



North Tyneside Council

Health and Wellbeing Board

Wednesday, 17 January 2024

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

on **Thursday, 25 January 2024**

at **10.00 am**

in **0.02 Chamber - Quadrant, The Silverlink North, Cobalt Business Park, North Tyneside, NE27 0BY**

Agenda Item

Page(s)

1. **Chair's Announcements**

2. **Apologies for Absence**

To receive apologies for absence from the meeting.

3. **Appointment of Substitute Members**

To receive a report on the appointment of Substitute Members.
Any Member of the Board who is unable to attend the meeting

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may appoint a substitute member. The Contact Officer must be notified prior to the commencement of the meeting.

4. Declarations of Interest and Dispensations

Voting Members of the Board are invited to declare any registerable and/or non-registerable interests in matters appearing on the agenda, and the nature of that interest. They are also invited to disclose any dispensation in relation to any registerable and/or non-registerable interests that have been granted in respect of any matters appearing on the agenda.

Non voting members are invited to declare any conflicts of interest in matters appearing on the agenda and the nature of that interest.

Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.

5. Minutes 5 - 12

To confirm the minutes of the meeting held on 30 November 2023.

6. Constitution and Terms of Reference 13 - 28

The Board is asked to provide its views on any changes it may wish to propose to the current constitution and Terms of Reference, ahead of the formal-review of the Constitution which will take place in advance of the next annual Council meeting in May 2024.

7. Equally Well Progress update - Maximising the Capabilities of Children, Young People and Adults 29 - 42

This item relates to the Maximising the Capabilities of Children, Young People and Adults theme of the Joint Health and Wellbeing Strategy, "Equally Well: A healthier,

fairer future for North Tyneside 2021- 2025”.

As outlined in ‘Equally Well’ educational achievement plays a significant role in reducing health inequalities by shaping life opportunities.

8. **Equally Well Progress Update: Fair Employment and Good Work for All** 43 – 56

This item relates to the ‘creating fair employment and good work for all’ theme of the Joint Health and Wellbeing Strategy, “Equally Well: A healthier, fairer future for North Tyneside 2021-2025”.

As outlined in ‘Equally Well’ good work improves health and wellbeing across people’s lives, not only from an economic standpoint, but also in terms of quality of life.

9. **Integration of Health and Social Care North Tyneside Winter Plan 2023-24** 57 – 86

This is to provide an update on the North Tyneside Winter Plan 2023-24.

10. **Healthwatch North Tyneside** 87 – 98

To consider the trends in the feedback gathered by Healthwatch North Tyneside over the past 6 months.

Members of the Health and Wellbeing Board:-

Councillor K Clark (Chair)

Councillor P Earley

Councillor J O'Shea (Deputy Chair)

Councillor P Oliver

Councillor J Shaw

W Burke – Director of Public Health

J Firth – Director of Children's Services

E Binks – Director of Adult Services

A Paradis – North East and North Cumbria Integrated Care Board

J Laughton – Assistant Chief Executive, North Tyneside Council

J Sparkes – Director of Regeneration

P Mennell – Director of Housing

P Jones – Healthwatch North Tyneside

P Garner – Newcastle Hospitals NHS Foundation Trust

C Mann – Northumbria Healthcare Foundation Trust

C Nevison – Healthwatch North Tyneside

K Richardson – Wallsend Primary Care Network

C Lilly – North Shields Primary Care Network

K Blomfield – North West Primary Care Network

P Whelan-Moss – Tyne Health

C Armstrong – North East Ambulance Service

S Rennison – Northumbria Police

S Martin – Tyne and Wear Fire and Rescue Service

D McNally – Age UK Tyneside

G Morris – North of Tyne Pharmaceutical Committee

C Gavin – Voluntary and Community Sector Chief Officers Group

D Titterton – YMCA North Tyneside

Health and Wellbeing Board

30 November 2023

- Present:** Councillor K Clark (Chair)
- Councillor P Earley
Councillor J O'Shea
Councillor P Oliver
Councillor J Shaw
- E Binks – Director of Adult Services
W Burke – Director of Public Health
L Cook – North Tyneside Council
P Garner – Newcastle Hospitals NHS Foundation Trust
C Gavin – Community & Voluntary Chief Officers Group
C Nevison – Healthwatch North Tyneside
P Jones – Healthwatch North Tyneside
D McNally – Age UK North Tyneside
A Paradis – North East and North Cumbria Intergrated Care Board
S Rennison – Northumbria Police
J Sparkes – North Tyneside Council
S Thomas, Tyne & Wear Fire and Rescue Service
- Present as Substitute:** K Elliott – Cumbria, Northumberland Tyne and Wear Trust
V Nixon – North Tyneside Council
- In attendance:** D Jackson – NENC ICB
R Nicholson – North Tyneside Council
C Woodcock – North Tyneside Council
S Stewart – North Tyneside Council

HW16/23 Appointment of Substitute Members

There were no substitute members.

HW17/23 Declarations of Interest and Dispensations

Councillor Jane Shaw declared an interest as a member of the CNTW Council of Governors.

HW18/23 Minutes

RESOLVED That the minutes of the previous meeting held on 28 September 2023 be confirmed and signed by the Chair

HW19/23 Health and Wellbeing Board - Membership and Constitution

The Board received a report proposing that the Board start the process of looking at revisions to the Boards' constitution. The Board were advised that there is some language used in the current constitution which is out of date and therefore it was felt that it would be an appropriate time to look at the details of the constitution. It was requested that members of the Board feedback any proposals to Democratic Services in advance of the report which is taken to Annual Council in May to have any constitutional changes ratified.

The Board were also requested to nominate membership of the Board along with a deputy so that it is clear to those attending in which capacity they are there.

RESOLVED - That further reports be brought to the Board to continue the discussion ahead of the formal review of the Constitution in early 2024.

HW20/23 Approach to the Joint Strategic Needs Assessment (JSNA)

The board received a presentation on the proposed approach to the Joint Strategic Needs Assessment (JSNA). Board members will be aware that the JSNA provides a picture of health and care needs for the local community. It also looks at the health of the population and the behaviours which affect

health. It looks at social issues that have an impact on people's health and wellbeing, such as education, poverty and employment. It shows health inequalities.

It is proposed that the JSNA should move forward as a virtual resource with a rolling approach to updating it, covering topics of various aspects of health and wellbeing, referring users to the most relevant and up to date information on each topic.

The presentation highlighted the proposed template for each topic area. A subject area will produce the chapter using the template structure and guidance. There will be a consistent structure and layout which will help the reader to easily gather and respond to the needs identified for North Tyneside.

The Board were advised that an editorial board will be established and will consist of members of the performance and intelligence teams across the HWB and key stakeholders such as the ICB, Healthwatch and the LA.

A lead reviewer (lead person with specialist knowledge in that area) has two weeks to provide comments on accuracy, consistency and style in relation to that JSNA topic. The draft topic will be approved by the health and wellbeing board executive with the final draft being presented to the North Tyneside Health and Wellbeing Board for approval before publication.

The Council website will have a specific JSNA page which will display the developed topics. They will be categorised where practical with links to the categories displayed on the JSNA webpage. Where possible they will also be highlighted as 'prevention' recognising that some topics such as vaccines, are around preventing illness.

Topics will align with developing strategies, action plans or 'topical' programmes of work to support corporate requirements. A timetable will assure the board of future programmes of work.

It was queried whether this was in addition to the information already provided on the current life course and that this information will also stay.

It was noted that it has been a little while since the Board looked at the JSNA, the point is that we are looking to move away from the weighty documents

Health and Wellbeing Board which are placed on a shelf. We are trying to find a much more interactive way of providing the JSNA. It was also noted that this is a statutory duty of the Health and Wellbeing Board and that partners are very much implicated in the JSNA and we are reliant on partners. The JSNA should underpin all of our commissioning decisions in Health and Social Care.

It was suggested that we need to make sure that it is clear on the website the links to the wider determinants of health. It was noted that it is important to make the links across the Council and the other partner agencies.

- RESOLVED -**
- i) That the Health and Wellbeing Board acknowledged the role of the JSNA in informing strategic action.
 - ii) That the Health and Wellbeing Board support the JSNA process as set out in the presentation to develop a rolling programme.
 - iii) That the Health and Wellbeing Board endorsed the governance process and 'sign off' topics for publication.

HW21/23 Joint Health and Wellbeing Board Strategy Equally Well Progress against Implementation Plan 2023-24

The Board received a report and presentation to provide a progress update on the Best Start in Life theme of the Joint Health and Wellbeing Strategy "Equally Well: a healthier, fairer future for North Tyneside 2021-2025".

It was noted that the evidence is clear that the early years (pre-birth to five years) is a crucial period of development. The period from conception to age two is globally recognised as critical for building strong societies.

Some of the highlights of the report include North Tyneside having the lowest rates of women smoking at the time of delivery, North Tyneside's current level is 6% for the year to date, the 2021/22 rate was 8/3% which shows a positive reduction since 2010/11 when 17% of women were smoking at the time of child birth. Breastfeeding prevalence is also positive with rates of breastfeeding 6-8 weeks after birth being 44.4% compared with a

Health and Wellbeing Board regional rate of 35.7% and England rate of 49.2%. The trend data show a small increase in the rates of breastfeeding at 6-8 weeks since 2015/16 when it was 38% in North Tyneside.

There is robust evidence that the 1001 critical days from pregnancy to the age of two are vital for development and impact a child's physical and emotional health for the rest of their life – hence why 'the best start in life' is a key theme within the Equally Well Strategy.

Family Hubs are a national local initiative with many local areas receiving additional money in 2022 to develop their services to offer 'one stop' shops to families. Unfortunately North Tyneside did not receive national Family Hub Funding but are still committed to delivering the Family Hub model.

Family hubs aim to bring a range of services together and make it easier to access different types of support that might otherwise be hard to find. Any family, parent, carer or young person can use and access a Family Hub.

The Family Hub model emphasises the importance of the first 1001 days and should provide universal and seamless support and encouragement to every new family and are a warm base from which to connect with antenatal services such as midwifery and public health nursing as well as wider services.

It was noted that Health Visiting and Midwifery is key in the offer and are a key presence in buildings. It was also noted that most of the services are working in a very joined up way. It was noted that we often get feedback about lots of hubs being developed it is something we need further discussion on having an over-arching approach and doing some re-structuring to make it more effective and efficient.

It was noted that having physical buildings is great but transport can be an issue and is something to keep in mind.

It was commented that in terms of older people, there is a key role for grandparents when talking about families and in terms of developing sustainable networks the best solutions are from within themselves.

- RESOLVED -**
- i) That the progress in delivering the Best Start in Life by the Children and Young People Partnership be noted.
 - ii) That the comments of the Board on the progress and approach to further develop multi-agency working in Family Hubs in North Tyneside be noted.

HW22/23 Equally Well: Ensure a Health Standard of Living for All - Progress Update

The Board received a report and presentation as part of the Equally Well Strategy, Ensure a Healthy Standard of Living for All.

The focus on affordable food and encouraging residents to make their own affordable food. The Poverty Intervention Partnership Board has increased its embers and meets quarterly to review actions. Recent developments include four working groups looking to address: food insecurity, transport issues, school-based support and fuel poverty.

