tyne & Wear Fire and Rescue

#### IN ATTENDANCE:

Felicity Shenton	Gateshead Healthwatch
Steph Downey	Gateshead Council
Andrew McMinn	NTW NHS Foundation Trust
Judith Turner	NTW NHS Foundation Trust
Anna Williams	NTW NHS Foundation Trust
Melissa Baynes	NTW NHS Foundation Trust
Susan Watson	Gateshead NHS Foundation Trust
Joe Corrigan	Newcastle Gateshead CCG
John Costello	Gateshead Council
Saira Park	Gateshead Council
Sir Paul Ennals	Local Safeguarding Children's Board
Susan Watson	Gateshead NHS Foundation Trust

#### HW132 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Beadle, Councillor Caffrey, Councillor M Foy, Councillor McNestry, Bill Westwood, Caroline O'Neill, Elaine Devaney, Lynn Wilson, Mark Adams, Mark Dornan and Sheena Ramsey.

#### HW133 MINUTES

##### RESOLVED:

- (i) The minutes of the last meeting held on 19 July 2019 were agreed as a correct record.

The Board also received an update from the Gateshead Health and Wellbeing Board Action List highlighting that an update on the involvement and engagement with the voluntary sector in relation to Delivering Together (Mental Health) would be provided at a future meeting. The Board were also advised that the head teacher of

Whickham School is to be invited to a future meeting to discuss mental health prevention work in schools.

#### **HW134      DECLARATIONS OF INTEREST**

RESOLVED:

- (i) There were no declarations of interest.

#### **HW135      TRANSFORMING CARE: OLDER PERSONS CARE HOME MODEL - BARRY NORMAN**

The Board received a report and presentation to seek views on the current Older Persons Care Home (OPCH) model in Gateshead along with recommendations to transform the way services are delivered and contracted.

From the presentation it was noted that the case for change arose from the need to tackle the challenges faced in the social care market; it was also stated that the existing contracted model is outdated.

An overview of the key findings following a market analysis was summarised; it was noted that there continues to be an oversupply in the market, with the main oversupply in the East of the borough - wards such as Felling, Deckham and High Fell are suffering. It was also noted that one in two people have a dementia need and a good proportion of private clients probably don't need to be in a care home.

It was reported that the main conclusion from the data analysis is that a small number of homes in Gateshead are dealing with patients with the most complex needs.

The Board were advised that the care home sector has acknowledged that a different approach is needed to meet the challenges across the system. It was stated that the current contract model is no longer fit for purpose and that with an aging population due to people live longer, more people will require health and social care support in the years to come.

A summary of reasons to implement an integrated model was noted from the presentation; it was said that the timing is perfect due to the good relationships with the market and that some issues relating to CHC have now being resolved. It was also stated that there is no real choice but to change.

The Board were advised that the consultation period is underway which involved senior management across both the local authority and CCG. The Board were also provided with an overview of the benefits of an integrated model which include streamlined payments. An overview of the next steps in the process was also provided for the Board and detailed within the report.

A comment was made stating that thirty years of privatisation has led to the current position. A further comment was made stating that workforce stability was needed in

order to ensure that the new model was sustainable; notably ensuring that conditions and rates of pay were fair.

The Board highlighted the importance of consultation and liaison with the voluntary sector prior to public consultation; it was further noted that the Carers Association should be consulted. A comment was also made expressing the importance of demand forecasting; it was stated that it is the aim to reduce the time individuals spend in hospital and to make greater use of community care.

**RESOLVED:**

- (i) The Board supported a joint approach for the LA and CCG, including a proposed pooled budget approach.
- (ii) The Board agreed to the formation of a Steering Group with representatives across key stakeholders.

**HW136 CAMHS NEW STRUCTURE - JUDITH TURNER**

The Board received a presentation and report providing an update on the CAMHS new structure.

It was noted from the report that children and young people's mental health services for Newcastle and Gateshead have adapted and changed dramatically over the past year to incorporate the shift in demand and capacity and the new commissioned lead provider contract.

The Board were advised that the 1<sup>st</sup> April 2019 saw a change in the commissioning of children's mental health services from the CCG with NTW becoming the lead provider directly commissioning five VSO's: Streetwise, NE Counselling, Counselling Northeast and Kalmer Counselling/EWT.

An overview of services was provided for information; it was also noted that the previous Tier 2 and Tier 3 services have merged to become "getting help" and "getting more help".

It was confirmed that all services receive referrals through the single point of access situated within the NTW children service. The Board were also advised that the SPA provided fully integrated and direct clinician support for all providers and all referrers to children's mental health services.

It was noted from the report that to date the lead provider model is working well with no significant issues to report. It was reported that targeted work has resulted in a significant reduction in over 18 weeks waiting times for both assessment and treatment. It was stated that NTW and the other providers are working to improve the service and therefore all the mental health providers meet weekly to review and adapt the pathways to identify gaps in provision.

A comment was made noting that voluntary sector providers require assurance that contracts are going to be awarded for terms long enough in order to provide the best care for patients. It was also stated that whilst this is the beginning of the journey

with the new model, a lot of good work is being done.

The Board were advised that a multi-case audit is underway with regards to children's mental health; it was noted that the Children's Safeguarding Board could link up with NTW in order to ensure a wider spread of services and providers are aware of the new system.

RESOLVED:

- (i) The Board noted the contents of the report and presentation.

**HW137 CONSULTATION ON PUBLIC HEALTH GREEN PAPER 'ADVANCING OUR HEALTH: PREVENTION IN THE 2020S' - GERALD TOMPKINS**

RESOLVED:

- (i) The Board agreed to defer this item due to the prorogation of Parliament.

**HW138 BETTER CARE FUND 2019/20 - JOHN COSTELLO**

The Board received a report on the Better Care Fund Plan submission requirements for 2019-20 to set out the current position in relation to the development of the Gateshead submission.

It was highlighted from the report that for 2019-20 there are four national conditions relating to the BCF, similar to those for the previous round of BCF programme; there were summarised within the report.

An overview of BCF schemes was also provided within the report; it was noted that schemes are being grouped under five broad areas which reflect key priority areas and arrangements in place to address them:

- Service Transformation
- Market Shaping and Stabilisation
- Managing discharges and admission avoidance
- Planned care
- Service pressures

Details of the BCF financial breakdown were provided in addition to information relating to the approval of BCF plans. The Board were advised that NHS England will approve plans for spend from the CCG minimum contributions in consultation with DHSC and MHCLG as part of overall approval of BCF plans.

RESOLVED:

- (i) The Board noted the key components of the national BCF planning requirements for 2019/20 and the arrangements for developing the Gateshead BCF Plan.
- (ii) The Board agreed to receive a further report at the 18 October meeting to formally agree to the Gateshead BCF Plan retrospectively.

## **HW139 GATESHEAD HEALTH & CARE SYSTEM UPDATE - ALL**

A verbal update was provided on the work of the Gateshead Health & Care System which included updates on the relationships with ICP (North) and the ICS. An update was also provided on ICP and ICS approaches to services and delivery in the context of the NHS long term plan.

It was noted that the System is seeking to develop relationships with new Primary Care Networks and to look at ways in which they can be supported.

The Board were advised that discussions are taking place on how the workforce can be better supported across the system. It was further noted that climate sustainability is being looked at within the system in addition to further joint working with local authorities.

### **RESOLVED:**

- (i) The Board noted the update.
- (ii) The Board requested an update on ICP/ICS planning at a future meeting.

## **HW140 SAFEGUARDING ANNUAL REPORTS & PLANS: ADULTS AND CHILDREN - SIR PAUL ENNALS**

The Board received the Safeguarding Annual Reports and Plans for Adults and Children. The views of the Board were sought on the reports. An overview of multi-agency safeguarding arrangements/plans for children in Gateshead was provided and the 2019-2024 Safeguarding Adults Board Strategic Plan was presented.

The SAB 2018/19 Annual Report provided a policy context and an overview of the SAB structure, governance and scrutiny arrangements and performance information. A summary of key achievements was also provided for information.

The Board were advised that the SAB Strategic Plan 2019/24 was developed following a period of consultation involving service users, key partners and providers. It was also stated that the consultation identified that five SAB strategic priorities (in place since 2016) continued to be fit for purpose; these were:

- Quality Assurance
- Prevention
- Community Engagement and Communication
- Improved Operational Practise
- Implementing Mental Capacity Act/Deprivation of Liberty Standards

It was highlighted that the LSCB annual report 2018-19 detailed the developments for both the LSCB itself and its partner agencies in relation to safeguarding and promoting the welfare of children in the borough.

The Board were advised that a major focus of work during 2018-19 has been around developing a new multi-agency safeguarding arrangement and safeguarding plan. It was also noted that during the course of 2019-20 further work will be completed on

integrating functions across the Northumbria footprint with a wider review to be undertaken in 2020.

A comment was made noting that the reports provided good updates of work undertaken and planned. Sally Young expressed her thanks to staff and other colleagues involved in the work. It was asked how trustees are made aware of their responsibilities to safeguarding; it was confirmed that the Council provides trustees with training and hold a checklist of requirements that is used.

A question was asked regarding the increasing concerns regarding County Lines. It was stated that there is a child exploitation framework in use that is also being applied nationwide. It was also noted that Jeanne Pratt of Care, Wellbeing and Learning is involved in monitoring the situation in relation to school exclusions.

RESOLVED:

- (i) The Board noted the contents of the report and agreed to receive additional updates when necessary.

#### **HW141 UPDATES FROM BOARD MEMBERS**

The Board were advised that NTW are taking on services in Cumbria; consequently, there will be a name change to CNTW. It was noted that this is being seen as a very positive step.

The Board were provided with an overview of the Canaries in the Coalmine report from the NCVS that had been circulated prior to the meeting; the Board were also advised that Sally Young's replacement will be Lisa Goodwin. The Board thanked Sally for her contributions to Board and to the voluntary sector in Gateshead.

It was highlighted that the formal CQC report on Gateshead Health NHS FT had been issued which declared services as 'good' with an 'outstanding' in care.

It was stated that the Tyne and Wear Fire and Rescue Service are able to provide informal mentoring services to children experiencing mental health problems; it was agreed that Lyndsey McVay would speak to Saira Park about this outside of the meeting.

RESOLVED:

- (i) The Board noted the updates.

#### **HW142 A.O.B.**

RESOLVED:

- (i) There was no other business.

**GATESHEAD HEALTH AND WELLBEING BOARD  
ACTION LIST**

<b>AGENDA ITEM</b>	<b>ACTION</b>	<b>BY WHOM</b>	<b>COMPLETE or STATUS</b>
<b>Matters Arising from HWB meeting on 6<sup>th</sup> September 2019</b>			
<b>Gateshead Better Care Fund 2019/20: Submission requirements and update</b>	To receive a further report on 18th October to formally agree to the Gateshead BCF Plan retrospectively.	J Costello	On the agenda of the 18 <sup>th</sup> October meeting.
<b>Gateshead Health &amp; Care System Update</b>	An update on ICP/ICS planning to be provided at a future meeting.	CCG	To feed into the Board's Forward Plan
<b>Matters Arising from HWB meeting on 19<sup>th</sup> July 2019</b>			
<b>Deciding Together, Delivering Together</b>	An update on the involvement/ engagement with the voluntary sector be provided at a future meeting.  Also, to invite the head teacher of Whickham School to a future meeting to share his experience of prevention work in schools.	J Duncan  M Mallam-Churchill	To feed into the Board's Forward Plan.
<b>Matters Arising from HWB meeting on 7<sup>th</sup> June 2019</b>			
<b>Climate Change Motion</b>	Steps being taken by Partner organisations to reduce carbon footprint to be brought to future Board meeting.	Partner organisations on HWB	To feed into the Board's Forward Plan.

<b>AGENDA ITEM</b>	<b>ACTION</b>	<b>BY WHOM</b>	<b>COMPLETE or STATUS</b>
<b>Achieving Change Together</b>	Update on progress of ACT to be brought to Board in 6 months.	Louise Hill and ACT Team	To feed into the Board's Forward Plan.
<b>Partner Updates (Re: Whorlton Hall)</b>	Report on how care for Gateshead residents is quality assured.	Caroline O' Neill	To feed into the Board's Forward Plan.
<b>Matters Arising from HWB meeting on 26<sup>th</sup> April 2019</b>			
<b>Early Help: outcomes and the impact on children, young people and families</b>	To receive performance reports from the Early Help Service (Targeted Family Support) and to support early help approaches.	Gavin Bradshaw	To feed into the Board's Forward Plan.
<b>Matters Arising from HWB meeting on 30<sup>th</sup> November 2018</b>			
<b>Annual Report on Permanent Exclusions (2017/18)</b>	The receive further updates as required.	Jeanne Pratt	To feed into the Board's Forward Plan.
<b>Matters Arising from HWB meeting on 7<sup>th</sup> September 2018</b>			
<b>Update on Integrated Care System / Integrated Care Partnership</b>	To receive further updates as required.	Mark Adams	To feed into the Board's Forward Plan.
<b>Matters Arising from HWB meeting on 20<sup>th</sup> July 2018</b>			
<b>Drug Related Deaths in Gateshead</b>	The Board agreed to receive a further update later in the year.	Gerald Tompkins / Alice Wiseman	To feed into the Board's Forward Plan.



**HEALTH AND WELLBEING BOARD**

**18<sup>th</sup> October 2019**

**TITLE OF REPORT: Gateshead Joint Strategic Needs Assessment (JSNA)  
Update/ Refresh**

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**Purpose of the Report**

1. To update Gateshead's Health and Wellbeing Board (HWB) on progress made against ongoing action areas and "Next Steps" identified in the Gateshead Joint Strategic Needs Assessment (JSNA) paper to the HWB on 19 October 2018.
2. The paper also asks the Board to confirm the priority areas for the Steering Group for the coming year.

**Background**

3. Guidance<sup>1</sup>, developed as a result of the Health and Social Care Act (2012), highlighted the 'equal and joint' duty of the Clinical Commissioning Group (CCG) and Local Authorities in preparing the JSNA. The guidance also endorses the JSNA's key role in informing joint health and wellbeing strategies, to be developed by Health and Wellbeing Boards.
4. The Joint Strategic Needs Assessment (JSNA) is the process through which local authorities, the NHS, service users and the community and voluntary sector research and agree a comprehensive picture of health and wellbeing needs and helps guide commissioning decisions in the locality.
5. A multi-agency steering group continues to oversee the development of this work-stream thus enabling the HWB to discharge its duties outlined under the Health and Social Care Act 2012. Membership of this group has been reviewed and updated but this is a continual process.
6. Continuing support from all HWB partners is essential to ensure that the JSNA remains a relevant and current tool, providing a comprehensive understanding of needs for those involved in securing and improving the health and wellbeing of the Gateshead population.

**Website Traffic**

7. Between September 2018 and August 2019, there were 25,934 page views on the JSNA website, this equates to approximately 100 per working day. The top 20 pages

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<sup>1</sup> DH (2013) 'Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. Published online at: <http://healthandcare.dh.gov.uk/jsnas-jhwss-guidance-published/>

in terms of the highest number of page views are shown below (not including the homepage which had 5,316 views). As would be expected, many of the most popular pages are the menus that are used to navigate to specific sections.

#### Menus:

- Population and Deprivation (1,063 views)
- Communities of Interest (880)
- Behaviour and Lifestyle (814)
- Illness and Death (706)
- Economy, Transport, Housing, Environment, Crime and Poverty (703)
- Priorities: Best Start in Life (603)
- Priorities: Living Well for Longer (489)
- Ward Profiles and Maps (429)
- Priorities: Ageing Well (423)
- Poverty (315)

#### Pages within Sections:

- Headline Data in Mental and Behavioural Disorders (577 views)
- Why is it Important? in Child Poverty (543)
- Headline Data in Deprivation (461)
- Headline Data in Demography (421)
- Headline Data in Crime (324)
- JSNA Intro Video (319)
- Ward Profiles (300)
- Headline Data in Smoking (288)
- Headline Data in Ethnicity (271)
- Headline Data in Child Poverty (261)

### **Progress 2019**

8. At the October 2018 HWB meeting, the Board noted progress on the continuing development of Gateshead's JSNA and a number of areas for action were discussed. These included:

**Action 1:** Continuing support from all HWB partners to ensure that the JSNA remains a relevant and current tool, providing a comprehensive understanding of needs for those involved in securing and improving the health and wellbeing of the Gateshead population.

**Progress:** The JSNA Steering Group, which meets three times a year, is predominantly attended by Gateshead Council staff with input from Newcastle CVS, Newcastle Gateshead Healthwatch and NECS. Sessions have been carried out with elected members and NTW staff to raise awareness of the benefits of the website and some of the tools which will help users identify what the JSNA means for their work area and their local communities. This work will be ongoing over the coming year and any partner organisations who feel they would benefit from a workshop on the use of the JSNA and tools available, can request this from the Gateshead Public Health Team.

**Action 2:** Continuing working to incorporate intelligence within the JSNA about how community initiatives/assets are helping to support local health and wellbeing needs.

**Progress:** As reported in the last report to HWB on the JSNA, links to OurGateshead groups and support have already been incorporated throughout the JSNA. For example, the JSNA smoking section contains a link to OurGateshead groups and support for smoking cessation. Since then, a section has been added to the JSNA that includes a direct link to an OurGateshead community assets map. This interactive map allows users to search for groups and activities by topic and community of interest. Development of the entire OurGateshead website is progressing and discussions have been held with the developer to ensure that the map interface will continue to be a key feature.

The community assets map sits alongside another new feature of the JSNA website – the Local Index of Need (LlON). LlON brings together data for 39 indicators across 126 small areas in Gateshead and combines them to identify overall and thematic need. A LlON Map App allows users to view the index of need in an interactive way. It includes maps of all indicators that can be published publicly. Clicking on the map returns a data table that enables users to profile an area.

**Action 3:** Continuing to engage 'Expert Authors' in developing and reviewing the content of the JSNA.

Work has taken place to secure support from within Gateshead Council and partner organisations to nominate 'Expert Authors' who can develop the various sections of the JSNA, and keep them up to date, working with Public Health and the Council's Research & Intelligence team. Expert Authors are in place for most parts of the JSNA and the JSNA Steering Group continues to seek leads for the remaining sections.

**Action 4:** Adding more examples of the 'lived experience' of local people in the form of case studies to bring additional richness to the JSNA.

Case studies continue to be added to the JSNA website as and when appropriate. For example, the carers section includes a video of carers and young carers telling their personal stories. A narrative is under development for the ex-armed forces personnel and their dependents section which includes two case studies – one focussing on the experience of an individual with multiple needs, and the other on support given to an individual who smoked. In addition, several local case studies from the 2017 DPH annual report on health inequalities have been used to strengthen various sections of the JSNA. The teenage parents section now includes the experience of a worker from the young women's outreach project, the homeless section includes the story of Ben who was homeless with multiple needs and issues, and the Carers section helps to understand the issues that 9-year-old Paula faced looking after her mother with mental health problems and grandmother with cancer. Several other sections have also been strengthened with case studies and these are easily identified in the column on the right-hand side of the headline data page.

**Action 5:** Continuing to integrate intelligence on Gateshead's assets into the JSNA and engage public involvement as outlined above.

See action 2 above.

**Action 6:** The Board agreed to retain the existing strategic priorities for October 2018 with the addition of air quality.

Air quality has now been added to the 'Priorities' section of the JSNA website. The Air Quality section of the JSNA website now needs to be developed following recent developments, such as the proposed Clean Air Zone and supporting measures, a narrative around the air quality data will be developed over the next year.

### JSNA Priorities

9. In the coming year, it is proposed the JSNA Steering Group will focus on the following areas:
- i. Updating several sections of the JSNA including air quality, learning disabilities and Homelessness.
  - ii. Ensuring the JSNA meets the needs of those working on the agreed system priorities – i.e. children & young people's wellbeing and mental health; frailty; and multiple & complex needs, including frequent attenders.
  - iii. Supporting the system-led transformation programmes, i.e. Deciding Together, Delivering Together (adult mental health); community health; falls; intermediate care; the learning disability community model and end of life.
  - iv. Reviewing Alcohol and Tobacco in line with needs of ICS/ICP Strategy.
  - v. Gateshead Health and Wellbeing Strategy. May need to identify other priorities once strategy has been finalised and endorsed by partners.
  - vi. Primary Care Network profiles.

### Next Steps

10. The next steps for the Steering Group will be:

10.1. **On-going work on expert authors.** To continue to identify and engage 'expert authors' in developing and reviewing the content of the JSNA and to secure the outstanding updates required.

10.2. **Update content** For Example Key Priority Areas of Air Quality, Learning Disabilities, Homelessness, the system priorities (see 9 ii above) and other areas emerging from the Gateshead Health and Wellbeing Strategy.

10.3. **Continue to raise awareness** of the JSNA through adding more examples of the 'lived experience' of local people in the form of case studies and by delivering workshops to key partner organisations on the use of the JSNA as and when requested.

10.4. **Continue working to incorporate intelligence** within the JSNA about how community initiatives/assets are helping to support local health and wellbeing needs.

## Recommendations

11. It is recommended that the HWB Board:

- Note the progress on the continuing development of the JSNA;
- Note and support the planned next steps in developing the JSNA;
- Confirm Priorities as set out in Section 9.
- Receive an update report in September 2020.

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## HEALTH AND WELLBEING BOARD

18<sup>th</sup> October 2019

**TITLE OF REPORT:**                      **Healthy Weight Update**

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### **Purpose of the report**

1. The purpose of this paper is to set out both the progress made, and next steps for plans for the Healthy Weight agenda in Gateshead.

### **Background**

2. Obesity is described as one of the most serious public health challenges in the 21st Century. It is a complex problem caused by many factors including environmental, biological, social cultural and economic factors, in addition to individual behaviour.
3. Almost three in four adults in the UK will be overweight or obese by 2035 and over the next twenty years rising levels of obesity could lead to an additional 4.62 million cases of type 2 diabetes, 1.63 million cases of coronary heart disease and 670,000 new cases of cancer.
4. In terms of mental health, obesity is closely linked to depression, anxiety disorders, neurodegenerative diseases and sleep disorders.
5. A healthy weight needs assessment was produced by public health and key areas were presented to the Health and Wellbeing Board in July 2018. The paper identified both opportunities and recommendations.
6. The healthy weight profile for Gateshead highlights:
  - 69.0% of adults in Gateshead have excess weight (overweight and obese). This is significantly worse than the England and regional average. Almost two in every three adults in Gateshead has excess weight and around one in four are obese.
  - In Gateshead only 63.2% of adults report that they undertake the recommended 150+ minutes of physical activity each week.
  - Local data shows that 20% of women have a BMI of over 30 (obese) on antenatal booking (the caveat for the data is that not all women attending a booking appointment at Gateshead Health NHS Trust will be Gateshead residents).
  - In Gateshead obesity rates are highest for children from the most deprived areas. Children aged 5 and from the poorest income groups are twice as likely to be obese compared to their most well-off counterparts, and by the age of 11 they are three times as likely.

- Of those children who are obese at preschool age, research suggests that between 26% and 41% will go on to be obese in adulthood.
- Gateshead has the fifth highest rate of fast food outlets per 100 000 population in the North East (160.5 per 100,000) and is above the England value.
- NHS costs attributed to overweight and obesity in Gateshead are estimated to be £68.7 million per annum for 2015.

## The Evidence Base

7. The evidence base on effective action to tackle obesity remains weak and skewed towards individual level downstream approaches (trying to manage the consequences of obesity rather than more upstream approaches, which attempts to solve the real problems underpinning obesity).
8. The evidence is very clear that policies aimed solely at individuals will be inadequate and will not be sufficient to reverse this trend. Significant effective action to prevent obesity which takes account of the social, economic, environmental, commercial and political determinants is required. Action should be taken at a population level.
9. Currently there are very few examples around the world of successfully reversing the trend of 'obesity' despite over a decade of intervention. The evidence base suggests that to tackle obesity effectively we need an approach that involves the whole system.
10. A local whole systems approach to obesity is a 'Health in All Policies' approach, which draws on local authorities' strengths, supports their leading priorities, and recognises that they can create their local approaches better and more effectively by engaging with their community and local assets.

## Progress

11. The Director of Public Health Annual Report for Gateshead (2018), focused on obesity, highlighting for Gateshead how societal changes over recent decades have exacerbated our risk of obesity. The report recognises the complexity of the issue and that it is important that we move away from the idea that obesity is caused by 'lifestyle choices' and instead recognise that the true causes of obesity are often a result of environmental, social, political and economic pressures.
12. The report challenges a misplaced focus on individuals, which often increases stigma by placing attention on the behavioural decisions of those who are overweight and obese rather than on the context in which decisions are made.
13. A whole systems approach for Gateshead is entirely consistent with the Council's ambition to make Gateshead a place where everyone thrives and is underpinned by the following aspirations:
  - Ensure Gateshead is a place where everyone thrives.
  - In Gateshead everyone is able to achieve and maintain a healthy weight.
  - Promote an environment that supports healthy weight and wellbeing as the norm.

- Supporting our communities and families to become healthier and more resilient, which includes addressing the wider determinants of health.
14. Families Overview and Scrutiny Committee agreed that the focus of its review in 2018-9 would be obesity across the life course. The review was carried out over a six month period and a final report prepared on behalf of the Committee sets out key findings and suggested recommendations from the evidence base provided by expert speakers. The recommendations supported those identified in the need's assessment and DPH report.
  15. From the needs assessment the following high-level recommendations were outlined as part of a whole system approach for action:
    - Develop a Local Healthy Weight Declaration.
    - Develop a long term and sustainable whole place approach identifying clearly priorities for local delivery.
    - Prioritise work to address health inequalities through proactive work to target groups at greater risk.
    - Ensure an appropriate balance between population-level measures and more targeted interventions and approaches.
      - Design of the built environment to promote walking and active transport
      - Build health into infrastructure through careful investment
      - Seek to reduce exposure to an obesogenic diet by focusing on the availability of energy dense foods and sugar-rich drinks, changes in procurement and innovative changes in advertising and promotion.
    - Encourage robust community led interventions to tackle obesity at a place level.

## **Whole Systems Work**

16. Gateshead was selected as one of the local authorities to test out the whole system guide and set of resources produced by Public Health England to support local authorities implementing a whole systems approach to address obesity. The guide was published in Spring 2019 for local authorities to implement.
17. Gateshead pre-tested the resources adopting a whole system approach to facilitate delivery of co-ordinated actions involving partners across the system. The guide provides a practical 'how to' process, which has enabled Gateshead to start creating its own local whole systems approach, aligned to a 'Health in All Policies' approach.
18. The council has held 3 healthy weight workshops to date from March 2019, with a fourth workshop being held in October 2019.
19. The healthy weight workshops have included partners from the voluntary and community sector, Private Sector, Gateshead/Newcastle CCG, Gateshead Health NHS Foundation Trust, National Trust, Sport England, Tyne and Wear Sport, The Stroke Association, Public Health England and Northumbria University. Local authority representatives include, school meals, neighbourhood management, commissioning, 0-19 service, planning and transport, leisure, school sports partnership, poverty lead, early years leads to name a few.