A food strategy for North Tyneside is currently in development which include a focussed strand of food insecurity. Actions include activities to support the development of affordable food provision within communities across North Tyneside. A network of affordable food clubs, pantries and community shops are developing across North Tyneside which are focussed on making nutritious food accessible in local communities. This included the Bread and Butter Thing, delivering up to 480 residents across 6 locations weekly. The hubs run in Whitley Bay, Collingwood Ward, Shiremoor, Longbenton, Howdon and Fordley with support from VCSE organisations and schools locally.

The warm welcome programme within VCSE locations over the winter will have a food focus with up to 10 venues delivering community cooking as part of the offer. Open access to a warm safe space for residents will become the bases of other wraparound services including equipment and skills to prepare nutritious meals at home.

The Holiday Activity and Food (HAF) programme has continue so support children and young people eligible for income related free school meals. During the summer of 2023 match funding of £46000 expanded the reach of HAF to allow more children to access the programme from low-income households.

Supermarket vouchers have continued to be provided to families on income related free school meals for all school holidays at a rate of £15 per week per child.

Other updates provided in the report included fuel poverty, clothing costs, support for household bills, financial crisis or emergency support, the digital inclusion strategy and a poverty proofing of the school day programme designed to identify barriers faced by children living in poverty when engaging with school life and help alleviated these.

The Board were advised that some mapping has been carried out looking at the main supermarkets within a 1 mile radius which has identified areas of high food insecurity across the borough. Based on Dr Megan Blakes food ladder we are aiming towards Rung 3, Rung 1 is catching, whereas Rung 3 is about self organised community change. Where currently there is an SLA in place for the food bank and they get donations, they are seeing a rapid increase in referrals and less donations. Some targeted marketing needs to take place in order to inform residents of where they can go. We need to get smarter at sharing information and need to look at how we transform the food landscape.

It was noted that the police are seeing a significant increase in shop thefts, however, this could be a real opportunity to speak to people and divert them point them in the direction of support.

It was noted that it was hoped that transport and costs of transport would be featured in the future. It was raised that we also need to work with employers to encourage the Real Living Wage and look at what else we can do to support in work poverty.

It was noted that the Child Poverty Commission produce a table and within that North Tyneside are doing better than most. It was noted that it really needs central government changes to national policy.

It was noted that there will be a huge opportunity offered by devolution conversations are taking place.

The team were congratulated on their work.

- RESOLVED** -
- (i) That progress in delivering the Ensure a Health Standard of Living for all Theme by the Poverty Intervention Board be noted.
 - (ii) That the comments of the Board on the approach to food insecurity in North Tyneside be noted.

HW23/23 North Tyneside Health, Care and Wellbeing Executive Update

The Board received a verbal update on the current position with the Health, Care and Wellbeing Executive Board. This Board is a sub-committee of the ICB (Integrated Care Board). The Board has now met twice and a lot of discussion has taken place on how the board would work as it felt it was important to not duplicate the work of other boards.

The Board is still in the process of being set up and it is very much at an Executive level, it is proposed that a further, it is anticipated that it will be looking at commissioning intentions and considering influences and influencers there are.

The question is being asked about how do we feed into the Board and how best can we have involvement in those discussions.

It was suggested that there could be something such as a partnership and engagement committee. However, the Executive are asking for patience but there is a commitment to take it forward.

It was suggested that we may want to bring something to a future meeting with regards to the relationship between the sub-committee and the Board.

RESOLVED - That the update be noted.

North Tyneside Council Health & Wellbeing Board Report Date: 30 November 2023

Title: Health and Wellbeing
Board Constitution and
Terms of Reference

Report from: North Tyneside Council

Report Author: Sonia Stewart, Democratic Services
Officer

Responsible Officers: Wendy Burke, Director of Public Health,
Allison Mitchell, Head of Governance

1. Purpose:

To update the Board on the current position with regards to the Constitution and Terms of Reference.

2. Recommendation(s):

The Board is asked to provide its views on any changes it may wish to propose to the current constitution and Terms of Reference, ahead of the formal-review of the Constitution which will take place in advance of the next annual Council meeting in May 2024.

3. Information

3.1 All local authorities are required to have a Constitution which sets out important principles and processes regarding formal decision making. The Constitution is therefore a fundamental part of the Authority's governance processes. The Constitution is agreed by full Council, and any changes to the Constitution must similarly be proposed to and agreed by full Council.

3.2 In North Tyneside Council, amendments to the Constitution are proposed to the annual meeting of Council which takes place each May. The next full review of the Constitution will therefore be considered by Annual Council in May 2024.

- 3.3 The process for gathering and compiling potential changes to the Constitution is as follows:
- (a) In the last quarter of the year (February / March 2024), the Authority's Democratic Services Team begin to canvass and compile information on changes which may be required to the Constitution. These potential changes are captured on the proforma template attached as **Appendix A** to this report. The template allows for the current provisions to any part of the current Constitution, and proposed changes to those areas together with the rationale explaining why the change is considered to be necessary, to be clearly set out. Any elected member, officer or relevant party is able to propose changes by completing a template and submitting this to Democratic Services
 - (b) In April 2024, a Constitution Task Group comprising of elected members appointed on a politically balanced basis will then meets to consider the changes proposed. Following that consideration, a report is prepared on behalf of the Constitution Task Group, setting out the changes which Constitution Task Group propose should go forward to full Council for approval
 - (c) That report of Constitution Task Group will then be considered by Annual Council in May 2024. Any changes agreed by Council will then be reflected in an updated Constitution to be published in May 2024.
- 3.4 Ahead of that formal process commencing in the new year, Health and Wellbeing Board may wish to consider the current provisions in the Constitution (Version 27, May 2023) as these relate to the Health and Wellbeing Board, to determine whether any changes should be proposed once the formal review process outlined above commences in February 2024. An extract from the current Constitution is attached as **Appendix B**.
- 3.5 A draft Terms of Reference reflecting the Constitution is also attached for comments of the Board.
- 3.6 As outlined above, it is a decision of full Council (in May 2024) as to whether changes to the Constitution will be made. However it would be helpful to Council's consideration of this matter to know any views or suggestions which lead Directors, or Health and Wellbeing Board members, may wish to propose to the current provisions on the Health and Wellbeing Board set out in the Constitution. Any such views can be captured ready to feed into the formal review process outlined above.

3.7 Following the last meeting of the Board and a reminder email circulated any comments received have been incorporated into the attached Terms of Reference and Constitution.

4. Appendices:

Appendix A: Constitution Review Template

Appendix B: Draft Terms of Reference

5. Contact officers:

Sonia Stewart, Democratic Services, North Tyneside Council

Wendy Burke, Director of Public Health, North Tyneside Council

Allison Mitchell, Head of Governance, North Tyneside Council

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

1 Finance and other resources

There are no financial implications arising from this report.

2 Legal

It is a legal requirement to have a Constitution and there is a need to follow the Council processes which are outlined in the main body of this report.

3 Consultation/community engagement

There are no consultation or community engagement matters that are relevant to this report.

4 Human rights

There are no human rights implications arising from this report.

5 Equalities and diversity

There are no equalities and diversity issues arising from this report.

6 Risk management

There are no risk management issues arising from this report.

7 Crime and disorder

There are no crime and disorder issues arising from this report.

8 Environment and sustainability

There are no environment or sustainability issues arising from this report.

**Appendix B –
Extract from North Tyneside Council Constitution (Version 27, May 2023)**

Article 10 – Health and Wellbeing Board

1. Introduction

The Authority is required to appoint a Health and Wellbeing Board to ensure that there is an integrated approach to the provision of health and social care services in the area. The Board brings together representatives from a range of relevant organisations to provide shared leadership of the strategic approach to health and wellbeing of communities in North Tyneside.

The Board is responsible for:-

- encouraging the commissioners of health and social care services to work in an integrated manner to improve the health and wellbeing of people in the area, including the making of joint arrangements;
- preparing a Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy and Pharmaceutical Needs Assessment; and
- encouraging the commissioners of health-related services, such as housing, to work closely with the Board and the commissioners of health and social care services.

2. Proceedings

The Health and Wellbeing Board will conduct its proceedings in accordance with Part 3.5E, Terms of reference of Committees, and Part 4.6, Health and Wellbeing Board Rules of Procedure, of the Constitution.

Part 4 Rules of Procedure

4.6 Health and Wellbeing Board

1. Membership

The membership of the Board will comprise:-

- a) the Elected Mayor, if nominated by him/herself;
- b) five councillors to be nominated by the Elected Mayor;
- c) the Authority's Director of Public Health and Director of Services for Children and Adults
- ~~a representative of the North Tyneside NHS Clinical Commissioning Group~~
- d) a representative of the ICB ?
- e) a representative of Healthwatch North Tyneside
- f) for the purpose of participating in the preparation of a Joint Strategic Needs Assessment or a Joint Health and Wellbeing Strategy, a representative of the NHS Commissioning Board; and
- g) such other persons as the Board thinks appropriate.

With the exception of those members falling within category a) and b) all other members will be non-voting co-opted members.

2. Meetings

Where possible, a programme of ordinary meetings of the Board will be set each year, usually by the full Council. Notice of meetings will be given to the public in accordance with Part 4.11 - Access to Information Rules of Procedure.

3. Extraordinary Meetings

Extraordinary meetings of the Board may be called, where possible following consultation with the Chair and Deputy Chair, where it is considered necessary or appropriate; or at the request of the Chair and Deputy Chair or any three Members of the Board.

Other than in exceptional circumstances, the time of commencement of extraordinary meetings should be the same as for ordinary meetings.

4. Agenda

The Head of Law, where possible in consultation with the Chair and Deputy Chair, will determine the agenda for meetings of the Board.

At least five clear working days before a meeting, an agenda will be sent to every member of the Board.

The agenda will give the date, time and place of each meeting and specify the order of the business to be transacted, and will be accompanied by such reports as are available.

Urgent reports on items of business may only be added to the agenda if the reasons for urgency can be sufficiently justified and the approval of the Chair has been given. The reasons for urgency will be recorded in the minutes of the meeting

Any matters referred to the Board by either the Council or the Cabinet will be placed on the agenda for the next available meeting of the Board. The Board will, at that meeting, determine the method and timetable for responding to any such referrals.

5. Chair

The Chair and Deputy Chair of the Board will be appointed by the Council.

Meetings of the Board will be chaired by the Chair or in his/her absence the Deputy Chair. In the absence of the Chair and Deputy Chair, Members of the Board present will elect from amongst themselves a Chair for the duration of the meeting.

6. Quorum

A meeting of the Board cannot begin until a quorum is present. The quorum for the Board will be no less than a quarter of the whole membership and at least two elected Members of the Council.

If a quorum is not reached 15 minutes after the time appointed for the start of the meeting, the meeting will be reconvened on another date.

During any meeting if the Chair counts the number of Members present and declares there is not a quorum present, then the meeting will adjourn immediately.

Remaining business will be considered at a time and date fixed by the Chair. If the Chair does not fix a date, the remaining business will be considered at the next ordinary meeting.