20. The workshops have systematically worked through the whole systems guidance, as part of the 6-phase process. The workshop phases include the following stages and the partnership has progressed to stage 3 and 4.

- Phase 1 -Set up
- Phase 2- Building the local picture
- Phase 3 -Mapping the local system
- Phase 4-Action
- Phase 5-Managign the systems network
- Phase 6-Reflect and Refresh

21. In Gateshead we have used the guide to reflect and refresh what we have in place, consider the local drivers, the breadth of existing actions, to extend our stakeholder network and create a systems approach to reflect local needs and context. The next stage of the workshop is to bring stakeholders back together in October to identify areas to intervene in the system to affect change.

22. The Gateshead Healthy Weight Alliance has been formed to guide and oversee the strategic direction of the action plan and priorities identified from the workshops for Gateshead.

### **Healthy Weight Declaration**

23. Gateshead are one of the first areas regionally to express an intention to sign up to the Healthy Weight Declaration, in partnership with Food Active. The declaration is focused on population level interventions which take steps to address the social, environmental, economic and legislative factors that affect people's ability to change their behaviour.

24. The declaration includes 14 standard commitments whereby Local Authorities pledge support to achieve action on improving policy and healthy weight outcomes in relation to specific areas of the council's work and with wider partners.

25. It is proposed that the partnership work of the strategic alliance and healthy weight workshops will be used to prioritise 6 local commitments for the declaration, relevant to local needs and aspirations of Gateshead. Early discussions from the workshops have highlighted areas such as:

- Increasing active travel and improving air quality
- Influencing the council food offer to promote a healthy weight
- Influencing planning and design for a healthy environment.

### **Further Progress**

26. Gateshead was requested to present as part of the member led symposium at UK Congress on Obesity (UKCO) last month in Leeds. This was to share early learning from the collaboration between Gateshead Council, Newcastle University and Fuse. A PHD student based in the Council is looking at the impact of austerity on nutrition in the first 1000 days of life using an embedded researcher approach. The findings of the research will help to inform future work.

27. An application was submitted in early 2019 from partners to apply for trailblazer funding to tackle childhood obesity at a place-based level. Public health, Edberts House and Newcastle Gateshead CCG were the lead partners for the collaboration focusing on a system place-based approach. The bid was unsuccessful but will inform future work.
28. Initial work has started looking at restrictions on advertising and promotion of high salt, sugar and fat food and drink on the local transport system. This builds on the work currently being implemented on the London Transport System.
29. The 0-19 years 'Growing Health Team' (health visitors and school nursing services) provided by Harrogate NHS, has now a dedicated infant feeding and nutrition lead. This provides a key focus for breastfeeding, weaning and nutrition for the crucial early years period and also support the healthy weight agenda for school children.
30. Work with the 'Regional Local Maternity Systems Co-ordinator' following the Obesity in Pregnancy Self-Assessment Tool is focusing action on key areas of improvements for the healthy weight agenda in Gateshead.
31. Newcastle Gateshead CCG and Public Health have established a working group to review current services and approaches to healthy weight being delivered across the system and looking at areas for improvements.
32. Gateshead provided an extensive response on the consultation to end the sale of 'Energy drinks' supporting the ban and on 'calorie labelling for food and drink served outside the home'. We are awaiting a national response on the consultation to inform future policy.
33. Gateshead is supporting the regional daily mile programme, which contributes greatly to achieving the required 30 minutes of school-time activity recommended by the Chief Medical Officers. Approximately 30% of Gateshead schools are engaged with the programme and this has been closely aligned in a partnership approach with the school sport partnership.
34. Work progresses with planning colleagues and in partnership with Newcastle University to improve our understanding of the link between green infrastructure and health and wellbeing at a local level. This work will support the council to develop interventions that can improve health outcomes for residents.
35. Gateshead are part of a national project with Public Health England focused on planning and the food environment, to help inform and support planning teams to have a positive impact on the food environment.
36. Early consultation work has started with the Gateshead Young People's Assembly and Gateshead Health NHS Foundation Trust. The work is focused on the lived experiences of young people and the impact of the food environment on the food choices linked to health inequalities. The findings will help to shape some of the food environment work happening in Gateshead.

## Next steps

37.To report back on the proposed priorities and action plan from the healthy weight whole system workshops and healthy weight alliance group in 6 months time.

38.To continue to collaborate with a range of partners and to focus the next stage on engagement with the community.

39.To report back on progress of the healthy weight declaration in 6 months time.

## Recommendations

40.The Health and Wellbeing Board is asked to consider and comment on progress made and next steps.

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**TITLE OF REPORT: Update on Tobacco Control in Gateshead**

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**Purpose of the report**

1. The purpose of this paper is to set out both the progress made, and the plans and timescales for improvements to tobacco control activity in Gateshead.

**Background**

2. Tobacco dependence is a chronic relapsing condition that starts in childhood and is familial. Smoking is the single largest cause of preventable premature deaths. It is responsible for around half of the difference in life expectancy between Gateshead and the national average.
3. The current prevalence of smoking is 17.8% and means Gateshead has an adult (eighteen years and over) population of around 29 000 smokers. Considering available data on younger smokers the total figure is likely to be closer to 33 000. This means that on average:
  - Around 420 Gateshead residents die per year from smoking, including:
    - 37 deaths due to heart disease
    - 13 deaths due to stroke
    - 174 deaths due to lung cancer
    - 9 deaths due to oral cancer
    - 147 deaths from COPD
  - This represents one death every 21 hours.
  - Gateshead's poorest areas carry a higher proportion of this burden. People living in the most deprived areas are four times more likely to smoke than those living in the least deprived neighborhoods.
4. Tobacco dependency in Gateshead incurs significant costs. The total cost to society in Gateshead in 2018 has been estimated as £48 340 070. This can be broken down further as:
  - NHS total costs: £10 094 105
    - Primary care/ambulatory care costs £5 721 000
    - Inpatient care £4 373 050
  - Productivity total costs: £33 007 840

- Early deaths £10 626 750
    - Absenteeism £4 979 010
    - Smoking breaks £12 310 970
  - Economic inactivity due to smoking related illness £5 091 112
  - Social care costs total: £4 169 000
    - Social care costs to LA £3 397 340
    - Social care costs private £771 660
5. Tobacco control describes those measure that seek to reduce the harm caused by tobacco by reducing the demand for tobacco, as well as others that reduce tobacco production, distribution, availability and supply.

## Progress

6. Tobacco control has had a refreshed focus since the publication of the Director of Public Health's Annual Report in 2017. This set out and delivered seventeen local and national recommendations along the themes of:
- galvanizing local action
  - addressing inequalities
  - making sure that "the polluter pays"
  - protecting children
  - reducing smoking prevalence
  - secondary prevention
  - building capacity in local communities

The aim of these measures is to reduce adult smoking prevalence to 5% by 2025. This would represent a smokefree society.

7. These recommendations were elaborated upon by the findings of the Care, Health and Wellbeing Overview and Scrutiny Committee's review of work to address harms due to tobacco, and by subsequent actions to address these findings throughout 2018/19.
8. An external review and Health Equity Audit of the Gateshead Stop Smoking Service was completed in 2018. Work has since been progressed to improve the geographic accessibility of the service, to promote uptake in low uptake areas, and to improve the overall success rate of the Service.
9. Gateshead Health NHS Foundation Trust has implemented significant measures in the last twelve months as part of the Smokefree NHS agenda. This includes:
- tobacco screening - asking and recording patients' smoking status
  - tobacco brief advice - advising patients who smoke on the best way to quit

- tobacco referral and medication offer - offering patients who smoke stop smoking medication, referring them to local stop smoking services and offering sign-up to a text message support service

10. In December 2018, the Gateshead Smokefree Alliance undertook a CLear local tobacco control assessment. This is a Public Health England methodology designed to maximise the effectiveness of local tobacco control alliances. It resulted in the production of a new Alliance action plan (see Appendix 1) designed to assist delivery across the eight key strands of tobacco control. These are:

- Developing Infrastructure, Skills and Capacity
- Reducing Exposure to Secondhand Smoke
- Building NHS Stop Smoking Services and Strengthening Local Action
- Media, Communications and Education
- Reducing the availability and supply of tobacco products; licit and illicit and addressing the supply of tobacco to children
- Tobacco Regulation
- Reducing Tobacco Promotion
- Research, Monitoring and Evaluation

11. The action plan sets out to influence the drivers of a smokefree future. These are:

- Reducing uptake of tobacco
- Increasing smokers' quit attempts
- Increasing the success of smokers' quit attempts and preventing relapse

Specific actions that will support this include making available a broad offer of support to people to stop smoking while also providing high quality services to targeted groups (such as pregnant women), and ensuring that the Alliance fully uses all available communication channels to support national, regional and local messaging about tobacco control.

12. The Smokefree Alliance continues to play a role in advocating for improved tobacco control at all opportunities. It provided responses to the recent consultations on the Prevention Green Paper and the impact of tobacco legislation.

13. The Gateshead Health and Social Care System/Partnership has agreed to consider tobacco control as a candidate topic for a whole system approach to prevention. At the time of writing, a paper is being prepared for the System that will set out the detail of what this entails for consideration at the end of October/beginning of November 2019.

## **The Prevention Green Paper – ASH consultation recommendations**

14. The All Party Parliamentary Group (APPG) on Smoking and Health commissioned Action on Smoking and Health (ASH) and the UK Centre for Tobacco and Alcohol Studies to produce recommendations for parliament to further reduce smoking prevalence. The paper, “Delivering the vision of a ‘Smokefree Generation’”, was published by the APPG in February 2019.
15. While many of the recommendations detailed in the APPG report subsequently appeared in the Prevention Green Paper, two key measures did not. These are:
  - To require manufacturers and importers of cigarettes to include Government mandated pack inserts to support quitting.
  - To increase the age of sale from 18 to 21.
16. In 2015, the Gateshead Health and Wellbeing Board was one of 129 endorsing organisations of the ASH “Smoking Still Kills” report. That report, and the level of support it received, was crucial in ensuring that a new Tobacco Control Plan for England was published by the Government in 2017.
17. Recognising the opportunity presented by the consultation on the Green Paper to strengthen the Government’s tobacco control strategy, ASH has again sought Gateshead’s endorsement for the two recommendations set out above. These recommendations were endorsed by the Cabinet of Gateshead Council on 17<sup>th</sup> September 2019.

### **Next steps and proposed timescale**

18. The progress above was delivered by members of the Gateshead Smokefree Alliance. It is proposed that the Health and Wellbeing Board
  - endorses the two recommendations set out in the APPG report as set out in paragraph 16
  - considers a biannual progress report from the Smokefree Alliance

### **19. Recommendations**

20. The Health and Wellbeing Board is asked to consider and comment on progress made and suggested next steps.
21. The Health and Wellbeing Board is asked to retrospectively endorse the two recommendations set out in the APPG report as set out in paragraph 16.

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## Gateshead Smokefree Alliance Action Plan

### Key Strand One: Developing Infrastructure, Skills and Capacity

Outcomes:

- Use of an integrated evidence based strategic approach to reducing smoking prevalence in Gateshead.

Objective	Initiatives and Action	Lead
Develop an enhanced, consistent and ongoing focus on tobacco control in Gateshead	Agree mandate for system wide approach at Gateshead Health and Care Partnership (GHCP)	Public Health
Develop and implement a whole system approach to tobacco control in Gateshead	Development and ownership of strategic goals (system wide by individuals and organisations) with strengthened monitoring and reporting of progress	All SFA members
The SFA should be reinvigorated so that partners work together to refresh the tobacco control in Gateshead	<p>Attendance to be regularly reviewed and new organisations to be represented as needed – e.g. Mental Health Trust, Educational providers, social care, primary care, community services and social housing providers.</p> <p>Focused work on 8 key strands to be undertaken</p> <p>Implement CLear Peer Assessment recommendations</p> <p>Partners to actively contribute to SFA business</p> <p>Meetings to be bi-monthly</p>	All SFA members, Bev Lockett to identify GP member

	To monitor progress and feedback at each meeting	
Develop, implement, monitor and report on an evidence-based SFA plan	<p>Produce an agreed action plan based on the eight key strands to support the vision for a 5% adult smoking prevalence by 2029.</p> <p>Partners to own and be responsible for carrying out key actions on behalf of their organisation in support of SFA</p> <p>Partners to monitor progress and report this back to partners at SFA meetings</p> <p>Bi-annual reports and presentations to go to Gateshead Health and Wellbeing Board</p> <p>Tobacco Control to be addressed as part of refreshed Gateshead Health and Wellbeing Strategy</p>	<p>Andy Graham/all SFA members</p> <p>Each SFA member</p> <p>Each SFA member</p> <p>Paul Gray</p> <p>Andy Graham</p>
To support the continued compliance with the “LA Declaration on Tobacco Control” and the “NHS Smoke Free pledge”	<p>Review progress of Gateshead Council in complying with “LA Declaration on Tobacco Control”</p> <p>NHS partners to review progress in relation to the NHS Smoke Free pledge</p> <p>Other partner organisations to consider options for smokefree activities and effective policy</p>	<p>Paul Gray</p> <p>Joanne Coleman, Sam Hood, NTW rep (TBC)</p> <p>Each SFA member</p>
Ensure every SFA member has a good knowledge of tobacco control	<p>Consider training opportunities for this</p> <p>Bespoke training for brief advice on quitting to be available to all SFA members</p>	<p>Fresh/Public Health</p> <p>Gemma King</p>
Undertake proactive and reactive advocacy work to influence future tobacco policy and legislation	<p>Actively support smokefree media and communication campaigns from tobacco control organisations, e.g. Fresh, ASH</p> <p>SFA to respond to consultations on tobacco policy as a group and ideally on behalf of Gateshead as a whole</p> <p>Members to respond individually and on behalf of their organisations</p> <p>Involve Elected Members as part of their role as ASH/Fresh SF Councillor network</p> <p>Ensure sign up to SF Action Coalition</p>	<p>All SFA members</p> <p>Each SFA member</p> <p>Public Health</p> <p>Paul Gray</p>

## Key Strand Two: Reducing Exposure to Secondhand Smoke

### Key Outcomes:

- An increase in the number of people in Gateshead who maintain a smoke free home
- High compliance with workplace smoke free legislation resulting in reduced exposure to secondhand smoke
- High compliance with smoke free cars legislation resulting in reduced exposure to secondhand smoke for those under 18.
- An increase in smoke free outdoor spaces in Gateshead.

<b>Objective</b>	<b>Initiatives and Action</b>	<b>Lead</b>
High level of compliance with smokefree legislation	<p>Compliance monitoring of SF Regulations – workplace and enclosed public spaces (2007), Smoking in private vehicles with children (2015)</p> <p>Ensure compliance in work vehicles</p> <p>Undertake investigations in response to complaints and information received</p>	<p>Neil Kilgour/Env. Health</p> <p>Neil Kilgour/Env. Health</p> <p>Neil Kilgour/Env. Health</p>
Normalising SF environments	<p>Develop SFA position on SF homes and consider implications for Gateshead Housing Company (TGHC) properties and other housing providers</p> <p>Develop approach to normalising smokefree in children’s playgrounds and school entrances</p>	<p>Richard Finlow</p> <p>Public Health</p>
Maintain enforcement activity for tobacco related litter	Targeted smoking litter enforcement activity based on knowledge of “hotspots” and complaints	Graeme Gall
The 0-19 service to continue to offer support to clients and families to stop smoking and maintain smokefree homes	All frontline 0-19 staff to remain trained to deliver SSS and provide advice.	0-19 Service
To provide training on second-hand smoke interventions as required.	Develop and deliver training plan	Gemma King

## Key Strand Three: Building NHS Stop Smoking Services and Strengthening Local Action

### Key Outcomes

- An increase in the number of Gateshead residents who access local Stop Smoking Services particularly among target populations.
- An increase in the number of Gateshead residents who quit tobacco with Stop Smoking Services particularly among target populations/communities.

Objective	Initiatives and Action	Lead
<p>Prioritise the development and implementation of a consistent tobacco dependence approach</p>	<p>Design model to ensure a simple and consistent advice on quitting for smokers across all sectors as part of a system wide tobacco control approach</p> <p>Continue and strengthen ongoing work with Gateshead NHS Foundation Trust (FT)</p> <p>Focus on priority groups – smoking in pregnancy (SiP) and Routine and Manual (R&amp;M)</p> <p>All FT staff to provide brief advice as part of contractual duties</p> <p>Strengthen collaborative work to ensure consistency in primary care and mental health provision</p>	<p>Public Health/SFA members</p> <p>Joanne Coleman and Paul Gray</p> <p>As above</p> <p>Joanne Coleman</p> <p>Public Health, Sam Hood, NTW rep (tbc)</p>
<p>To monitor, develop and improve Stop Smoking Support (SSS) in Gateshead</p>	<p>Achieve consistent and effective provision across GP practices and community pharmacy</p> <p>Aim to engage 5% of smoking population and to achieve quit rates in excess of 50%</p> <p>Improve and maintain high rates of access to support by those from inequalities linked socio-economic groups</p> <p>Improve reporting to Primary Care Networks to improve numbers of smokers engaged by providers per annum (i.e. 5% minimum)</p>	<p>Public Health with support of GHCP</p>

Objective	Initiatives and Action	Lead
	<p>Promote role of electronic cigarettes in delivery of SSS</p> <p>Consider introduction of PGD for Varenicline to improve access in community pharmacy</p> <p>Attend ADPH North East Tobacco Commissioners Network</p>	Paul Gray
Further develop consistent smokefree environments within secondary care provision	<p>Recent progress made in the FT must be maintained and further developed as part of the system wide approach</p> <p>Fully embed PH48 (smoking in secondary care)</p> <p>Review the progress of the QE in complying with the “NHS Smoke Free Pledge for Tobacco Control” via the QE Stop Smoking Group</p>	<p>Joanne Coleman and Paul Gray</p> <p>As above</p>
Develop further work with maternity services and the CCG, to implement a whole system approach which identifies pregnant women who smoke and provides a rapid referral to evidenced based support	<p>QE to deliver bespoke Smoking in Prenancy plan produced by Local Maternity Services</p> <p>Smoking in Pregnancy Task and Finish Group to continue and to report to SFA on progress regularly</p>	<p>Joanne Coleman</p> <p>Paul Gray</p>
All Primary Care providers should actively manage patients’ nicotine dependence as part of a system wide tobacco dependence treatment pathway.	<p>Ideally all general practices would provide and promote stop smoking support. This includes:</p> <ul style="list-style-type: none"> <li>– Tobacco screening, which involves asking and recording patients’ smoking status.</li> <li>– Tobacco brief advice, which involves advising patients who smoke on the best way to quit.</li> <li>– Tobacco referral and medication offer, which involves offering patients who smoke stop smoking medication and referring them to an evidence-based stop smoking intervention.</li> <li>– Where appropriate to train staff to provide more structured support.</li> </ul>	Primary care rep (tbc) and Sam Hood/Bev Lockett (CCG) Support from SFA
Mental Health services (inpatient and community) to have a system in place that promotes quitting and provides access to support	<p>Ideally this would include:</p> <ul style="list-style-type: none"> <li>– Tobacco screening, which involves asking and recording patients’ smoking status.</li> <li>– Tobacco brief advice, which involves advising patients who smoke on the best way to quit.</li> <li>– Tobacco referral and medication offer, which involves offering patients who smoke stop smoking medication and</li> </ul>	NTW rep (tbc) with support from Public Health and SFA

Objective	Initiatives and Action	Lead
	referring them to an evidence-based stop smoking intervention. – Where appropriate to train staff to provide more structured support.	
Build capacity of frontline staff to deliver Very Brief Advice for smoking cessation	Deliver plan of NCST compliant training	Gemma King

## Key Strand Four: Media, Communications and Education

### Key Outcomes

- An increase in the number of Gateshead residents who are aware of and access Stop Smoking Services
- Improved uplift of national and regional campaign messages on smoking

Objective	Initiatives and Action	Lead
<p>To ensure consistent SF media and communications activity is received by Gateshead residents</p>	<p>Develop a communication plan owned by all SFA partners</p> <p>This plan will:</p> <ul style="list-style-type: none"> <li>– Be consistently applied across all partner organisations, e.g. FT Communications Plan</li> <li>– Provide regular and consistent smokefree messaging to increase the number of quit attempts taking place in Gateshead</li> <li>– Provide schedule of activity to promote national (ASH, PHE) and Regional (Fresh) campaigns at local level</li> <li>– Provide opportunities to Alliance partners i.e. staff bulletins, newsletters, print media, social media.</li> <li>– Publicise the work of SFA members, e.g. Trading Standards activities</li> <li>– Provide targeted smokefree campaigns to be run in more deprived wards and wards with high smoking prevalence uptake.</li> <li>– Build public support for the vision of a smokefree society (5%)</li> </ul> <p>Map out communications channels of each member organisation</p> <p>Identify and engage with residents who are willing to act as case studies for media</p> <p>Fresh to share media schedules to boost social media opportunities</p>	<p>Public Health and Michelle Ealey</p> <p>As above with support of all SFA members</p> <p>Paul Gray</p> <p>All SFA members</p> <p>Fresh/Anthony Cairns</p>
<p>Communicate activity of SFA</p>	<p>Produce bi-annual reports on delivery of Tobacco Control Plan for Gateshead Health and Wellbeing</p>	<p>Public Health</p>

	Board	
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Key Strand Five: Reducing the availability and supply of tobacco products; licit and illicit and addressing the supply of tobacco to children

Key Outcomes:

- High compliance with the law regarding the sale of cigarettes and/or electronic cigarettes or devices to minors and proxy purchases.
- Reduction in availability of illicit tobacco in Gateshead
- Reduction in illegal cigarette market

Objective	Initiatives and Action	Lead
Influence national policy	Support the ASH/Fresh submission to the Treasury on annual budget setting	All SFA members
Take action illicit tobacco	<p>To regularly monitor intelligence received regarding the sale of illicit tobacco in Gateshead</p> <p>To use this intelligence to reduce the availability and supply of illicit tobacco</p> <p>Increase reports of sales of illicit tobacco to the Keep It Out helpline through engaging with service users</p> <p>Distribute and publicise Keep It Out materials through organisations</p>	<p>Tracey Johnson</p> <p>Tracey Johnson</p> <p>All SFA members</p> <p>All SFA members</p>
Liaise with other organisations to tackle illicit tobacco	Attendance and engagement at Fresh Tobacco Regulation Forum	Tracey Johnson

## Key Strands 6 and 7: Tobacco Regulation and Reducing Tobacco Promotion

### Key Outcomes

- Access to tobacco products is more difficult for young people
- High compliance with point of sale and standardised packaging legislation.
- Reduction in exposure of young people to tobacco promotion making cigarette packs less attractive to young people

Objective	Initiatives and Action	Lead
Monitor Tobacco Regulation	<p>To monitor compliance on nicotine and tobacco regulation:</p> <ul style="list-style-type: none"> <li>– Tobacco and Related Products (EU Directive)</li> <li>– Standardised packaging</li> <li>– Nicotine inhaling products</li> <li>– Age of Sale</li> <li>– Vending machines legislation</li> </ul>	Tracey Johnson supported by SFA members
Reduce tobacco promotion	<p>Monitor compliance on point of sale displays</p> <p>Be watchful for tobacco industry activities and the promotion of smoking in media channels in order to take action</p>	<p>Tracey Johnson supported by SFA members</p> <p>All SFA members</p>

## Key Strand 8: Research, Monitoring and Evaluation

### Key Outcomes

- Research, monitoring and evaluation measures embedded in practice to inform practice
- Reduced smoking prevalence, especially within target groups and communities

<b>Objective</b>	<b>Initiatives and Action</b>	<b>Lead</b>
Maintain oversight of data relevant to tobacco control and tobacco harms to track progress on existing activity and services	Monitor data on smoking prevalence (i.e. APS, QOF, GPPS), PHE Tobacco Control Profiles and SATOD to determine effectiveness of activity and build local knowledge.	Paul Gray
Gain insight into delivering a community-based response to reducing harms due to tobacco to broaden activity on tobacco control.	<p>Work underway with Edberts House to ensure that community views on tobacco are better understood and used to inform activity.</p> <p>Work with communities to encourage and support locally owned initiatives to address tobacco harm at a neighbourhood level</p>	Paul Gray

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**TITLE OF REPORT: Gateshead Better Care Fund Submission for 2019/20**

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### **Purpose of the Report**

1. To seek the retrospective endorsement of the Health & Wellbeing Board to the Better Care Fund submission for Gateshead for 2019-20 in order to support health and social care services to provide integrated care for the benefit of local people in ways that are sustainable for the local health and care economy.

### **Background**

2. The Board considered a report at its last meeting on 6<sup>th</sup> September setting out the BCF submission requirements for 2019-20, arrangements for developing the Gateshead submission and an update on progress.
3. The Gateshead BCF submission for 2019-20 has been developed working closely with colleagues at Newcastle Gateshead CCG through the Integrated Commissioning group. Engagement has also taken place with partners through the Gateshead Health & Care System Meeting.
4. The submission has been finalised and was submitted to NHS England by the deadline of 27<sup>th</sup> September. It has been considered by the Council's Cabinet and the CCG's Executive and is in two parts:
  - An excel Planning Template which sets out details on metrics, how national conditions will be met, proposed expenditure and supporting narrative sections.
  - A number of supporting documents that are referenced within the planning template.
5. The documents can be accessed through the following link:  
<https://www.gateshead.gov.uk/article/3933/Gateshead-Better-Care-Fund>
6. The BCF in 2019-20 will continue to provide a mechanism for integrated approaches to health and care that support people to remain independent at home or to return to independence after an episode in hospital. The continuation of the national conditions and requirements of the BCF from 2017-19 to 2019-20 provides opportunities for health and care partners to build on their plans from 2017 to embed joint working and integrated care further.
7. A key thread which runs through our submission is that the BCF forms part of a broader picture in working towards the integration of health and care services and therefore should not be seen isolation.

## Gateshead BCF Plan Submission 2019-20

### ***National Conditions and Metrics***

8. For 2019-20, there are four national conditions relating to the BCF, similar to those for the previous round of the BCF programme:
  - (i) Plans to be jointly agreed and signed off by the HWB and by the constituent local authorities and CCGs.
  - (ii) NHS contribution to adult social care is maintained in line with the uplift to the CCG's minimum contribution.
  - (iii) Agreement to invest in NHS commissioned out-of-hospital services, which may include seven-day services and adult social care.
  - (iv) A clear plan on managing transfers of care. As part of this, all HWBs must adopt centrally-set expectations for reducing or managing rates of delayed transfers of care (DToC) during 2019/20 into their BCF plans.
9. The BCF Policy Framework set out the four national metrics for the fund, which remain as:
  - Non-elective admissions (Acute);
  - Admissions to residential and care homes;
  - Effectiveness of reablement; and
  - Delayed transfers of care (DToC).
10. All BCF plans must include ambitions for each of the four metrics and plans for achieving these are a condition of access to the fund.