7. Declaration of Interests in Meetings

Where a Member attends a meeting of the Board they must declare any registerable or non-registerable personal interests as defined in the Council's Code of Conduct for Elected Members and Co-opted Members, before consideration of that item begins or, if later, when they become aware of that interest.

In addition, where in relation to any meeting a Member has declared a registerable or non-registerable personal interest in a matter, and the criteria contained in paragraph 17 of the Members' Code of

Conduct apply, the Member must leave the room for the duration of the discussion on that matter.

8. Duration

Unless the majority of Members of the Board present vote for the meeting to continue, any meeting that has lasted for 3½ hours will adjourn immediately. Remaining business will be considered at a time and date fixed by the Chair. If the Chair does not fix a date, the remaining business will be considered at the next ordinary meeting.

If the majority of Members vote for the meeting to continue no business shall be taken after a further 15 minutes beyond the initial 3½ hours.

9. Voting

Where possible matters will be decided by a consensus of members of the Board present in the room at the time the question was put.

When a consensus cannot be reached on any matter then it will be decided by a simple majority of the Members of the Board entitled to vote who are present in the room at the time the question was put.

Unless a ballot or recorded vote is demanded, the Chair will take the vote by show of hands. The Chair will announce the numerical result of the show of hands immediately after the result is known.

The vote will take place by ballot if two Members of the Board present at the meeting demand it. The Chair will announce the numerical result of the ballot immediately the result is known.

If two Members of the Board present at the meeting demand it, the names for and against the motion or amendment or abstaining from voting will be taken down in writing and entered into the minutes. A demand for a recorded vote will override a demand for a ballot.

Where any Member of the Board requests it immediately after the vote is taken, their vote will be so recorded in the minutes to show whether they voted for or against the motion or abstained from voting.

If there are more than two people nominated for any position to be filled and there is not a clear majority of votes in favour of one person, then the name of the person with the least number of votes will be taken off the list and a new vote taken. The process will continue until there is a majority of votes for one person.

10. Substitutions

Any Member of the Board who is unable to attend any meeting may appoint a Member to act as a substitute at that meeting. Substitute Members may attend only in the capacity set out below:

- a) to take the place of the ordinary member of the Board;
- b) where the ordinary member of the Board will be absent for the whole of the meeting; and
- c) after notifying the relevant Democratic Services Officer prior to the commencement of the meeting of the intended substitution.

Appointments of substitute Members will be reported to meetings of the Board at the commencement of business.

Once notification of a substitute Member has been received (unless it is withdrawn prior to the commencement of the meeting) the appointed Member of the Board shall not be entitled to attend the relevant meeting as a Member of the Board.

Any substitution shall apply for the entire meeting including where the meeting is reconvened after adjournment.

11. Minutes

The Chair will sign the minutes of the proceedings at the next suitable meeting. The Chair will move that the minutes of the previous meeting be signed as a correct record. Discussion of the minutes must be limited to their accuracy.

Where in relation to any meeting, the next meeting for the purpose of signing the minutes is a meeting called under paragraph 3 of schedule 12 to the Local Government Act 1972 (an Extraordinary Meeting), then the next following meeting (being a meeting called otherwise than under that paragraph) will be treated as a suitable meeting for the purposes of paragraph 41(1) and (2) of schedule 12 relating to signing of minutes.

The effect of this is that minutes will not be submitted for approval to an extraordinary meeting.

12. Exclusion of Public

Members of the public and press may only be excluded either in accordance with Part 4.11 – Access to Information Rules or when causing a disturbance (see below).

13. Disturbance by the Public

If a member of the public interrupts proceedings, the Chair will warn the person concerned. If s/he continues to interrupt, the Chair will order his/her removal from the meeting room.

If there is a general disturbance in any part of the meeting room open to the public, the Chair may call for that part to be cleared.

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Terms of Reference

Extract from Constitution

Article 10

The authority is required to appoint a Health and Wellbeing Board to ensure that there is an integrated approach to the provision of health and social care services in the area. The Board bring together representatives from a range of relevant organisations to provide shared leadership of the strategic approach to health and wellbeing of communities in North Tyneside.

Health and Wellbeing Board

Quorum – No less than a quarter of the whole membership and at least 2 elected members of the Council

Terms of Reference

The responsibilities of the statutory Health and Wellbeing Board required to be established by the Health and Social Care Act 2012.

1. To encourage persons who arrange for the provision of any health or social care services in North Tyneside to work in an integrated manner for the purpose of advancing the health and wellbeing of the people in the area.
2. To provide advice, assistance or other support to encourage the making of joint arrangements between health and social care commissioners under Section 75 of the NHS Act 2006 in connection with the provision of health and social care services.
3. To prepare a Joint Strategic Needs Assessment (JSNA), which provides an assessment of the current and future health and social care needs of the local community.
4. To prepare a Joint Health and Wellbeing Strategy (JHWS) for meeting the needs identified in the JSNA.
5. To encourage the commissioners of health-related services in North Tyneside to work closely with the Board.

6. To encourage the commissioners of health-related services in North Tyneside to work closely with the commissioners of health and social care services.
7. To assess the needs for pharmaceutical services in North Tyneside and publish a Pharmaceutical Needs Assessment.
8. To provide an opinion to the Authority on whether it is complying with its duty to have due regard to the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) in exercising its functions.
9. To consider the draft commissioning plans prepared or revised by the clinical commissioning group and provide an opinion on whether they take proper account of the Joint Health and Wellbeing Strategy.
10. To exercise any functions of the Authority as determine by the Cabinet and / or Council.

Membership

If a member of the Board is unable to attend they should notify the Democratic Services Officer and

Elected Members – Voting Members		
Councillor Karen Clark (Chair) Councillor John O'Shea (Deputy Chair) Councillor Jane Shaw Councillor Peter Earley Councillor Pat Oliver		
Members	Organisation	Substitutes
Wendy Burke	North Tyneside Council	Rachel Nicholson
Julie Firth	North Tyneside Council	Mary Connor
Eleanor Binks	North Tyneside Council	
Anya Paradis	North East & North Cumbria Integrated Care Board	Levi Buckley
Jackie Laughton	North Tyneside Council	Vicki Nixon
John Sparkes	North Tyneside Council	
Peter Mennell	North Tyneside Council	

Paul Jones	HealthWatch North Tyneside	
Patrick Garner	Newcastle Hospitals NHS Foundation Trust	Charis Pollard
Birju Bartoli	Northumbria Healthcare NHS Foundation Trust	
Chloe Mann	Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust	Kathryn Elliott
Carol Nevison	HealthWatch North Tyneside	
Kirstin Richardson	Wallsend Primary Care Network	
Chris Lilly	North Shields Primary Care Network	
Richard Scott	Whitley Bay Primary Care Network	
Kathryn Blomfield	North West Primary Care Network	
Patrica Whelan Moss	Tyne Health	
Craig Armstrong	North East Ambulance Service	
Sam Rennison	Northumbria Police	
Steven Thomas	Tyne & Wear Fire & Rescue Service	
Steve Martin	Department for Work & Pensions	
Dawn McNally	Age UK North Tyneside	
Geraint Morris	North of Tyne Pharmaceutical Committee	
Cheryl Gavin	Voluntary & Community Sector Chief Officers Group	
Dean Titterton	YMCA North Tyneside	

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North Tyneside Health & Wellbeing Board Report Date: 25 January 2024

**Title: Equally Well
Progress Update:
Maximising the
Capabilities of Children,
Young People and Adults.**

Report Authors: Lisa Cook, Assistant Director, Education and Inclusion, North Tyneside Council
Mark Barrett, Senior Manager, Employment and Skills, North Tyneside Council

Responsible Leads: Julie Firth, Director Children's Services (Tel: 0191 643 1454)
Janet Arris, Deputy Director of Commissioning, NHS North East and North Cumbria ICB

Relevant Partnership Board: North Tyneside Children and Young People Partnership

1. Equally Well: Progress Update: Maximising the Capabilities of Children, Young People and Adults

This item relates to the Maximising the Capabilities of Children, Young People and Adults theme of the Joint Health and Wellbeing Strategy, "Equally Well: A healthier, fairer future for North Tyneside 2021- 2025".

As outlined in 'Equally Well' educational achievement plays a significant role in reducing health inequalities by shaping life opportunities.

Making North Tyneside an even greater place for children and young people to thrive, where all can access a high-class education with a culture of inclusion and achievement is a key priority.

Our employment and skills service and many of our VCSE organisations aim to raise aspiration and release the potential of all young people and adults. There are opportunities for life-long learning across the system.

This briefing paper will be supplemented by a presentation at the Board meeting on the strategic system-wide approach to supporting the Mental Health and Emotional Wellbeing of Children and Young People in North Tyneside.

2. Recommendation(s):

The Board is recommended to: -

- a) Be assured that the North Tyneside Children and Young People Partnership is making progress in delivering the actions for Maximising the Capabilities of Children, Young People and Adults and to reduce health inequalities.
- b) Note the approach and progress being made to support Children and Young People's Mental Health and Emotional Wellbeing
- c) Provide any comments on any areas requiring further action; and
- d) Request the North Tyneside Children and Young People Partnership to submit further progress reports to the Board in relation to its implementation plan for next year, the delivery of those actions and their outcomes.

3. Progress update: Maximising the capabilities of children, young people and adults.

North Tyneside has an education system to be proud of and is a strong performer regionally and nationally. However, inequalities in educational outcomes affect physical and mental health, as well as income, employment, and quality of life. Therefore, focusing on supporting our most vulnerable children, young people and adults is crucial to ensure that they reach their full potential.

In addition, partners also have a commitment to increasing access and use of quality lifelong learning opportunities across communities. Without life skills and readiness for work young people and adults will not be able to fulfil their full potential, to flourish and take control over their lives.

The following bullet points outline actions and progress against the implementation plan for 2023/24:

3.1. *Deliver the Safety Value Intervention to provide an inclusive education offer where children and young people with SEND thrive.*

North Tyneside's Special Educational Needs and Disability (SEND) Inclusion Strategy 2021-24 sets out key priorities to maximise every opportunity for children with SEND including:

- **Co-production of North Tyneside's Early Years SEND Inclusion Service**
Scheduled for a launch in April 2024, this will provide a single point of access for professionals, and parents and carers to ensure that every child under 5 years of age who has or may have SEND in North Tyneside is known to the Local Authority with a single point of access to targeted services, and that their needs are identified and met in their pre-school years.
- **Graduated Approach:** The SEND partnership is working collaboratively to co-produce our Graduated Approach in North Tyneside. With a strong foundation in research, scheduled to be launched in the Spring of 2024, this will set out the borough's expectations for children and young people with SEND and what they can expect from across education, health care, to meet their needs. We aim to maximise every opportunity for children with SEND to attend their local, mainstream school, where their needs can be met by strengthen what is ordinarily available so that more needs can be identified and met without necessarily needing an Education, Health and Care Plan (EHCP).
- **Launch of a new SEND Preparation for Adulthood Service:** To strengthen the coordinated review of EHCPs for children and young people 16-25 years of age, there has been a £0.209m recurring investment into a SEND Preparation for Adulthood Team within the SEND Support Service, which was established in September 2023. This team is closely aligned with our Connexions Team and Whole Life Disability Transitions Team, building effective relationships with the wider partnership. The SEND Preparation for Adulthood Team will aim for all young people to have an EHCP which accurately reflects their needs and outcomes, and the provision needed to support them into adulthood.

3.2. *The HIVE Team provides holistic support for Children in Care and Care Leavers, to ensure a difficult start in life is not a barrier to success – the team will be promoting trauma informed practice across services to reduce inequalities.*

- Over the last 18 months the therapeutic offer has expanded, and support from the HIVE team is now available to all children, young people and families living in North Tyneside where there is a history of developmental and relational trauma, following appropriate referral.
- Training has been offered to professionals using Virtual Reality headsets to help them better understand the impact of trauma and how best to support children impacted by their early life experiences.
- An increasing number of Unaccompanied Asylum-Seeking Young people have been supported by the HIVE team, with an offer 2 days a week to include ESOL lessons, art activities, football sessions. Therapeutic support is offered and supported by translators.
- The Virtual School is setting up a programme called 'Work and Play' for 16–18-year-olds to provide arts and leisure activities to build confidence and increase access to work experience, apprenticeships and further education.
- Northumbria Healthcare NHS Trust has recruited two Care Leavers onto apprenticeships in the Trust in the previous year.

3.3. *Increase early help for mental health needs through development of 'The Lookout' to bring together the new Mental Health & Emotional Wellbeing pathways to create an offer for Children, Young People & families that is easy to navigate, with a range of access points.*

- Over the last 18 month's the workforce supporting children and young people's mental health in North Tyneside has been strengthened by an additional 50+ posts. This has enabled the early help and prevention model for children's emotional wellbeing to be significantly developed.
- Connect Mental Health Support Teams are working across half of our schools with a further expansion planned in October 2024. Schools can access individual support, have regular consultations with the Teams and

are also given support to develop their Whole School Approach to emotional wellbeing.

- The Early Help Emotional Wellbeing Team has strong links to GPs and CAMHS to provide timely support to children and families within the community.
- The next phase is to develop North Tyneside's model further to join up all existing services, under the umbrella of "The Lookout" which includes; the HIVE Team, CAMHS, and the VSCE Mental Health Alliance to better meet the needs of children and families, in a timely way and at the level they require.

3.4. *An increased focus on neurodiversity will transform support for pupils and families to develop more inclusive communities, reduce inequalities and improve outcomes.*

- A Neurodiversity Transformation Team has been established and funded via the Barnardo's Strategic Alliance to identify ways to improve life at home, school and in the community for neurodivergent children and young people.
- A symposium event was held in November 2023 where priorities for the work programme were agreed with an emphasis on services across our local system working together, clarity over what is already available and supporting schools. A follow-up conference is planned for April 2024 with a showcase of work by neurodivergent children and young people, updates on research from local academics, Virtual Reality headsets and a panel discussion with local schools.

3.5. *Deliver Preparation for Adulthood: an established post-16 SEND work-based learning programme 'Ignite Your Potential'.*

- The Ignite your Potential Programme is now in its fourth year of delivery and has been developed further to ensure the progression of young people participating.
- An additional 6 places (32 in total) were secured for the programme from September 2023 to specifically support young people with Social, Emotional and Mental Health (SEMH) needs.
- The Employment and Skills Team is working closely with the People Team to develop and expand work placement opportunities across Council Services and with key external partners.
- The North Tyneside Adult Learning Service's provision for learners with high needs was graded 'Outstanding' by Ofsted in June 2023 alongside

'Outstanding' gradings for Adult Learning, Leadership and Management and Behaviours and Attitudes.

- The Local Authority has invested in developing a SEND Preparation for Adulthood Team within the SEND Support Service. This team consists of a Senior Special Education and Disability Officer who will lead three Special Education and Disability Officers responsible for the Annual Review of young people's Education Health and Care Plans.

3.6. *A SEND Practice Group has been formed and a SEND Employment Forum will meet for the first time in June 2023 to develop actions going forward.*

- The SEND Employment Forum has now met on two occasions in June and October 2023.
- The group is made up of local partners who can work together in developing and delivering pathways to sustainable employment to ultimately improve the employment outcomes for young people with SEND.
- One of the initial tasks is to identify the training needs that employers based at Cobalt have around SEND and employability and providing an appropriate training offer to meet this need.
- A SEND Provider Directory has been developed, which will be located on the SEND Local Offer on the Council Website.
- The Employment and Skills Service has secured funding to:
 - o Work with key partners including delivery partners and employers to improve the quality and quantity of Supported Internship opportunities available to young people with SEND between 2022 and 2025.
 - o Develop a pilot Supported Internship for young people with additional needs who do not have an Education, Health Care Plan (EHCP) between April 2024 and July 2025.

3.7. *Deliver the Cobalt Education to Employment programme to embed careers into the school curriculum – Burnside, Norham and Marden High*

- The pilot programme commenced in September 2022 working with the three schools and businesses located on Cobalt Business Park.
- The pilot ran between September 2022 and July 2023 and included a number of projects aimed at providing additional careers support in schools and embedding careers education into the wider curriculum.
- Resources developed to support delivery of the programme include careers videos involving employees of businesses on the park, employability workbooks for pupils to complete with tasks to develop their employability skills, work experience opportunities on the park, mentoring support and a Careers Safari opportunity.

- The project team have also worked closely with the North East LEP to raise awareness amongst schools and businesses about additional opportunities including the rollout of T-Levels.
- The resources created are now being added to a dedicated website that will assist in the wider rollout of the programme to all North Tyneside schools during 2023-24.
- Northumbria Healthcare NHS Trust has attended 11 events at schools and colleges, supporting young people to consider progression into apprenticeships and employment in the NHS through mock interviews and careers fairs.

3.8. *Target adult learning at disadvantaged adults with low starting points to offer support and skills development and monitor uptake.*

- Programmes continue to be developed to support our most vulnerable and disadvantaged residents to improve their skills and gain or progress into sustainable employment.
- The North Tyneside Adult Learning Service has developed a new employability offer, which includes increased use of digital learning to provide bespoke support for individuals, employability workshops that provide opportunities to develop interview skills and CV writing, work experience opportunities and Get into courses.
- The Get into courses are co-designed with employers to support residents to access specific employment opportunities with a guaranteed interview on completion of the short course. Courses have been developed and delivered during 2023 with Greggs, Tynemouth Castle Inn and Sitel as well as sector focused courses for early years, teaching, social care, construction and hospitality and catering.
- The Local Authority and key partners such as Cedarwood Trust and YMCA North Tyneside has responded to an increase in demand for support with English for Speakers of Other Languages (ESOL) provision and other wrap around support for people resettled from Ukraine, Afghanistan, Syria and Hong Kong.

3.9 *Delivery of the digital inclusion strategy includes targeted digital skills provision in line with the inclusive vision of 'nobody left behind' supporting learners to live fuller lives in their communities.*

- After a successful pilot during 2021-23, the North Tyneside Adult Learning Service has mainstreamed its delivery of the Digital Outreach Project (DOP).

- DOP provides more personal support working with residents to identify personal needs and goals and delivering tailored workshops and sessions to help build day-to-day digital confidence. DOP sessions are typically delivered to small groups of 3-4 people.
- DOP is free of charge and sessions are delivered at venues across North Tyneside. The sessions cover a range of digital skills including (but not limited to):
 - o Learning how to get the most out of your devices.
 - o Gaining confidence with computer programs commonly used in the workplace.
 - o Accessing the internet safely and avoid online scams.
- The DOP supported 239 learners with Skills Scans, Skills Boosters, Skills Masterclasses and Digital Champions training in 2022-23
- The service is also delivering Microbytes training courses, which are a new series of training courses focused at a more advanced level 2 and help participants to use Microsoft applications through short courses including Word processing in Word, Spreadsheets in Excel and Presentations in PowerPoint.

3.91. Review uptake of lifelong learning opportunities – for adults and older people, especially those accessing digital technology and skills courses.

- All providers are reporting an increase in participation in adult learning skills provision since a significant reduction was experienced during the Covid-19 pandemic.
- Providers have adapted to provide more blended learning opportunities with distance learning enabling more tailored and bespoke course provision and learners being able to access courses in their own time and complete at their own pace.
- Data from the North of Tyne Combined Authority (NTCA) for the 2021-22 academic year shows that there were 3410 learners participating in adult education in North Tyneside with an achievement rate of 84%.
- 55% of learners enrolled on course at below Level 2 with a further 42% enrolling on Level 2 courses.
- In terms of the profile of learners:
 - o 16% of Adult Education Budget (AEB) learners are aged 19-23.
 - o 19% are aged 50+.
 - o 52% of AEB learners are female.
 - o 25% self-identified as having LLDD and/or a health problem.

- 23% of enrolment opportunities are undertaken by residents with no qualifications, 23% are undertaken by residents with prior attainment at Level 1 or below.
- 71% of enrolment opportunities are undertaken by unemployed residents, 53% are unemployed and actively looking for work.
- In 2022-23, the North Tyneside Adult Learning Service had 2225 enrolments on its courses including:
 - 204 enrolments on English for Speakers of Other Languages (ESOL) courses
 - 350 enrolments for employability training
 - 530 enrolments for English and Maths
- The service supported 75 16-18 learners with English, maths, employability and vocational training.
- Learners accessed specific Get into Courses co-designed with employers. Notable successes include Get into Tynemouth Castle Inn (18 learners into employment), Get into Greggs (14 into employment) and Get into Smulders (18 into employment).
- In total, 679 learners gained employment after accessing courses with the Adult Learning Service in 2022-23.

4. Performance indicators

North Tyneside has 27,345 children and young people on roll in schools in North Tyneside. 24% meet the criteria for Pupil Premium and there are 236 Looked After Children of school age.

4.1. Attendance data

North Tyneside data indicates a better overall absence average of 5.8% than our neighbouring authorities 7.7% and national average 6.6%. However, in line with national data we have had an increase in Overall Absence, Persistent Absence (less than 90% attendance) and Severely Absent (less than 50% attendance) when compared to pre pandemic.

- Children and young people who are registered as Pupil Premium attend less well nationally and locally, although North Tyneside rates are better than national averages. The overall absence rate for PP is 9.6% compared to non PP 5.8%. The Persistent Absent rate is significantly worse, PP 32.4% and non PP 18.7%. The Severely Absent rate difference is also of concern, PP 3.5% and non PP 1.4%

- There is a significant difference in the attendance rates of all the pupils that were in care at the end of the academic year and those that had been in care for 12 months or more (OC2 Cohort). The overall rate of attendance for all of our pupils at the end of the academic year 22-23 was 87% and for the OC2 cohort it was 93%. For primary aged pupils this was 93% for all and 95% for those in care longer term. Secondary aged pupils had an attendance rate of only 83% (all) and 91% for those in care longer term. For the full cohort 23% had an attendance rate of over 98% (32 pupils had 100% attendance) and for the OC2 cohort 34% had an attendance rate of over 98% (10 pupils 100%). 36% of the full cohort were classed as persistently absent and 7% severely PA (below 50%) compared to the OC2 cohort with 21% PA and 2% SPA. This demonstrates clearly the positive impact being in care and experiencing stability can have on pupil attendance.
- Permanent Exclusions have increased significantly in North Tyneside from 32 young people 2021/22 to 98 young people 2022/23. Nationally figures for Permanent Exclusion have risen significantly, North Tyneside figures are slightly more than national average.
- No Looked After Children were Permanently Excluded from North Tyneside schools.