#### *Delayed transfers of care (DToC)*

11. Expectations for reducing DToC will continue to be set centrally for each HWB area – for Gateshead, the DToC target for 2019/20 will continue to be based on quarter 3 performance in 2017/18 which was one of the best performing quarters (an average of 6.5 daily delays). Gateshead has made significant improvements in DToC performance over the past 2 years and has improved from 15.1 average daily delays in Quarter 1 of 2017/18 to 8.3 average daily days in Quarter 1 of 2019/20.
12. In setting targets for the other metrics, consideration has been given to performance against the targets set for 2018-19:

#### *Admissions to residential and care homes:*

The target for 2019/20 has been set as the actual outturn for 2018/19. During 2018/19, there were a total of 348 new admissions to Long Term Residential or Nursing care which exceeded the planned target of 334 admissions. The ageing population remains a significant challenge e.g. people who have dementia type illness whose needs are such that they cannot continue to live independently or with support, therefore requiring a 24-hour care setting environment. With these challenges in mind, the plan for 2019/20 has been set to maintain the 2018/19 outturn.

#### *Effectiveness of reablement:*

The target that was set for 2018/19 has been retained for 2019/20 (87.9%). During 2018/19, 84% (168 out of 200) of people aged 65 & over who were discharged from hospital into reablement during October to December 2018 and were still at home 91 days later. Performance was slightly lower than the planned target of 87.9% but improved compared to the same period in 2017/18 (80.9%).

*Non-elective admissions (Acute):*

The target for non-elective (emergency) admissions to hospital have been set based on historic growth trends (activity demand over the last 5 years) and reflects the CCG's Operating Plan previously submitted to NHS England.

**BCF Schemes 2019-20**

13. As for the previous BCF submission (2017-19), schemes are being grouped under five broad areas which reflect key priority areas and arrangements in place to address them:

- Service Transformation
- Market Shaping and Stabilisation
- Managing discharges and admission avoidance
- Planned care
- Service pressures

14. In addition, there is also specific provision for:

- Disabled Facilities Grant
- Carers

**BCF Funding**

15. Details of the BCF financial breakdown for Gateshead for 2019/20 is set out below:

<b>BCF Contribution</b>	<b>2019-20 (£)</b>
Minimum NHS (CCG) Contribution	£16,235,688 *
Disabled Facilities Grant (capital funding for adaptations to houses)	£ 1,860,611
Improved Better Care Fund	£ 9,918,556
Winter Pressures Grant	£ 1,133,285
<b>Total</b>	<b>£29,148,140</b>

\* i.e. an uplift of 4.3% on the CCG's Minimum Contribution for 2018/19

16. The Improved BCF grant will be pooled into the BCF similar to 2017-19. In addition, there is a new requirement that winter pressures funding is also pooled into the BCF from 2019-20. The BCF Plan sets out an agreed approach to the use of the

grant, including how the funding will be used to ensure capacity is available in Winter to support safe discharge and admissions avoidance.

17. The BCF submission template includes details of scheme level expenditure plans, the metrics that schemes are intended to influence and indicative outputs.

### **Plan Delivery and Governance**

18. The delivery of the plan will be governed by a Section 75 agreement which will set out respective responsibilities of the Council and CCG. Delivery will continue to be overseen by the Integrated Commissioning Group, including senior officers from the Council and CCG. Updates will also be reported regularly to the Health & Wellbeing Board.

### **Sign-off Arrangements**

19. Similar to previous years, there is a requirement that the BCF Plan submission is signed off by the Health & Wellbeing Board, the local authority and Clinical Commissioning Group.

### **Approval of BCF Plans**

20. BCF plans will be approved by NHS England following a joint NHS and local government assurance process at regional level. In addition to the national conditions and the requirement to set the four national metrics, NHS England is also placing the following requirements for approval of BCF plans:
  - That all funding agreed as part of the BCF plan must be transferred into one or more pooled funds.
  - That all plans are approved by NHS England in consultation with the Department of Health & Social Care (DHSC) and Ministry of Housing, Communities & Local Government (MHCLG).
21. NHS England will approve plans for spend from the CCG minimum contribution in consultation with DHSC and MHCLG as part of overall approval of BCF plans.

### **Recommendations**

22. The Health and Wellbeing Board is asked to endorse the 2019-20 Better Care Fund submission for Gateshead.

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**Contact:** John Costello (0191) 4332065



**HEALTH AND WELLBEING BOARD**  
**18<sup>th</sup> October 2019**

**TITLE OF REPORT: Health Protection Assurance Annual Report  
2018/19**

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**Purpose of the Report**

1. Present an overview of the health protection system and outcomes for Gateshead as part of the Director of Public Health's responsibility to provide assurance to the Health and Wellbeing Board that the current arrangements for health protection are robust and equipped to meet the needs of the population.

**Background**

2. The Director of Public Health (DPH) employed by Gateshead Council is responsible for the exercise of the local authority's public health functions. This includes those conferred upon the Council by Regulation 8 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 to promote "the preparation of or participation in appropriate local health protection arrangements". This report forms part of those arrangements.
3. Health protection describes those activities and arrangements that seek to protect the population from risks to health arising from biological, environmental or chemical hazards. It includes:
  - Prevention - screening, immunisation and vaccination schemes to prevent the incidence of diseases
  - Surveillance – systems of disease notification, identifying outbreaks
  - Control - management of individual cases of certain diseases to reduce the risk of spread
  - Communication – communicating messages and risks during urgent and emergency situations).
4. The attached report (Appendix 1) provides further detail of those arrangements and activity from April 2018 to March 2019.
5. An analysis of the data regarding health protection outcomes for screening, immunisation, communicable diseases and air quality has highlighted that there are areas that require improvement and these form the assurance priorities for next year 2019/20. These include
  - Uptake of cancer screening programmes is generally good and above the England rate. We will continue to monitor engagement with cervical screening services.

- The Childhood Immunisation programme in Gateshead achieves a 90% or higher coverage rate for all of the children, however MMR 2 doses at 5 years and the Dtap/IPV/Hib booster at 5 years; are both well below the WHO target of >95% population coverage.
- The uptake of the influenza vaccination for frontline social care staff remains very low and requires improvement.
- A need for improved standardisation of approach to anti-microbial resistance across health settings and inform and educate the public.
- Improving and monitoring air quality in Gateshead, which will bring together public health, environmental health and transport and support local action on air quality improvement.

### **Conclusions**

5. Existing Health Protection Assurance arrangements are working well and have been effective in dealing with all aspects of health protection.

### **Proposal**

6. It is proposed that Gateshead Health and Well-being Board notes the arrangements in place to assure the Board their responsibilities are being delivered.

### **Recommendation**

7. The Health and Wellbeing Board is asked to consider the efficacy of existing arrangements and consider whether any improvement actions are necessary.

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**Contact:** Alice Wiseman, Director of Public Health (0191) 4332777

## Health Protection Assurance Report 2018/19

### Executive Summary

1. Gateshead has robust systems in place in the management of existing and emerging health protection issues. These systems are shared across health, social care, environmental health and public protection and transport and planning, this framework is outlined in appendix 1.
2. An analysis of the data regarding health protection outcomes for screening, immunisation, communicable diseases and air quality has highlighted that there are areas that require improvement and these form the assurance priorities for next year 2019/20. These include
  - Uptake of cancer screening programmes is generally good and above the England rate. We will continue to monitor engagement with cervical screening services.
  - The Childhood Immunisation programme in Gateshead achieves a 90% or higher coverage rate for all of the children, however MMR 2 doses at 5 years and the Dtap/IPV/Hib booster at 5 years; are both well below the WHO target of >95% population coverage.
  - The uptake of the influenza vaccination for frontline social care staff remains very low and requires improvement.
  - A need for improved standardisation of approach to anti-microbial resistance across health settings and inform and educate the public.
  - Improving and monitoring air quality in Gateshead, which will bring together public health, environmental health and transport and support local action on air quality improvement.

### Introduction

3. The Director of Public Health (DPH) has a statutory responsibility for the strategic leadership of health protection for Gateshead Council<sup>1</sup>. The DPH, on behalf of the Council, should be assured that the arrangements to protect the health of their local communities are robust and are implemented appropriately. Guidance suggests that, through their DPH, Health and Wellbeing Boards will wish to be assured that acute and longer term health protection arrangements properly meet the health needs of the local population<sup>2</sup>. Accordingly, this report is to inform the Health and Wellbeing Board about arrangements and outcomes for health protection in Gateshead.
4. The most recent data available has been used in the analysis for this report. In circumstances where the data is not available, assurance for Gateshead is limited to the overall assurance we have in respect of the programme or the period for which we do have data.

## Background

5. Health protection is the domain of public health action that seeks to prevent or reduce the harm caused by communicable diseases, and to minimise the health impact of environmental hazards such as chemicals and radiation, and extreme weather events.
6. This broad definition includes the following functions within its scope, together with the timely provision of information and advice to relevant parties, and on-going surveillance, alerting and tracking of existing and emerging threats:
  - National programmes for screening and immunisation which may be routine or targeted;
  - Management of environmental hazards including those relating to air pollution and food;
  - Health Emergency Preparedness Resilience and Response (EPRR), the management of individual cases and incidents relating to communicable disease (e.g. meningococcal disease, tuberculosis (TB), influenza) and chemical, biological, radiological and nuclear hazards;
  - Infection prevention and control in health and social care community settings and in particular, Healthcare Associated Infections (HCAIs);
  - Other measures for the prevention, treatment and control of the management of communicable disease (e.g. TB, blood-borne viruses, seasonal influenza).
7. The DPH is responsible for the Council's contribution to health protection matters and exercises its functions in planning for, and responding to, emergencies that present a risk to public health. The DPH is also responsible for providing information, advice, challenge and advocacy to promote health protection arrangements by relevant organisations operating in the Local Authority area. This report forms part of those arrangements.

## Health protection a multi-agency function

8. Local Authorities are responsible for providing independent scrutiny and challenging the arrangements of NHS England (NHSE), Public Health England (PHE), Clinical Commissioning Groups (CCGs) and providers. The responsibility for the provision of the health protection function is spread across the following organisations:
9. Gateshead Council, through the leadership role of the DPH, has a delegated health protection duty from the Secretary of State to provide information and advice to relevant organisations so as to ensure all parties discharge their roles effectively for the protection of the local population<sup>4</sup>. This leadership role relates mainly to functions for which the responsibility for commissioning or coordinating lies elsewhere. The Council also provides local support for the prevention and investigation of local health protection issues through the Public Protection Environmental Health (EH) function.
10. Screening and Immunisation Teams (SITs) employed by PHE are embedded in NHSE. The SITs provide local leadership and support to providers in delivering improvements in quality and changes in screening and immunisation programmes. The SITs are also

responsible for ensuring that accurate and timely data is available for monitoring vaccine uptake and coverage.

11. PHE brings together a wide range of public health functions and is responsible for delivering the specialist health protection response to cases, incidents and outbreaks; and provides expert advice to NHSE to commission immunisation and screening programmes, as well as a number of other responsibilities relating to surveillance and planning.
12. All organisations have responsibility to protect their staff, customers and visitors etc. with appropriate infection control, staff vaccination and information programmes.
13. NHS Newcastle Gateshead CCG commissions treatment services (e.g. hospital inpatient treatment, nurses working with specific infections, such as TB) that comprise an important component of strategies to control communicable disease.
14. Emergency preparedness, resilience and response functions are provided by all category one responders; this includes the Local Authority, PHE, NHSE, Emergency Services and NHS Foundation Trusts. Those organisations form the Gateshead Multi-Agency Resilience and Emergency Planning Group.
15. There are various regional and local boards which oversee delivery of the screening and immunisation programmes and share good practice, for example Cumbria and North East Flu Immunisation Programme Board. The Newcastle & Gateshead Local Screening and Immunisation Group was also set up in 2018/19, which comprises representatives from the two local authorities, the CCG, NHSE and PHE and provides a further level of assurance.

## Screening

16. Screening is used in a population to identify the possible presence of an as-yet undiagnosed disease or increased risk of disease in individuals without signs or symptoms. The purpose of screening is to identify and intervene early to reduce potential harm. Each programme is underpinned by rigorous quality assurance, including a programme of visits by the PHE screening quality assurance service and monitoring arrangements to ensure that the target population benefit from the service and those individuals are not exposed to potential harms (e.g. failures to correctly identify individuals requiring further tests).
17. The screening programmes, commissioned by NHSE for which the DPH has an assurance role are:
  - Cancer screening programmes (breast, bowel and cervical)
  - Diabetic Retinopathy
  - Abdominal Aortic Aneurysm (AAA)
  - Antenatal and newborn screening programme
18. The most recent data for the adult and ante-natal and newborn screening programmes are for 2017/18<sup>3</sup>. In these circumstances, assurance for Gateshead is limited to the overall assurance we have in respect of the programme or the period for which we do have data.

19. Uptake of the AAA and cancer screening programmes in the Newcastle Gateshead CCG area continues to be either similar or above the national average and has improved in the last year. The table below presents coverage for the adult screening programmes.
20. Data for the Diabetic Eye Screening Programme is unavailable at a Gateshead level. Performance, reported at North of Tyne and Gateshead area level, suggests that uptake exceeds 80%. The SITs are also aware of inequalities in the uptake of the service, with lower uptake amongst younger age groups and those from more deprived socioeconomic areas.