4.2. Attainment – Summer 2023 data exceeds North East averages and were in line or above national average at all key stages.

Pupil Premium children and young people did not perform as well as their peers with the attainment gap widening at KS4.

KS1 results have not yet returned to pre pandemic averages 57% of pupils met expected standards in Reading Writing and Maths, slightly higher than national average. Pupil Premium pupils had significantly lower scores at KS1 38% than their peers 65%.

KS2 results were slightly above national averages, however, remain lower than pre pandemic. All pupils average score Reading, Writing and Maths 61%. Pupil Premium pupils achieved at a significantly lower level 45% met Expected standards compared to 68% of their peers.

KS4 the North Tyneside GCSE Attainment 8 (average score) was 46.7, in line with national average 46.5. The Progress 8 for North Tyneside -0.09 score is slightly lower than national -0.02. Pupil Premium Attainment 8 and Progress 8 scores were in line with national averages. Pupil Premium Young people do not perform as well as their peers.

KS5 those young people attending Post 16 in schools in North Tyneside achieved results slightly higher than national average at A Level, Vocational subjects were high than national average.

At KS2 Children in Care performed at a higher level than national average. There were 39 young people in Care in Year 11 last year. Of those that did complete GCSEs we saw some really positive results. 3 pupils achieved both Maths and English at Grade 5 and above and a further 11 gained both Maths and English at Grade 4. This means that of those sitting GCSEs 48% achieved both Maths and English and will not need to resit them at college. This is the highest we have ever had, in a year where marking returned to pre-covid standards.

5. Community engagement

The Children and Young Person's Partnership regularly engage to seek the young person's voice via a range of mechanisms including Elected Young Mayor, Elected Member of UK Youth Parliament, Youth Council, Children in Care Council, Children's Council and other committees such as North Tyneside SEND Youth Forum. These forums give children and young people the opportunity to tell the council and its partners about what life is like growing up and going to school in North Tyneside.

6. Contact officers:

Lisa Cook, Assistant Director, Education and Inclusion, North Tyneside Council
Mark Barrett, Senior Manager, Employment and Skills, North Tyneside Council

9. Background information:

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

[Ambition for Education in North Tyneside 2020 - 2024](#)

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

Any financial implications arising from the delivery of the implementation plan to delivery Equally Well, North Tyneside's Health and Well Being Strategy will be met from existing budgets.

11 Legal

The Board has a duty under Section 195 of the Health & Social Care Act 2012 to encourage partners to work closely together and in an integrated manner for the purpose of advancing the health and wellbeing of the people in the area.

13 Human rights

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

14 Equalities and diversity

There are no equalities and diversity implications directly arising from this report.

15 Risk management

There is a risk that despite the considerable effort for joint action by the Health and Wellbeing Board, partners may not improve the inequalities in health seen in North Tyneside.

The health inequalities that existed prior to the COVID-19 pandemic have subsequently been amplified and more recently it is also widely acknowledged that the current rise in the cost of living is likely to have a disproportionate impact on some of our communities in North Tyneside.

A corporate risk has been identified for this scenario with a mitigation report was presented at the Audit Committee in November 2022, and this risk will continue to be monitored with regular reporting.

16 Crime and disorder

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

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North Tyneside Health & Wellbeing Board Report Date: 25 January 2024

Title: Equally Well
Progress Update: Fair
Employment and Good
Work for All

Report Authors: Mark Barrett, Senior Manager, Employment and Skills,
North Tyneside Council

Julie Dodds, Head of Inclusive Economic Growth, North
Tyneside Council

Responsible Lead: John Sparkes, Director of *(Tel: 0191 643 1441)*
Regeneration and Economic
Development

**Relevant Partnership
Boards:** Thriving Sub-Committee
Employability Partnership

1. Purpose: Progress Update: Creating fair employment and good work for all

This item relates to the 'creating fair employment and good work for all' theme of the Joint Health and Wellbeing Strategy, "Equally Well: A healthier, fairer future for North Tyneside 2021- 2025".

As outlined in 'Equally Well' good work improves health and wellbeing across people's lives, not only from an economic standpoint, but also in terms of quality of life.

There is a two-way relationship between work and health: good work is both a result and driver of good health, impacting on the lives of residents and their communities. There are specific barriers that some of our most economically inactive residents face in engaging with the labour market, and these residents require targeted support to move closer to, and

access work e.g., residents with physical and mental health conditions, caring responsibilities, or transport costs. The evidence is clear that poor health is linked to unemployment and poor-quality work. Closing employment gaps across North Tyneside can unlock prosperity and improve health and wellbeing.

North Tyneside Council's Employment and Skills service is made up of Connexions, Adult Learning, and Employability Projects. In conjunction with our NHS colleagues and the Voluntary, Community and Social Enterprise sector (VCSE), there is a range of provision across North Tyneside that enables residents to gain the skills to take ownership of their future to secure good jobs with living wages.

North Tyneside's approach to 'creating fair employment and good work for all' is closely linked to the regeneration of the Borough, expanding the support available and encouraging developers and local employers to offer training and job opportunities.

Our Inclusive Economic Strategy, 'An Inclusive economy in North Tyneside' aims to create conditions for businesses to flourish, to nurture investment and support long-term opportunities for growth, creating jobs that reflect a transforming economy. The Strategy ensures that economic opportunity, generated by the Boroughs assets, is accessible to all.

Local partnerships are closely linked in with the work of the North of Tyne Combined Authority, in particular the Inclusive Economy Board and the Employability Strategy Group. The NoT board brings together experts from across the skills, economic development, housing, and education sectors to help strengthen education, skills and employment interventions, improve local education and employment outcomes, and ensure devolution has a positive impact for all residents.

This briefing paper will be supplemented by a presentation at the Board meeting, which will give further detail about the importance of improving the health of working adults and increasing access to good work, particularly for those individuals with poor health.

2. Recommendation(s):

The Board is recommended to: -

- a) Be assured that the respective partnerships are making progress in delivering the actions for creating fair employment and good work for all.
- b) Provide any comments on any areas requiring further action;
- b) Request the respective partnerships submit further progress reports to the Board in relation to its implementation plan for next year, the delivery of those actions and their outcomes.

3. Progress update: Fair employment and good work for all

The following section outlines key activity from respective partners highlighting progress against the implementation plan for 2023/24

- ***Data and insight analysis to understand the employment and skills needs of different residents and communities and identify and address any gaps in support.***
 - The North Tyneside Employability Partnership involves key partners in the delivery of employment and skills support using data and intelligence to inform the targeting of support for residents and businesses.
 - Funding has been secured from the North of Tyne Combined Authority (NTCA) to employ an Employability Partnership Coordinator and Employer Engagement Officer with the aim of embedding Employability Partnerships that will work with partners to collect intelligence and ensure the coordination of employment and skills support through collaboration and the sharing of information.
 - This intelligence has also been used to inform the commissioning of employment and skills funding including UK Shared Prosperity Funds (UKSPF) and Adult Learning funding by NTCA. An extensive evidence base has informed the commissioning of funding.

- *Understanding and addressing reasons for economic inactivity due to physical health and mental health conditions and developing a plan to address these barriers to employment e.g., through the Working Well Hub.*
 - The levels of economic inactivity have increased since the Covid-19 pandemic, with significant increases in residents who are economically inactive reporting a long-term health condition.
 - UKSPF is being utilised to provide employment support for economically inactive residents:
 - A relational Mentoring Project delivered by the Wise Group, Anxious Minds, Meadow Well Connected and Justice Prince commenced in July 2023.
 - Work Routes is a new programme commissioned by the Department for Works and Pensions (DWP) and delivered by Reed in Partnership.
 - A wide range of partners including the partners delivering the above projects are coming together to offer support from the new Working Well Hubs, which have been established in North Shields and Wallsend.
 - Since opening the Working Well North Tyneside employment hub in North Shields in November 2022 over 5300 people have visited receiving 1-2-1 support to address barriers to employment and attending various events and activities with over 25 partners engaged.
 - The pilot in North Shields Town Centre has been extended to July 2024 and the second Working Well Hub opened in Wallsend Customer First Centre on 4th September 2023 with over 650 visitors attending.
 - We have also now extended the services to the North West of the Borough with weekly events and drop-in support sessions taking place at the John Willie Sams Centre in Dudley, Wideopen Library and the White Swan Centre in Killingworth. A weekly drop-in session is also taking place at Whitley Bay Big Local.

- An evaluation of the Working Well pilot is being undertaken by Centrifuge Consultancy with interviews with key stakeholders and data analysis about to commence.
- ***Addressing recruitment and retention challenges in key sectors e.g., early years and the health and social care sector through the Care Academy.***
 - The Care Academy is a partnership between all care providers in North Tyneside including the local authority, the NHS, social care providers, the voluntary sector and local schools and colleges.
 - The website (www.northtynesidecareacademy.org.uk) is a celebration of the adult social care sector in North Tyneside and showcases what the borough has to offer, we can attract more people to, and keep people working in care in the borough.
 - 'Get Into Social Care' is a short introductory course delivered by North Tyneside Council's Employment and Skills Service. On the five-day course learners receive expert training, find out more about the roles available and access support for finding and applying for jobs. The course runs once a month in North Shields.
 - Cedarwood Trust are delivering a 'Step Up Into Care' initiative to support peoples recovery from the COVID-19 pandemic by supporting them into meaningful activities to encourage people to re-engage with activities in leisure, well-being training, education and employment.
 - Tyne Met College also run a range of courses aimed at supporting young people to move into a career in the health and social care sector.
- ***Monitor progress and understand issues around supporting over 50s back to work through the Dedicated Work Coaches in DWP, including the upskilling of people to work in the digital environment.***
 - Jobseekers over the age of 50 are provided with more one-to-one support at Jobcentres to help them get into, and progress in work, boosting their earnings ahead of retirement.
 - The increased support is boosted by 50PLUS Champions covering every district across England, Wales and Scotland who work with

- local employers to raise awareness of the benefits of employing older workers.
- Mid-life MOTs are also available from some Jobcentres, but can also be accessed online. These promote the benefits of work, signpost to find information about their state pension and any employer based pensions and also signposts to find information and help about health issues.
- ***Delivery and monitoring of employability projects targeting support at disadvantaged groups e.g., the Restart Project targeting the long term unemployed.***
 - The NTCA commissioning of UKSPF funding is gradually seeing an increase in the number of employability projects available to support residents from disadvantaged groups to improve their skills and gain sustainable employment.
 - The eligibility for the Government's Restart Programme, delivered by Reed in Partnership in North Tyneside, has been extended to support more residents and at an earlier stage of their period of unemployment.
 - Additional support is also being provided by Reed in Partnership and the Local Authority for people resettling in the Borough from Ukraine, Afghanistan, Syria and Hong Kong.
 - This support includes the employment of a Resettlement Employment and Skills Coordinator and an increase in the provision of English for Speakers of other Languages (ESOL) courses.
 - ***Co-ordinate the approach to promoting available apprenticeships across the system to disadvantaged groups and 'Get into' courses and careers and recruitment events.***
 - The Local Authority working with key partners including employers and deliverers of Apprenticeship training are working together to promote the benefits of Apprenticeships and increase the availability of opportunities.
 - A key opportunity is the annual National Apprenticeship Week (NAW).

- National Apprenticeship Week 2024 is taking place from 5th to 11th February 2024. The theme is Skills for Life, reflecting on how apprenticeships can help individuals to develop the skills and knowledge required for a rewarding career, and employers to develop a workforce with future ready skills.
 - The week will culminate with the North Tyneside Get Up and Go Apprenticeship Fair on Saturday 10th February 2024, which will bring together local employers and training providers to promote Apprenticeship opportunities to young people and parents.
 - The event is held in on the ground floor of the North Tyneside Council offices at Quadrant, Cobalt Business Park and usually attracts over 600 attendees.
 - Northumbria Healthcare NHS Foundation Trust has a national recognised Apprenticeship programme that helps Apprentices gain the necessary knowledge, skills and behaviours vital to undertake roles in a range of areas including Health care, Social care, Business administration, Customer service, Estates and Facilities.
 - The programme, which has been running for over 10 years, has led the way, with more than 95% of apprentices' gaining employment with the trust or wider NHS.
 - As part of the Northumbria Way, apprentices at Level 2 onwards may work in a variety of different roles in hospitals, the community and in office environments, across Northumberland and North Tyneside.
- ***Economic strategy to work with businesses involved in major developments to deliver corporate social responsibility commitments to increase the number of jobs opportunities, including apprenticeships, available to residents.***
 - In line with the objectives of the Inclusive Economic Strategy the Local Authority continues to work with large scale employers and developers to connect opportunities to residents with particular attention to those in deprived wards. This includes proactively working with circa 70 significant employers as part of the Local Authorities Strategic Account Management (SAM) programme,

key business park operators/owners such as Quorum and Cobalt and those responsible and interested in bringing forward development on employment land such as Indigo Park in Weetslade and Swans Energy Park on the River Tyne.

- Through working with local businesses, it has become clear that the growing renewable energy industry and the offshore sector as a whole has significant vacancies and training opportunities for local people both immediately and in future years. There is work in train to develop a plan for skills provision that links local people with key assets, services, businesses, and resources such as the Energy Academy managed by Newcastle College, North Tyneside Council Skills and Employment Services and external resources from skills budgets via the Combined Authorities. In addition, the Tyne is included within the developing North East Investment Zone proposal currently being co designed by Government and the emerging North East Mayoral Combined Authority likely to be agreed and launched by Spring. This will bring opportunities for funding linked to skills, innovation and infrastructure to enable growth on the River Tyne. It represents a huge opportunity to link local people to jobs and training in some of the Boroughs most deprived wards geographically located next to the River Tyne, and beyond.
- Building on the established Inclusive Economic Strategy the Local Authority has agreed to develop an Economic Strategy which will embed the principles of delivering inclusive economic growth as set out in the current strategy into an overall vision for the economic development of the Borough. It will also set out how the Local Authority alongside partners and stakeholders can achieve objectives around employment growth and opportunities, skills development, business support, innovation and sector development and the development and enablement of employment land linked to the Local Plan. A specification to commission a consultant to support this work is in development and we await confirmation of funding via a Grant Funding Agreement from the North of Tyne Combined Authority before we can procure a supplier

- *Ensure North Tyneside organisations and business benefit from involvement with the Better Health at Work and Good Work Pledge initiatives.*

The Better Health at Work Award was established to take health and wellbeing into the workplace and is delivered by Northern TUC. In North Tyneside over 39 organisations and businesses are involved in this award.

The North Of Tyne Good Work Pledge is the North of Tyne Combined Authority's (NTCA) independent kitemark established to formally recognise good employers. The scheme is designed to recognise commitment to providing 'good jobs' – employment that offers security, development opportunities, fair representation, and a decent standard of living as a minimum. Companies applying for accreditation must set out how they meet various good practices by showing, for example, their flexible working options for employees, and policies that promote equality and diversity. *Trying to get a figure of how many NT orgs involved.*

4. Performance indicators

Appendix 1

5. Community engagement

The Employability Partnership continuously engage with residents, employers, and business across North Tyneside and through the work of the North of Tyne Combined Authority to understand the employment and training needs of residents.

North Tyneside Council in partnership with NTCA, Newcastle City Council and Northumberland County Council has accessed funding to provide Employment Partnership delivery between July 2022 and March 2025. NTCA investment is funding a Local Employment Partnership Coordinator and an Employer Liaison/Engagement Lead in each local area.

6. Appendices:

Appendix 1 – Performance indicators

7. **Contact officers:**

Mark Barrett, Senior Manager, Employment and Skills, North Tyneside Council 07970 227094

Julie Dodds, Head of Inclusive Economic Growth, North Tyneside Council 07583 042186

8. **Background information:**

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

[Inclusive Economy Strategy overview](#)

[North of Tyne Strategic Skills Plan – ‘Opportunity for All’](#)

[North of Tyne Employability Plan](#)

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

9 **Finance and other resources**

Any financial implications arising from the delivery of the implementation plan to delivery Equally Well, North Tyneside’s Health and Well Being Strategy will be met from existing budgets.

10 **Legal**

The Board has a duty under Section 195 of the Health & Social Care Act 2012 to encourage partners to work closely together and in an integrated manner for the purpose of advancing the health and wellbeing of the people in the area.

11 **Human rights**

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

12 Equalities and diversity

There are no equalities and diversity implications directly arising from this report.

13 Risk management

There is a risk that despite the considerable effort for joint action by the Health and Wellbeing Board, partners may not improve the inequalities in health seen in North Tyneside in the life time of this strategy.

The health inequalities that existed prior to the COVID-19 pandemic have subsequently been amplified and more recently it is also widely acknowledged that the current rise in the cost of living is likely to have a disproportionate impact on some of our communities in North Tyneside.

A corporate risk has been identified for this scenario with a mitigation report was presented at the Audit Committee in November 2022, and this risk will continue to be monitored with regular reporting.

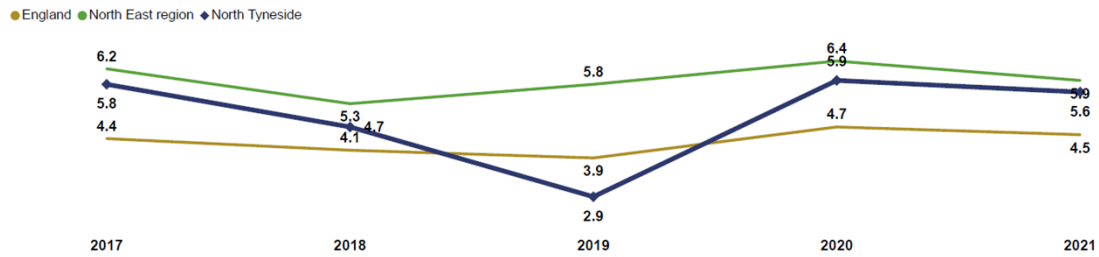
14 Crime and disorder

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

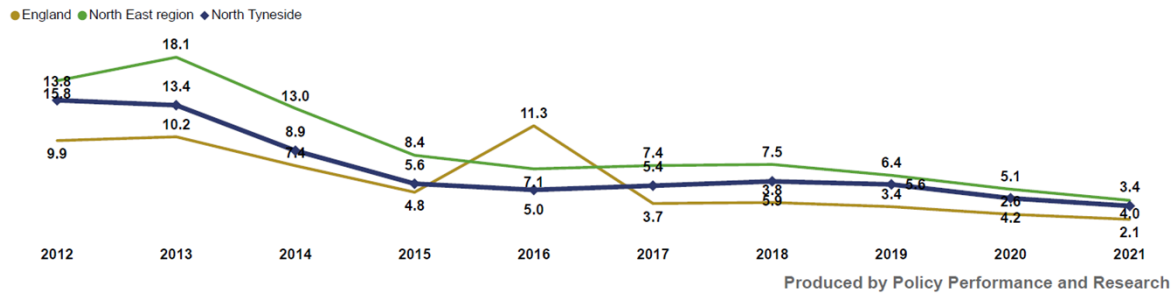
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Appendix I: Fair Employment and Good Work for All

Unemployment rate (model based) (%)



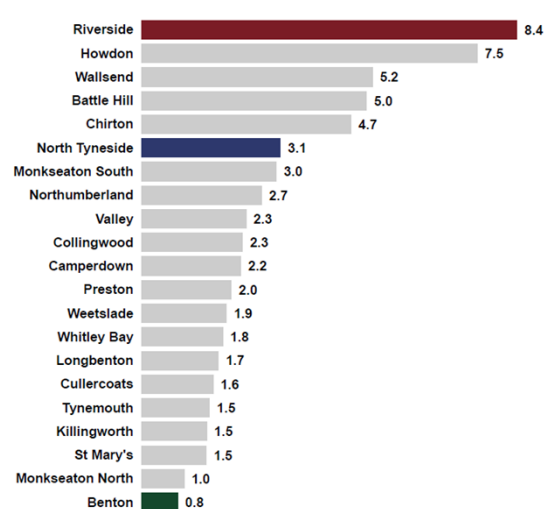
Long term claimants of Jobseeker's Allowance (%)



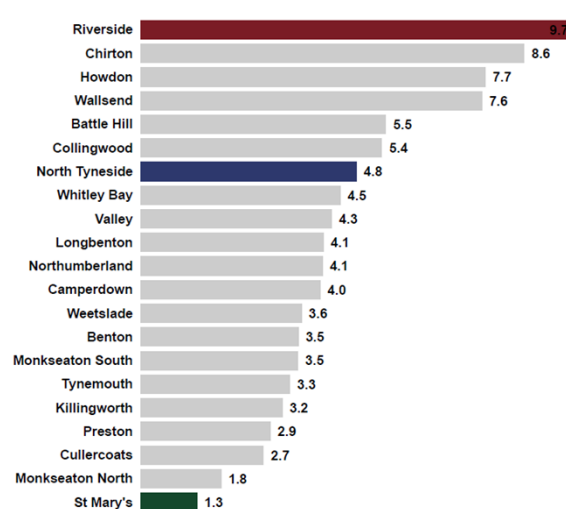
Produced by Policy Performance and Research

North Tyneside's overall unemployment rate (5.6%) is slightly lower than the North East figure (5.9%), but higher than the England rate (4.5%)

Long-Term Unemployment- rate per 1,000 working age population (2021/22)



Unemployment (Percentage of the working age population claiming out of work benefit) (2021/22)



The data above reflect that areas of the Borough with the most socio-economic deprivation have the highest unemployment rates.