**Table 1: Adult Screening Programme Coverage 2018**

Screening Programme	National Standard	% Coverage (2018)	
		England	Gateshead
Cervical Cancer ( 25-64 years)	80%	71.4%	73.9%
Breast Cancer (50-70 years)	70%	74.9%	77.0%
Bowel Cancer (60-69 years)	NA	59.0%	61.8%
AAA (men 65 years)	75%	80.8%	82.6%
Diabetic eye screening*	75%	82.7%	81.6%*

\*North of Tyne and Gateshead diabetic eye screening programme data (2017/18)

21. The Antenatal and Newborn screening programme covers six areas:
- Fetal anomaly
  - Sickle cell and thalassaemia
  - Infectious diseases in pregnancy
  - Newborn infant physical examination
  - Newborn hearing screening
  - Newborn bloodspot screening
22. Data on the coverage of the entire Ante-Natal and Newborn screening programme is not available separately for Gateshead, however data for Newcastle Gateshead CCG on uptake at population level suggests that coverage is within acceptable levels.
23. Newborn bloodspot coverage across the North East region continues to be high at 98.6% for 2017/18 (England 96.7%).
24. Newborn hearing screening coverage across North East region continues to be high at 99.0% for 2017/18 (England 98.9%).
25. National data for the antenatal and newborn screening programme is only available for 2017/18.

**Table 2: Antenatal and newborn screening coverage <sup>1,6</sup>**

Screening programme	National Standard	% Coverage (2017/18)	
		England	Gateshead
Infectious Diseases in Pregnancy	99.0%	99.6%	99.7%
Sickle Cell and Thalassaemia	99.0%	99.3%	99.7%
Newborn Blood Spot Screening	99.9%	96.7%	98.8%*
Newborn Hearing Screening	99.5%	98.9%	99.4%**
Newborn and Infant Physical Examination Screening	99.5%	93.5%	92.4%

\* Data is for NHS Newcastle/Gateshead.

\*\* Data is a combined Sunderland South Tyneside and Gateshead.

## Immunisation and vaccination

26. Immunisation remains one of the most effective public health interventions for protecting individuals and the community from serious diseases. The national routine childhood immunisation programme currently offers protection against 13 different vaccine-preventable infections (a full schedule is attached in appendix 3). In addition to the routine childhood programme, selective vaccination is offered to individuals reaching a certain age or with underlying medical conditions or lifestyle risk factors.

27. NHSE is responsible for commissioning local immunisation programmes and accountable for ensuring local providers of services will deliver against the national service specification and meet agreed population uptake and coverage levels as specified in the Public Health Outcomes Framework and Key Performance Indicators<sup>6</sup>.

## Routine childhood immunisation programme

28. Current coverage for routine childhood immunisation programme in Gateshead is presented in table 3 below. Achieving population coverage of >95% is important as this is the point at which the entire population is protected, including the 5% that are not vaccinated. This is referred to as herd immunity.

**Table 3: Coverage routine childhood immunisation programme Gateshead 2017/18<sup>13</sup>**

Vaccine and booster programme	Age cohorts					
	12 months		24 months		5 years	
	England	G'head	England	G'head	England	G'head
Diphtheria, tetanus, pertussis, polio, haemophilus influenza type b (DTaP/IPV/Hib)	93.1%	94.2%	95.1%	95.7%	85.6%*	89.1%*
Meningitis C*			91.2%*	93.9%*		
PVC	93.3%	93.9%	91.0%*	93.6%*		
Measles, mumps and rubella (MMR)			91.2%	93.6%	87.2%**	88.7%**
Hib/Men C booster			91.2%*	93.9%*	92.4%*	93.2%*

\*Boosters

<90% Coverage

90% to 95% Coverage

≥95% Coverage

\*\* 2 doses MMR 17/18

29. Gateshead mid range for coverage levels for Meningitis C booster at 24 months and this rate has decreased in the previous year.
30. All girls aged 12 to 13 are offered HPV (human papilloma virus) vaccination as part of the childhood vaccination programme. The vaccine protects against cervical cancer. It's usually given to girls in year eight at schools in England with a second dose administered within 6 to 12 months. In Gateshead the coverage is below the lower national standard of 80% ( see Table 4 below).
31. Td/IPV (tetanus, diphtheria and polio) teenage booster is the final dose of the routine childhood immunisation programme. The national plan is to provide the Td/IPV booster in year 9 alongside the final MenC booster. Gateshead has a lower coverage rate than England.

**Table 4: HPV and Td/IPV Booster 2017/18<sup>2,8</sup>**

Vaccine and booster programmes	Age Cohorts			
	Year 9		Year 10	
	England	Gateshead	England	Gateshead
HPV <sup>2</sup>	86.9%	79.4%	83.8%	81.3%
Td/IPV <sup>4</sup>	85.5	74.8%	82.9%	78.1%

32. In Gateshead, from September 2017 up to 31 Aug 2018, 76% (86.2% England) of Year 9 students (aged 13-14) received the MenACWY vaccination<sup>5</sup>.

### **School Immunisation and Vaccination Health Protection responses 2018/19**

33. Gateshead vaccination rates remain higher than the national average but there are concerns about the potential impact of anti-vaccine coverage on social media and in the community.
34. Work to improve MMR vaccination coverage in the population is being taken forward regionally. GP practices are being asked to review records and identify under or unvaccinated children or adults and offer catch up vaccinations.
35. A serious incident group was convened in December 2018 when the commissioning of a new service made it apparent that a small number of schools across Northumberland, North Tyneside, Sunderland and Gateshead had not had an offer of immunisation . The schools were not offered the standard immunisation programme as they were unknown to the School Based Immunisation Team (SBIT) commissioned by Northumbria Health Care Trust. The schools missed were not mainstream schools.
36. This has been investigated by the Health Protection team and work to identify children who have missed vaccination offers has been completed. Lists of schools across the region have been verified. In Gateshead 1 boys school was missing, no children were in the target group meaning that no one was negatively affected.
37. In Gateshead a 10% decrease in the rate of vaccination for HPV between 2016/17 and 2018/19 has been identified. This change coincides with a change of contract and has

been attributed to a lag time in delivery by the new provider. The situation has been reviewed and all eligible children have been identified and offered vaccination.

### At risk immunisation programme

38. The at risk immunisation programme comprises the following:
- Pneumococcal (PPV) vaccine single dose at 65 years
  - Shingles vaccine single dose at 70 years (catch up for 78 and 79 year olds)

**Table 5: Pneumococcal (PPV) and Shingles immunisation coverage** <sup>1,6</sup>

Vaccination	England	Gateshead
PPV (2017/18)	69.5%	71.1%
Shingles (70 years old) (2017/18)	44.4%	40.7%

39. The coverage rate for PPV vaccination Gateshead is higher than the England rate.
40. Shingles vaccination rates in Gateshead remain low. In 2018 NHS England issued guidance to inform GP practices that Shingles vaccine could be offered opportunistically to patients throughout the year as they become eligible, previous cohorts remain eligible for vaccination until their 80<sup>th</sup> birthday.
41. Coverage data is not directly comparable with previous years which were based on a different methodology. Recommendations to improve intervention rates have been issued to CCG's.

### 42. Seasonal flu vaccine programmes

43. In 2018/19 seasonal flu vaccine offered annually to:
- Those aged 65 years and over
  - Those aged six months to under 65 in clinical risk groups
  - All pregnant women
  - All two and three year olds
  - All children in school years Reception, 1, 2, 3, 4 and 5
  - Those in long-stay residential care homes or other long stay care facilities
  - Carers
  - Frontline health and social care workers
44. Targets for uptake in the adult population were 75% of the eligible population for those aged 65+ and for Frontline NHS staff. The targets were 55% for Pregnant women and those in the clinical risk groups. Ambitions for uptake amongst children were 48% for those in the 2-3 years age bracket and 65% for those in Reception to Year 5. The table below presents the data that is available on the seasonal flu vaccine.

**Table 6: Seasonal flu Vaccination Coverage Gateshead 2018/19<sup>6</sup>**

Adult Seasonal flu Vaccination			
	National Standard	England	Gateshead
Aged 65+	75%	72.0%	73.5%
Clinical risk groups	55%	48.0%	53.3%
Pregnant women	55%	45.2%	52.2%

Front-line staff (NHS FT)	75%	70.3%	80.4%
Children Seasonal flu Vaccination			
Age	National Standard	England	Gateshead
2yrs	48%	43.8%	42.6%
3yrs		45.9%	47.7%
4-5yrs (Reception)	65%	64.3%	61.4%
5-6yrs (Year 1)		63.6%	64.9%
6-7yrs (Year 2)		61.5%	63.2%
7-8yrs (Year 3)		60.4%	64.8%
8-9yrs (Year 4)		58.3%	60.9%
9-10yrs (Year 5)		56.5%	59.6%

Below min standard

Exceeds standard

45. Gateshead has a similar coverage rate to England across most aspects of the seasonal flu vaccination programme. The adult programme is close to or above the expected minimum standard for adults in the community and for NHS staff, the childhood age groups are also all close to the minimum required standard; however none of them have surpassed the upper suggested levels.
46. The Gateshead Council Employee Winter Flu Vaccination programme for frontline staff 2018/19 offered free on site vaccination to all eligible staff and vouchers that could be used at local pharmacies. The uptake of the flu vaccine for frontline social care staff in Gateshead remained poor at an estimated 11.6%.
47. A follow up survey with staff indicated that respondents were not aware of the scheme with 40% of respondents saying that they were not offered vaccination, or were not aware that they were entitled, or did not know how to get the vaccine.
48. The survey also showed that some did not believe that the vaccine was effective and there was a lack of understanding that the vaccination was to protect their clients rather than themselves.
49. A focus on better communication to promote the importance of vaccination will support the vaccination offer in 2019/20. It is noted that low take up among social care staff is also an issue in other local authorities. Some areas are considering incentives to staff to encourage take up.

### Surveillance and communicable diseases

50. Effective surveillance systems ensure the early detection and notification of particular communicable diseases. PHE Health Protection Team obtains data from a wide variety of sources, including healthcare staff, hospitals, microbiology laboratories, sexual health services, local authority environmental health teams, care homes, schools and nurseries. This information is closely monitored to make sure that individual cases of disease are effectively treated and prevented from spreading, and that outbreaks of infections are monitored, analysed and controlled.

## **Environmental health and food safety**

51. Gateshead Council's Environmental Health team are an important resource in preventing, identifying and investigating cases and outbreaks of, especially, foodborne infections, including food poisoning.
52. Gateshead food safety team received 342 food hygiene and food standards complaints (2018/19). All complaints were investigated in a timely manner and action taken where appropriate. The team also carry out proactive inspections of all food establishments in Gateshead and inputs into the advice given to event organisers to prevent food poisoning at events in Gateshead. The investigations inspections identified the following issues:
- Traces of Cocaine on a food preparation surface within a public house. This resulted in the closure of the kitchen whilst cleaning was undertaken. (Action: Formal closure of kitchen for several days)
  - A number of freshwater carp were found in a retail establishment and the Food Business Operator could not prove where they came from. It is likely they were stolen from a freshwater fishery. (Action: Voluntary surrender of fish)
  - A local newsagent was found to be infested with rats, with rat droppings found on food packaging. A Hygiene Emergency Prohibition Notice was served to formally close the premise until the infestation was removed and the premises cleaned. The premise sold alcohol and so a review of the premises license was undertaken, and the premises license was revoked. The business was subsequently sold. (Action: formal closure and revocation of premises license)
  - 3 premises voluntarily closed through the year due to the lack of fresh water, where Northumbrian Water had turned off the water supply for none payment of bills. (Action: temporary closure of 3 premises)
  - Officers obtained the voluntary surrender of unfit food at 17 premises throughout the year, including one where the Best Before date was February 2013. (Action: Removal of unfit food)
53. Gateshead food safety team conducts a food sampling programme. In 2018/19 1114 samples were obtained. The team submits samples as part of the Public Health England Regional sampling surveys. The food sampling programme identified issues relating to hand washing, cleaning, incorrectly labelled products, excessive levels of sulphur dioxide in mincemeat (used to give it a rich red colour), poor bacterial quality of milkshakes. During the year a survey taking swabs from food surfaces revealed a number of issues with cleanliness at a number of premises and resulted in the team undertaking in-depth investigations into a number of premises across the Borough. All establishments which were unsatisfactory were given advice and resamples taken to monitor improvement.

## **Control of specific diseases**

54. Early diagnosis by clinicians, prompt treatment of cases and early reporting by microbiologists and clinicians to the PHE Health Protection Team are essential in enabling prompt public health action for diseases such as meningococcal infection. For

other diseases such as gastrointestinal infections, initial reporting may be through local authority environmental health officers.

55. The tables below present data on the notifications received for specific communicable diseases.

**Table 7: Measles, mumps, meningococcal disease and whooping cough notifications 2018<sup>7</sup>**

Area	Disease									
	Measles*		Mumps*		Rubella*		Meningococcal disease*		Whooping cough*	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
England and Wales	2599**	4.4	6735**	11.5	284**	0.5	268**	0.5	2613**	4.4
North East	193	7.3	507	19.2	15	0.6	67	2.7	177	6.7
Gateshead	18	8.9	43	21.2	4	2.0	12	5.9	21	10.4

\*Data source: EpiNorth3, 2018 data, Diagnosis (confirmed, probable and possible cases)

\*\*Data source NOIDS 2018 data used. Local and National data are not comparable, only cases which have been notified by a registered medical professional are included in the national data.

All rates are per 100,000 population calculated using the mid-year population estimates for 2017 from the ONS

56. In 2018 notifications were higher in Gateshead and the North East for all categories when compared to the average for England and Wales; there has been an increase in notifications since the previous year (2018).
57. Increased rates of measles are being seen internationally. In 2018/19 there were identified Measles outbreaks in Jewish communities in the USA and Israel. Gateshead responded to the potential infection risk identified and updated GP practices serving the Jewish community in Gateshead to be vigilant, as there are regular international travellers between groups.
58. There was an isolated cluster of measles case identified among adult staff working at the Metrocentre in 2018. Information encouraging partially or un-vaccinated adults to review their vaccination status has been issued.