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**North East and
North Cumbria**

North Tyneside Winter & Surge Plans 2023/24

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Agenda Item 9

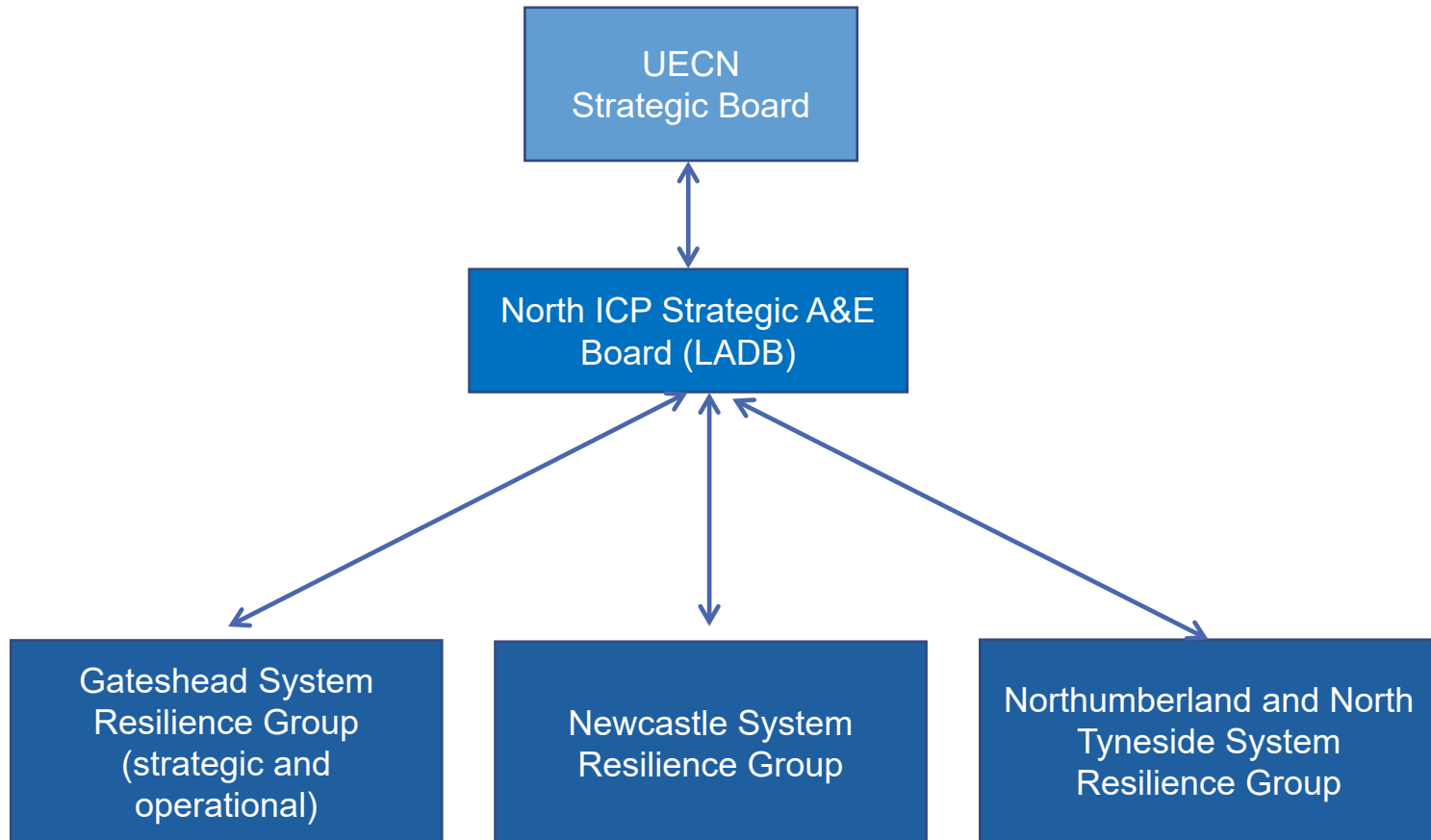
Strategic Overview

North Strategic Surge Planning

- The North Tyneside & Northumberland System Resilience Group is multi-organisational and undertakes the operational leadership of local 'place' based services and delivery. It brings together key stakeholders from across the North Tyneside and Northumberland Place health and social care economy to shape operational resilience and place based service delivery.
- The focus of the SRG has been on the ICB priorities and the 10 High Impact Interventions and how we work as a system to ensure resilience in service provision over the winter period
- The work of the SRG feeds into the North Strategic A&E Delivery Board

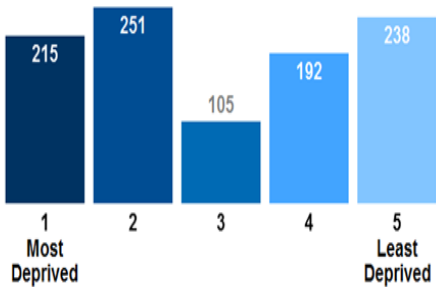
North Tyneside UEC Governance

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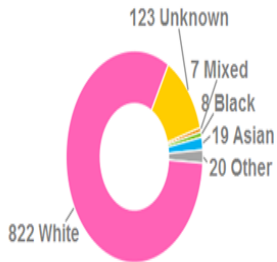


If North Tyneside contained 1,000 people... (actual population ~226,400)

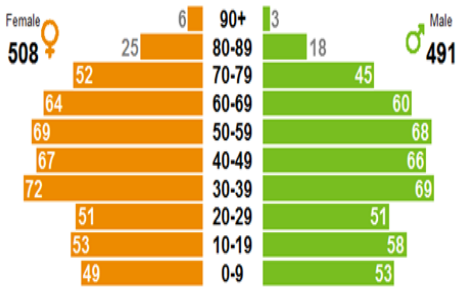
Deprivation



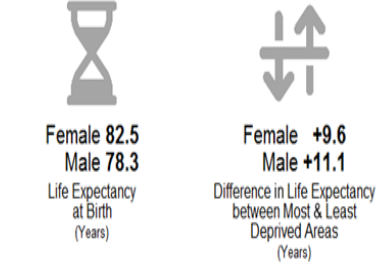
Ethnicity



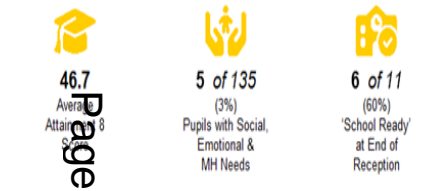
Population



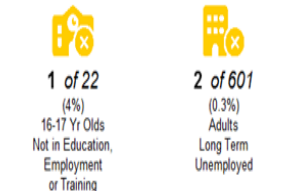
Life Expectancy



Education



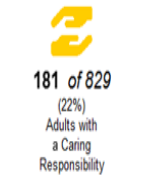
Employment



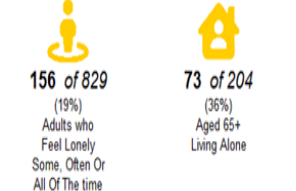
Households



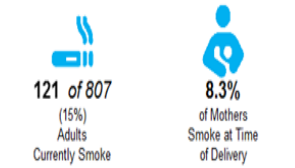
Carers



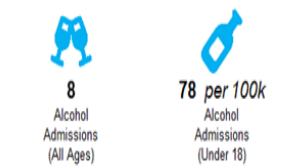
Loneliness



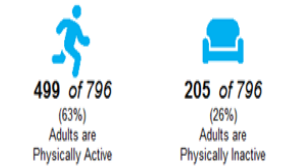
Smoking



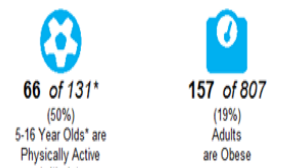
Alcohol



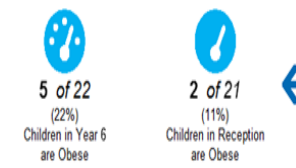
Physical Activity



Obesity

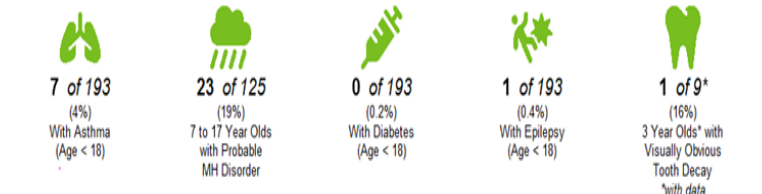


Obesity

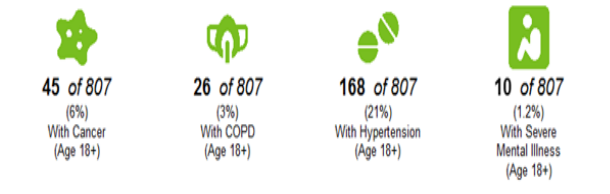


How to read this...
If the population of North Tyneside were shrunk to just 1,000 people then 21 would be aged 4 to 5. Of these, 2 would be classed as obese. That means that 11% of those in reception are obese.

Core20+5 Children & Young People



Core20+5 Adults



Frail & Household



Based on the population registered with GP practices in North Tyneside. Figures may not sum to 1,000 due to rounding.

Integrated Frailty – North Tyneside

- Integration of several staff units into one Community Response Staff group that can deliver Carepoint, Virtual Wards and 2HCUR. This has enabled the sharing of skills across the larger group and a more flexible staff group for the needs of the service. Staff unit includes MDT practitioners including pharmacy.
- The community response service incorporates the integrated frailty model including the Community Nurse Practitioners, proactive care, Elderly Assessment Centre. We continue to be aligned with the Jubilee Day Hospital.
- The community Response service is an integrated team with Care point Health & Social care model with Reablement, Discharge to Assess, admission avoidance, Crisis Response, and planned pathways of care.
- Development of a Single Point of Access for Community Response team, District Nursing and 2HUCR.
- Development of a joint post between the Frailty Assessment Service and Community Response Team. This is a rotational post that will enable more seamless integration and sharing of specialist knowledge.
- A priority within the community is addressing falls and we have implemented a community business unit falls strategy which we are implementing alongside the wider falls' strategic workflow.



**North East and
North Cumbria**

Winter Plan

Capacity and Demand Modelling

North Tyneside

- Our philosophy is to provide care at home or in the community where possible but, using analysis of beds commissioned in 2022/23, we have used ADF funding to fund 20 residential & Nursing beds, plus 10 beds at Edith Moffat and 6 beds at Havelock House to continue to provide resilience in the system moving into winter 23/24. We are also using funding to bolster provision of home care packages to improve discharge from hospital. We have also used data to analyse usage of the British Red Cross for pathway 0 work at NTGH during winter 22/23 and have decided to use funding to commission a similar service.

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Northumbria

- Winter Plans for 2023 confirmed to provide additional capacity at the NSECH site to support ED. This will include increasing the Discharge Lounge space from 9 beds to 15 beds and from 5 chairs to 6 chairs. It will also be available 24/7.
- Plans to open additional winter bed capacity at the Base Sites to support flow in the system. In addition new Discharge Lounges have been implemented at NTGH and WGH.
- Additional streaming capacity at NSECH to support at key times of expected pressure.