**Table 8: Foodborne and waterborne infectious disease Incidence rate 2018<sup>12</sup>**

Area	Disease									
	E. coli O157*		Non Typhoidal Salmonella*		Campylobacter*		Cryptosporidium*		Legionellosis*	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
England	555**	1.0	9935***	16.9	60109***	102.3	5201***	8.9	373***	0.6

North East	61	2.3	375	14.2	3361	127.1	376	14.2	30	1.1
Gateshead D	2	1.0	28	13.8	213	105.2	21	10.4	5	2.5

ata source: EpiNorth3, 2018 data, Diagnosis (confirmed, probable and possible cases)

\*\*Data source HPZone 2018 Data for England only

\*\*\* SGSS, 2018 data. Includes cases confirmed by NHS laboratories only.

All rates are per 100,000 population calculated using the mid-year population estimates for 2017 from the ONS

59. Gateshead has slightly lower rates to the NE region in all main food and waterborne infectious except for Legionellosis where it is higher than both the NE and England rates.

**Table 9: Hepatitis and Tuberculosis notifications 2018<sup>10</sup>**

Area	Disease									
	Hepatitis A*		Hepatitis B*		Hepatitis C*		Hepatitis E*		TB***	
	No.	Rate								
England and Wales	714 **	1.3	4413 **	7.9	6057 **	10.9	1368 **	2.5	4668 ****	8.4
North East	8	0.3	199	7.5	599	22.6	58	2.2	122	4.6
Gateshead	0	0.0	13	6.4	94	46.4	7	3.5	6	3.0

\* Data source: EpiNorth3, 2018 data, Diagnosis (confirmed and probable cases)

\*\*Data source HPZone 2018 Data for England only, Includes reported infections of hepatitis A, B, C & E

\*\*\* Data source Enhanced Tuberculosis Surveillance (ETS) 2018 data

\*\*\*\* Data source Enhanced Tuberculosis Surveillance (ETS) 2018 data for England only

All rates are per 100,000 population calculated using the mid-year population estimates for 2017 from the ONS

60. The number of Hepatitis C cases has increased since 2018 and are higher than the regional and national average. The identification and treatment of cases is a priority for the new substance misuse contractor. As reported engagement with at risk individuals has increased in that service, this could indicate why the number of identified cases had increased.

**Table 10: Sexually transmitted infections (STI) and new HIV diagnosis notifications (2018)<sup>8-9</sup>**

	Rate per 100,000 population						
	All new STI diagnosis	Chlamydia	Genital herpes	Genital warts	Gonorrhoea	Syphilis	HIV
<b>England</b>	784	384	59.0	100.1	98.5	13.1	8.7
<b>North East</b>	639	330	60.5	93.2	66.5	9.3	4.7
<b>Gateshead</b>	608	299	56.8	95.3	77.1	8.4	5.3

Crude Rate per 100,000 population estimates 2017 (ONS)

61. The rates of STIs in Gateshead are lower than the England average for all.

### Healthcare associated infections (HCAs)

62. On behalf of NHSE, PHE uses routine surveillance programmes to collect data on the numbers of certain infections that occur in healthcare settings. Prevention of HCAs in healthcare settings is a key responsibility of healthcare providers, with most employing or commissioning dedicated specialist infection control teams<sup>10</sup>. Hospital Trusts each have a Director of Infection Prevention and Control providing assurance to the Trust Board on HCAI prevention. PHE provides infection control advice in non-healthcare community settings such as care homes and schools.

63. PHE also monitors the spread of antibiotic resistant infections and advises healthcare professionals about controlling antimicrobial resistance (AMR). Rates of HCAs for Newcastle Gateshead CCG are given below, rates are similar to the previous year.

**Table 11: Rates of Healthcare Associated Infections 2017/18<sup>11</sup>**

	Rates of Healthcare Associated Infections per 100,000 population 2017/18	
	England	Newcastle Gateshead CCG
MRSA	1.5	1.3*
MSSA	21.6	26.7
E. coli	74.3	96.8
C. difficile	24.0	27.2*

\* These are crude non-standardised rates and should not be used for comparative purposes with other CCGs.

### Antimicrobial Resistance (AMR)

64. Preventing infections from occurring in the first place is one the best ways of reducing the need to prescribe antibiotics. There is an increasing global concern over the rise of AMR. It is well evidenced that the more we use antibiotics the less effective they become against their targeted organism, therefore every infection prevented reduces the need for and use of antimicrobials, which in turn lessens the potential for development of resistance.

65. The North Integrated Care Partnership 5 year anti-microbial reduction plan is in place. A baseline assessment against the 5 Year Plan has been produced. Some positive progress in promoting a reduction in inappropriate antibiotic prescribing – measured antibiotics items per STAR-PU. The overall volume of antibiotic prescribing has decreased by 13.5% from the 12 month period up to March 2015 (1.272 items/STAR-PU) to the 12 month period up to February 2019 (1.100 items/STAR-PU).

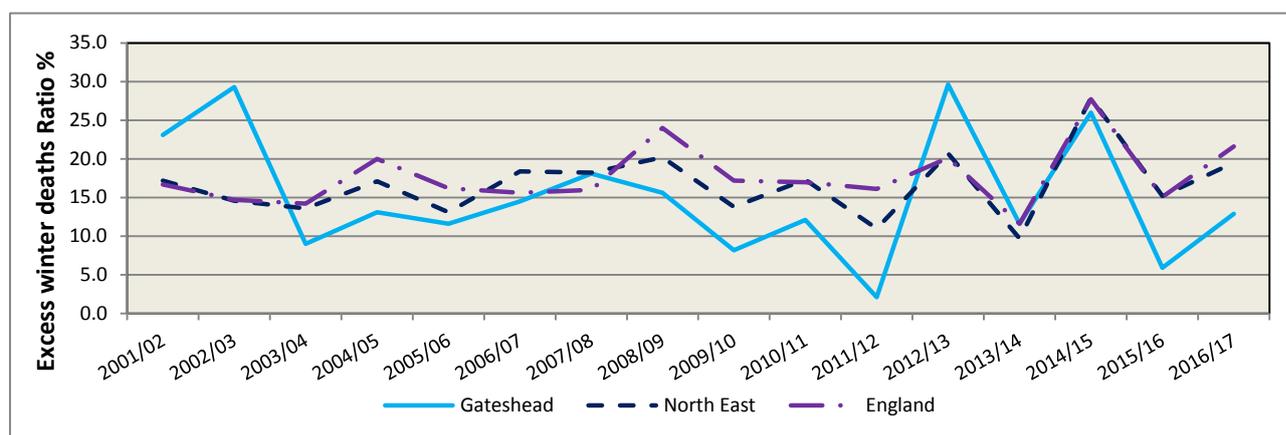
66. E-learning topic on antimicrobial stewardship has been completed by all GPs and independent prescribers in 2015/16 and remains available for new prescribers or for those wishing to repeat the training

67. The Partnership is however reporting issues such as a lack of robust intelligence and has emphasised a need for improved standardisation of approach across NHS Trusts and across the ICS and wider region. The lack of public health campaign resource to inform and educate the public is also highlighted as an issue.

### Excess winter deaths

68. The most recent data on excess winter deaths is for 2016/17, when there were 91 deaths in Gateshead, compared to 42 in 2015/16. There is significant variation in the numbers of excess winter deaths between different years. It is not always apparent why this is the case but factors like seasonal flu outbreaks and temperature changes can have an impact. The chart below presents the all age excess winter deaths rate per 100,000 population and highlights the year on year variation, both at a national and local level.

**Chart 1: Excess winter deaths single year 2001 - 2017 all ages**



Source: PHE Fingertips data

### Emergency Preparedness Resilience and Response

69. Planning for emergency situations, such as extreme weather events, outbreaks or terror incidents, takes place at regional and local levels:

- The Director of Public Health is a member of the North East Health Resilience Partnership (NELHRP) which is responsible for ensuring that the arrangements for local health protection responses are robust and resilient. Work is directed through the Health and Social Care Resilience Group (H&SCRG) which is responsible for co-ordinating the development of health and health related social care resilience arrangements, capability and capacity to respond to emergencies and major incidents as part of a multi-agency response

- PHE co-ordinate the health management of the response to biological, chemical, radiological and environmental incidents, including specialist services which provide management advice and/or direct support to incident responses.
- The Gateshead Multi-Agency Resilience and Emergency Planning Group that meets quarterly, the role of this group is to ensure that the council and partners are equipped to respond to an emergency. This includes reviewing and developing internal policies, engagement in and sharing the learning from exercises and reviewing and learning from local emergency situations e.g. flooding.
- The DPH continues to be part of regional on-call arrangements to chair the Scientific and Technical Advice Cell (STAC), convened by PHE to co-ordinate such advice in the event of an emergency incident.

## **Brexit**

70. There has been extensive monitoring of the potential local impact of EU Exit planning, considering the implications for Gateshead and assessing the Council's readiness to respond until a final outcome is known. This has included:

- The Council's Corporate Risk and Resilience Group identifying any relevant mitigations and controls using existing Business Continuity; Resilience and Emergency Planning; Financial plans and processes; and the management of concurrent risks
- Nationally participating in Government teleconferences and exit planning workshops, coordinated by MHCLG, alongside the LGA (Local Government Association), SOLACE (Society of Local Authority Chief Executives), Core Cities, Key Cities, the County Councils Network and SIGOMA (Special Interest Group of Municipal Authorities) to influence contingency planning and post Brexit policy making.
- Regionally engaging with a network of Chief Executives throughout the region to share information on preparations to support an orderly exit
- Locally liaising closely with neighbouring local authorities on our approach and co-ordinating joint collaborative action where necessary, including taking a lead role within the Northumbria Local Resilience Forum
- Undertaking a specific EU Exit Members Seminar in January 2019
- Presenting an update report on EU Exit Preparations to Cabinet in March 2019
- Consideration of longer-term outcomes within the Council and working with regional partners to understand the future requirements and plan for these potential impacts.
- The implications of EU Exit potentially affecting the availability of Council's resources to deliver services which may impact on communities

## **Major Incident: Regents Court fire**

71. A slow burn fire in a defunct flue at the Regent Court Multi-storey on 10<sup>th</sup> May 2018 tested the Gateshead emergency response procedures. The whole building was evacuated

(138 inhabited flats) and alternative accommodation was provided for those who were in need of it.

72. A full debrief has been conducted and the key recommendations include:

- Review of current arrangements and development of new 24/7 evacuation protocol for all tenures
- Clarification of chain of command between all partners
- Clarifications about role of facilities management in incidents, including role of Bewick's space.
- Review how The Gateshead Housing Company are activated in future incidents.
- Public health to work with Newcastle Gateshead Clinical Commissioning Group to develop a process to manage the replenishment of medications needs in evacuations situations.
- Review protocol for managing finances connected to internal and external costs
- Consider the development of site specific plans for multi storey blocks and aged persons units
- The role of the voluntary sector in incidents needs to be better understood.
- Review and capture increased demand and unintended consequences on other multi agency partners
- Review residents transport in evacuations
- Strengthen the activation of NTW Mental Health Trust in future incidents
- Train NHS Partners and GP practices on raising awareness of command and control procedures whilst responding to incidents

73. Overall the debriefing found that from a multi-agency perspective the incident was handled well by all those involved, that communications worked well, there was trust and integrity with responding agencies and that information when requested was provided in a timely manner to enable essential decisions to be made.

74. An action plan has been developed to respond to the recommendations and the debrief findings have been shared with other Local Authorities and partner agencies within the Northumbria Local Resilience Forum area.

## **Air Quality**

75. There are various contributory factors to air pollution, including road transport, domestic and industrial sources. There are two main pollutants associated with road transport that cause problems with health in Gateshead. They are nitrogen dioxide (NO<sub>2</sub>) and particulate matter less than 2.5 microns in size (PM<sub>2.5</sub>) - both have short and long-term effects on human health. NO<sub>2</sub> is a colourless gas released from motor vehicle exhaust systems when fuels are burned. PM<sub>2.5</sub> is also linked to exhaust systems, but is also released from braking systems and tyre wear.

76. The Government has set specific air quality objective standards for pollutants that should not be exceeded. When pollutants are found to be close to or higher than these standards, local Councils are required to declare Air Quality Management Areas (AQMA) and take steps to reduce air pollution.

77. Due to measured levels of NO<sub>2</sub> repeatedly exceeding the annual mean objective of 40 micrograms per cubic metre (µg/m<sup>3</sup>), Gateshead Council declared an AQMA in April 2005 within Gateshead Town Centre. This was extended to the south along Durham Road in April 2008.
78. Over the last several years, levels of NO<sub>2</sub> have fallen and have remained consistently below the annual mean objective in these locations within the AQMA. This trend has continued for 2018. By monitoring and understanding the pollutant concentrations in the AQMA monitoring locations we can be satisfied that other areas in the borough will be well below air quality objective standards where there are receptors.
79. Gateshead Council has been mandated by central government to develop a plan that will address how to reduce NO<sub>2</sub> exceedances at locations indicated by DEFRA. Newcastle City and North Tyneside Councils are in the same position and officers from the three authorities have been working together on this activity. Governance structures have been put in place with a steering group chaired by Gateshead Councils Chief Executive and a working group led by a Newcastle officer. All authorities have representation for transport, environmental health and public health. Officers have been working closely with DEFRA.

## Conclusions

80. The Health Protection Arrangements across Gateshead are multi-agency. This report alongside an overview of the meeting and reporting structures, aims to provide the necessary assurance that the local health protection systems are robust and equipped to both prevent and suitably react to health protection situations.
81. An assessment of the current health protection arrangements for Gateshead has identified that these are working well to protect the population.

## Recommendations

82. An analysis of the data regarding health protection outcomes for screening, immunisation, communicable diseases and air quality has highlighted that there are areas that require improvement and these form the assurance priorities for next year 2019/20. These include
- Uptake of cancer screening programmes is generally good and above the England rate. We will continue to monitor engagement with cervical screening services.
  - The Childhood Immunisation programme in Gateshead achieves a 90% or higher coverage rate for all of the children, however MMR 2 doses at 5 years and the Dtap/IPV/Hib booster at 5 years; are both well below the WHO target of >95% population coverage.
  - The uptake of the influenza vaccination for frontline social care staff remains very low and requires improvement.

- A need for improved standardisation of approach to anti-microbial resistance across health settings and inform and educate the public
- Improving and monitoring air quality in Gateshead, which will bring together public health, environmental health and transport and support local action on air quality improvement.

## References:

- <sup>1</sup> Regulation 8 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives). Regulations 2013, made under section 6C of the National Health Service Act 2006
- <sup>2</sup> DH, PHE, LGA (2013). Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. DH, PHE, LGA. May 2013. Available from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/199773/Health\\_Protection\\_in\\_Local\\_Authorities\\_Final.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf).
- <sup>3</sup> PHE Fingertips: Public Health Outcomes Framework; Gateshead available from: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000049/pat/6/par/E12000001/ati/102/are/E08000037>
- <sup>4</sup> Td/IPV adolescent vaccine uptake: available from: <https://www.gov.uk/government/collections/vaccine-uptake#td/ipv-adolescent-vaccine-uptake>
- <sup>5</sup> School based immunisation programme: Meningococcal ACWY immunisation programme: vaccine coverage estimates. Available at: <https://www.gov.uk/government/publications/meningococcal-acwy-immunisation-programme-vaccine-coverage-estimates>
- <sup>6</sup> PHE (2018/ to 2019) Seasonal influenza vaccination report 2018/18.
- <sup>7</sup> PHE (2018) Protecting the population of the North East from communicable disease and other hazards. Annual Report 2018/19
- <sup>8</sup> PHE North East Centre (2017): Spotlight on sexually transmitted infections in the North East 2016 data. PHE
- <sup>9</sup> PHE (2017) HIV and AIDS in the North East 2017 Surveillance Report: PHE
- <sup>10</sup> Protecting the population of the North East from communicable disease and other hazards Annual Report 2018/19
- <sup>11</sup> PHE Fingertips; AMR local indicators Gateshead available at: <https://fingertips.phe.org.uk/profile/amr-local-indicators/data#page/4/gid/1938132910/pat/46/par/E39000047/ati/152/are/E38000212/iid/91902/age/205/sex/4>
- <sup>12</sup> Protecting the population of the North East from communicable disease and other hazards Annual Report 2018/19
- <sup>13</sup> PHE Cover of vaccination evaluated rapidly (COVER) programme 2017 to 2018 quarterly data

## Appendix 1: Health Protection Assurance: External Structure

<u>Means of assurance</u>	<u>Purpose</u>	<u>Frequency</u>	<u>Lead Organisation(s)</u>
Public Health Oversight Group (PHOG)	<p>Provide a forum for systematic assurance of NHS England's Public Health Section 7a Agreement (PHS7A) direct commissioning responsibilities* (see p.3) and for the sharing of stakeholder intelligence between public health partners in the local health and care economy and opportunities for the Directors of Public Health (DsPH) representatives to provide support and improve communication within their networks.</p> <p>This includes oversight of the quality, safety and patient experience of these commissioned services with a focus on improving health outcomes and reducing variation in quality across Cumbria and the North East.</p> <p>Assurance is a "positive declaration intended to give confidence". This group is not for direct commissioning performance management. This function is carried out through contract review processes as appropriate.</p>	6 per year	NHS England
Screening and Immunisation Oversight Group (SIOG)	A joint SIOG for Newcastle and Gateshead is being established and would constitute membership from NHSE, PHE, CCG, LA.	2 per year	NHS England
<b>NHSE commissioned Cancer and Non-Cancer Screening Programmes</b>			
Cumbria and NE (CANE) Regional Screening Programme Boards	Provide strategic leadership for updating, planning and implementing the delivery of the following screening programmes: Diabetic Eye Screening; Aortic Abdominal Aneurysm (AAA); cervical, breast and bowel cancer screening; Antenatal and Newborn screening programmes for CANE. Facilitate the sharing of good practice; ensure compliance with national guidance and effective performance management.	2 per year except AAA 4 per year	NHS England

North Screening Quality Assurance Team	<p>The purpose of these regional teams is to:</p> <ul style="list-style-type: none"> <li>• assess the quality of population screening services, including through peer review</li> <li>• give expert advice during the management of screening incidents</li> <li>• provide daily support to commissioners and screening programme providers</li> <li>• work with providers and commissioners to improve equitable access to screening</li> </ul>	Report directly into the regional screening programme board	PHE SQAS
Information on screening incidents	<p>DsPH are informed of serious incidents in their area and invited to be part of the SI Steering Group to ensure awareness in case of media interest and harm/potential harm to residents.</p> <p>A summary of incidents is presented to the PHOG (see above) and all serious incidents are discussed and formally closed at PHOG.</p>	Ad hoc	NHS England
Updates at regional DsPH meetings	Raise awareness of developments and issues in any of the programmes by exception Also provide ad hoc workshop sessions in response to requests.	Bimonthly attendance	NHS England
Annual Regional Screening Report	Discussion ongoing as to if annual report should be published and, if so, in what format. Local authorities are regularly provided with all data which would appear in Annual Report in the form of a LA Assurance Dashboard.	NA	NHS England
<b>NHSE commissioned immunisation programmes</b>			
Updates at regional DsPH meetings	Provide systems leadership for updating, planning and implementing the delivery of seasonal influenza; shingles (herpes zoster) and pneumococcal (aged over 19) vaccination programmes.	Monthly	NHS England
Newcastle Gateshead Flu Board	Provide strategic leadership for updating, planning and implementing the delivery of the seasonal flu plan	2 per year	Newcastle Gateshead CCG

0-19 Influenza Immunisation Board  Adult Influenza Immunisation Programme Board	Provide strategic leadership for updating, planning and implementing the delivery of the national 0-19 for CANE. They facilitate the sharing of good practice; ensure compliance with national guidance and effective performance management. The Board is responsible for identifying areas of improvement and opportunities for joint working to improve uptake and reduce inequalities.	Monthly	NHS England
ImmForm immunisation uptake data	Local authorities have direct access to ImmForm to enable detailed analysis of immunisation data in their localities	NA	Local authorities
Annual Seasonal Influenza Vaccination Report	Inform partners – CCGs/LAs/A&E Boards – of performance and developments in previous flu season and priorities for next season	Annual	NHS England
<b>Health protection surveillance and case/incident management response</b>			
DPH Quarterly Report on Infectious Disease	This report gives the Local Authority assurance regarding the burden of relevant infectious diseases of public health consequence in Northumberland. It gives an overview of the incidence in Northumberland of common causes of infectious gastrointestinal diseases, vaccine preventable diseases (including measles, mumps and rubella), and other selected organisms of public health consequence (eg. Legionella). It also includes a summary of Local Authority level vaccine coverage data.	Quarterly	PHE (North East Health Protection Team and Field Epidemiology Service)
PHE NE Monthly Healthcare Associated Infections (HCAIs) Summary Report	This report informs the Local Authority of the number of cases of the numbers of specific (HCAI) in local hospital Trusts. Specifically, it covers numbers of MRSA, MSSA, C difficile and E coli cases. This data is collected by PHE's Field Epidemiology Service in support of the NHS, and is shared with Directors of Public Health for information.	Monthly	PHE (Field Epidemiology Service)
Operational updates on local health protection issues	This is a weekly confidential email from the Consultant in Health Protection covering the South of Tyne area highlighting any local outbreaks managed by the Health Protection Team and any individual cases which the Consultant believes may be of interest to the local Director of Public Health or hospital microbiologists. It also highlights any regional or national issues which are likely to have local consequences.	Weekly	PHE (North East Health Protection Team)

HIV, Sexual and Reproductive Health Epidemiology Reports (LASER)	These are confidential reports for Directors of Public Health covering STIs, HIV and reproductive health at the Local Authority level, in order to inform joint strategic needs assessments.	Annual	PHE - Field Epidemiology Service (FES)
Access to HIV / STI web portal	This is a restricted access data portal which provides Directors of Public Health with sexually transmitted infection surveillance data at a local level.	When required	PHE - FES
North East Quarterly Sexual Health Bulletin	This report gives the DPH an overview of the number of cases of gonorrhoea, chlamydia, syphilis, and genital warts diagnosed per quarter at each of the North East's GUM clinics. It includes a breakdown of cases by key demographics such as gender and age. It also gives an overview of the number of sexual health screens undertaken at each GUM clinic, and their positivity rate.	Quarterly	PHE - FES
North East Annual Sexually Transmitted Infectious Report	This report covers the same topics as the Quarterly Bulletin, but for the full calendar year. The data is set in the context of previous years, allowing comparisons to be drawn and trends to be identified. This also includes commentary on national trends and outbreaks.	Annual	PHE - FES
Access to PHE Fingertips data portal	This online data portal provides the DPH with an overview of a wide range of data relating to the health of the population, often available at Local Authority or CCG level. Several sets of data are of particular relevance to health protection: for example, 'Health Protection Profiles', 'Sexual and Reproductive Health Profiles' and 'TB Monitoring Indicators'.	When required	PHE
Annual Regional Health Protection Report	This is an annual report for the North East region, prepared by the PHE North East Deputy Director for Health Protection. It gives a summary overview of the action taken by the Health Protection Team in the preceding year to protect the health of the North East population. It includes a summary of prevention, surveillance, and disease control activity, as well as a summary of emergency preparedness, microbiology, communications, and environmental work. It also describes work to improve the quality of health protection services year-on-year, and sets out the Team's priorities for the coming year.	Annual	PHE - North East Health Protection Team (NE HPT)

Regional annual TB report	This report presents data on the burden of tuberculosis in the North East, and an overview of treatment outcomes in the preceding year. The data is broken down at Local Authority level. Incidence of cases is broken down by key demographics, including age and ethnic group, and is set in the context of incidence in other years so that comparisons can be drawn and trends identified. The report also includes recommendations for tackling TB in the North East over the coming year.	Annual	PHE - FES
Area Health Protection Committee meetings	This meeting covers the Northumberland, North Tyneside, Newcastle upon Tyne, Gateshead, South Tyneside and Sunderland Local Authority areas. It is attended by the Directors of Public Health, members of their teams, members of three Local Authority Environmental Health teams, and representatives from the local hospital Trust microbiology teams. The meeting discusses recent outbreaks or incidents of wider interest, including sharing recommendations from incidents across the area. The meetings also provide DsPH with the opportunity to discuss and challenge the routine health protection response across the area.	Quarterly	PHE NE HPT
NE Quarterly TB Summary Report	This report provides data on the incidence of TB at local authority level, broken down by key demographics. Case numbers at local authority level are typically too small on a quarterly basis to reliably consider trends, but these reports provide the DPH with assurance that the number of TB cases within their area is within typical limits.	Quarterly	PHE - FES
NE PHE Centre Weekly Influenza and Intestinal Infectious Disease Reporting	These reports give an overview on influenza activity at an international, national and regional (North East) level. This includes the latest data on the circulating strains of influenza. This report also summaries the most relevant points from the PHE weekly national influenza report.	Weekly (October to March)	PHE - FES
Participation in/Minutes of Outbreak Control Team (OCT) meetings	When community outbreaks of infectious disease occur which require multiagency management, the DPH is routinely invited to take part in Outbreak Control Team meetings chaired by the Consultant in Health Protection. This allows the DPH (or deputy) to represent the interests of the local population and the Local Authority in decisions taken to control the outbreak. Formal minutes of these meetings are produced, and typically circulated within 24 hours.	N/A	PHE NE HPT

Outbreak/Incident reports	Following the conclusion of any community outbreak of infectious disease for which an Outbreak Control Team has been convened, a formal report is always prepared by the Consultant in Health Protection who chaired the Outbreak Control Team (or a deputy). This includes a summary of the outbreak and actions taken to control it, as well as any recommendations for future practice or outbreak investigations. These are typically circulated within 8 weeks of the closure of an outbreak.	N/A	PHE NE HPT
National Health Protection Report	This is a national online publication. It highlights new publications of a large range of different routine national data reports on infectious diseases (e.g. national data on laboratory reports of respiratory infections; sentinel surveillance of blood borne virus testing in England; and laboratory surveillance of Pseudomonas bacteraemia). It also highlights publication of new non-routine Health Protection publications by PHE, such as updated guidance.	Weekly	PHE
<b>Emergency Planning Resilience and Response (EPRR)</b>			
Local Resilience Forum (LRF)	Local resilience forums (LRFs) are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act.	quarterly	
Regional Local Health Resilience Partnership (LHRP)	PHE NE is active member of the NE LHRP where it is represented by the Deputy Director for Health Protection and the two Health and Social Care Sub Group where it is represented by the Emergency Preparedness Manager. Gateshead Council is represented by the DPH & Resilience, Resilience & Emergency Planning Manager.	quarterly	NHS England / DPH Co-chair
EPRR Exercises	PHE NE, Gateshead Council alongside other category 1 responders are active members of the Training and Exercising sub groups of the Local Resilience Fora in the NE (represented by the Emergency Preparedness Manager) as well as chairing the NE Training and Exercising Group. PHE participates regularly multi-agency exercises as relevant as well as in internal PHE wide exercises. Any lessons identified for local authorities are fed back through either the LRF or LHRP as appropriate to the lesson and exercise topic.	N/A	

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