Improving Flow (1)

- Trusts have in place Discharge Boards at which all potential discharges are discussed each morning in the Site Brief. Length of Stay meetings take place, the frequency of which depends on system pressures but can be daily if required and as part of internal incident processes. A discharge lounge has already been established at NSECH, WGH to facilitate early patient transfer and discharge. NHCT has a dedicated transport system in place to facilitate movement from NSECH to a general hospital site.
- Local authority discharge teams work very closely with Trusts to ensure that the onward transfer from discharge area is undertaken as promptly as possible, aiming to meet national requirements for the majority of patients to be transferred in 2 hrs or same day.
- At NHCT, social circumstances and care needs are included in the admission sections of all nursing and medical documentation in Nervecentre. Community discharge teams are involved at the earliest opportunities where any level of complexity or ongoing care is required DTA opportunities are available. Proactive assessment for referral to intermediate care settings take place. There is a process for combined sign-off with LA colleagues of any delayed transfers of care. Where required, data validation exercises are undertaken to ensure that the Trust and local information both match
- All reporting is undertaken as required including integration of daily reviews into electronic PAS - live lists, available to all agencies, number and % discharge and reasons for anyone not going noted. Updates to the Acute and Community Daily Discharge Situation Reporting Questions is provided.

Improving Flow (2)

- Mechanisms are established on management of any future discharge funding through agreements between health and local authorities. Full implementation of the Discharge to Assess model in line with discharge policy percentages are in place. Data from NHSI reporting is being reviewed to ascertain if the national discharge funding had an impact on flow and to inform discussions with partners on the challenges in the systems and work towards solutions. NHCT has confirmed that DTA opportunities are available from all its in-patient sites and metrics are monitored.
- In North Tyneside, the Trusted Assessor model has been piloted with 4 care homes and ADF funding is being used to recruit an additional Nurse Assessor post which will enable the trusted Assessor model to be rolled out across the borough. It is expected that this will support timelier discharges.
- Work in the community with UCR / Rapid response team, virtual wards, care homes and palliative care teams as well as NEAS will support admission avoidance of patients that perhaps can stay at home with additional support. This will also help improve flow.

Plans for managing for peaks in demand over weekends and bank holidays

- Demand and capacity plans are ongoing currently, including consideration of likely impact such issues as industrial action, flu etc on workforce and hospital admissions over winter
- Hospital based social care teams are on site to support hospital discharges. 7 day services are already in place. Analysis of weekend discharges is being undertaken across all hospital sites to consider if further improvements can be made to pathways to enable more weekend discharges where appropriate.
- PCN Capacity and Access Plans have been prepared to help manage demand and improve patient experience of access. In North Tyneside, a contract with the GP Federation exists for Extended Access on Bank Holidays and weekends. The contract with LIVI is also available offering online GP consultations also available on Bank Holidays and weekends.
- Care home capacity has increased or plans are in place to increase capacity in all places. Capacity is being carefully monitored to enable response to potential spikes in demand over the winter period.
- Reablement capacity is being reviewed at place to develop both short and long term plans. Reablement teams are able to work flexibly to prioritise hospital discharge referrals and to ensure social work can cover other teams at times of high demand
- Work is ongoing at place level to develop domiciliary care provision, although it acknowledged that this is an area of challenge.
- Increased NHS 111 CAS capacity has been confirmed.
- Additional capacity will be sought to support NTGH and WGH UTC during peak times e.g. bank holidays with additional GP capacity. This will also be sought for NSECH to aid streaming.

Primary Care – North Tyneside

- Enhanced access appointments Mon to Sat, providing extra capacity. In 2022/23, all PCNs delivered above and beyond contracted requirements and we are supporting them to maintain this
- We have funded Tynehealth GP Federation to provide enhanced access cover on Bank Holidays and Sundays
- Continue to support PCNs to maximise ARRS recruitment thereby increasing overall capacity e.g., NEAS home visiting team in 2 North Tyneside PCNs. All PCNs have plans in place to spend total budget in 2023/24, maintaining 2022/23 position.
- Livi in my Practice has been rolled-out
- Livi is commissioned to provide additional on-line GP patient appointments including weekends, out of hours and bank holidays
- We are working with practices and PCNs to realise funding and access support associated with the Primary Care Access Recovery programme
- We have ensured that practices have sufficient IT equipment to support remote/flexible working when necessary e.g. adverse weather
- Practices have business continuity plans
- Practices signed-up for NECS sitrep process
- Regular meetings established between primary and secondary care to identify challenges and to reach agreement on how they will be managed
- Work commenced with PCNs to establish ARI Hubs during 2023/24 if funding is received

2 Hr Urgent Community Response – North Tyneside & Northumberland

- This service is open 7 days a week, 24 hours. The service reports via the Community Service Data Set (CSDS) and is currently achieving the 2HUCR response in over 80% of calls triaged to the 2HUCR service. The service is on the Directory of Services for NEAS/111/999 and takes direct referrals from any service including ED via the Single Point of Access phone line. All services that look after 2HUCR patients are onboarded to this service.
- We are working with NEAS on the installation of the NEAS stack software into our triage room to allow the team to pull category 3 and 4 patients directly off the stack. Most team members have been fully trained in this software.
- The team take referrals for the original nine clinical conditions but also for all patients that are suitable for assessment in the community and may need to be seen within a two- hour timeframe. The service is open to any patient living within North Tyneside and Northumberland.
- The service has developed links with North Tyneside Council regarding their Falls Response which will allow the teams to work together to get a patient up off the floor and for them to receive a clinical assessment if warranted.

Ambulance & 111 response (1)

There are robust plans for ambulance services providers to deal with known activity peaks in demand across the period.

- Known activity peaks are managed using the national REAP, local Clinical Safety Plan, and Dispatch Clinical Risk Assessment Procedure.
- Additional hours are being provided by third party providers over Winter
- Instigate surge management meetings around key dates, particularly bank holiday weekends and supplement this with an operational order plan.
- Post-event de-briefs to identify learning and improve future plans is ongoing.
- Adverse weather and other business continuity plans to mitigate business interruptions.
- Monitor the wider system performance/pressures utilising RAIDR and explore proactive options to mitigate system pressures.
- Production of an Operational Order to cover the holiday period
- A C2 Recovery plan focusing on demand reduction, increasing capacity, and improving efficiency. This includes validation of C2 calls by rotational clinicians, HCP triage, and C3/4 validation (demand reduction); increasing third party provision and increasing overtime (increasing capacity); vehicle cleaning process and downtime management (improved efficiency).

Ambulance & 111 response (2)

- Participating in local/regional improvement activity around hospital handover and access to alternative services.
- Actively recruiting additional staff to reduce the current vacancy factor.
- Pre-planned increased Private provider provision
- Introduction of an Operations Co-ordination Centre 24/7 to provide system oversight and responsibility for the management of vehicles including intelligently conveyancing and deflecting.
- Review of the Divert Policy providing clear escalation processes
- Continuing recruitment of Health advisors and clinicians
- Seasonal initiatives such as extension of the Alcohol Reception Centre and Operation Ginger
- Review of the internal escalation plans
- Actively recruiting and training to vacancies.
- Clinical Safety Plans to manage local activity and national contingencies to support national 111 service delivery. Copy below:



Microsoft Word
Document

- Local BCPs.
- Consideration of payment of enhanced rates to incentivise shifts
- Reduction of Annual Leave and training
- Flexible rostering to meet the demand
- Alliance working with other providers
- Agile working expanded.

Ambulance Handover delays, plans in place to ensure no delays > 59 minutes

- Trusts were funded to ensure they could put systems and resources in place to manage ambulance handovers within the 59 minute threshold and all are currently working to reduce this further to the national target of under 15 minutes and as per the ICB priority.
- NHCT – implemented a rapid triage process on Nerve Centre to expediate handover process
- Procurement of trolleys to ensure NEAS are able to hand over safely and efficiently
- Increasing the capacity of the Discharge Lounge for Winter.
- Particular pressures have arisen which has resulted in some handover delays of over 59 minutes although analysis has shown that this has dropped in recent months.

ED Front Door Streaming

- Pilot at NSECH undertaken over 17 days to stream walk-in patients at 'front door' to ensure patients get to the right place. Options for potential disposition included ED, primary care, SDEC and Urgent Treatment Centre. ED was a potential disposition point rather than first port of call.
- Streaming being undertaken by UTC staff and Trust is considering training further staff.
- Pilot now being rolled out 3 days pw to triage patients before booking into ED and booking appointments where possible or signposting to alternative dispositions.
- Noted benefits include no unnecessary investigations when patients are streamed away from ED. Saves investigation and Junior Doctor time.

Virtual Wards

North Tyneside & Northumberland

- There are now 9 Virtual Wards open across Northumbria Healthcare trust for patients from North Tyneside and Northumberland
 1. Frailty
 2. Respiratory
 3. Community
 4. Colorectal Surgery
 5. Trauma and Orthopaedic Surgery
 6. Uro Gynae Surgery
 7. Rehabilitation
 8. Lung Cancer
 9. Heart Failure
- All these wards predominantly support step down patients from acute wards to enable the patient to leave the acute hospital earlier than previously possible. The Frailty ward support step up and step-down patients. Between 12th December 2022 and 1st September 2023 619 patients have been treated on a virtual ward.
- All wards are based on a three-tier model with Tier one delivering the highest level of hospital care (previously Hospital at Home) and Tier three patients requiring less intensive or monitoring only level of care. The care is delivered by Nurse Specialists in Respiratory, Frailty and Heart Failure, Community Nurse Practitioners, Nurse Practitioners, Physiotherapists, Occupational Therapists and District Nurses. This team is supported by Pharmacists, ACP's, Nurse educators and a team of technical assistants.
- All patients are under the care of a named consultant with an agreed escalation criteria and plan.
- The Virtual ward programme team are focusing on pathways for step up patients. Step-up pathways are for patients that are identified in the community and the aim is to avoid admission. These patients will be assessed, and a defined plan of care developed for this acute episode. The virtual ward will only accept patients within clearly defined Treatment Escalation Plans and Emergency Healthcare plans with agreed pathways for common conditions. There will be regular monitoring of patient's condition including observations by staff and reviewing of appropriate levels of intervention. This may include de-escalating treatments and moving towards end-of-life care or escalating to hospital admission. The service would consist of a multi-disciplinary teams equipped to carry out assessment and management alongside therapy and care. Responsibility for the patient would be shared between the Virtual Ward team and the patient's GP or consultant.
- As per the winter planning guidance the frailty virtual ward is aligned with the Elderly Assessment Centre (Care Hub) to allow patients to seamlessly pass onto the Virtual Ward without admission to hospital.
- Work is underway with the paediatric team at the Trust to scope the development of a paediatric virtual ward.

Mental Health/Learning Disabilities/Autism Provision (1)

- Partnership working between CNTW and NHCT is ongoing across several workstreams to ensure that Urgent and emergency care, including the services for those with mental health, Learning Disabilities and Autism are met in the most effective and timely way.
- ICB funding for UCT to support alternatives to admission and inpatient flow continues and we are looking at how we broaden the multidisciplinary offer to ensure all aspects of service user need at the point of transition are met.

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Older Peoples Services Psychiatric Liaison service offers a 7 day service.

- Bed pressures impacting all Access Pathways continue to present as challenging for all within the system. Regular interface meetings and strategy meetings occur for complex care issues, which expedite issues as they arise. Daily flow meetings occur to look at bed pressures across all pathways and to find resolution as quickly as possible.
- In Northumberland and North Tyneside there is increased access to Together in a Crisis for people who currently need direct support for an urgent non-clinical crisis. The service has now been extended to CNTW Home Treatment, Transitional Discharge and Addictions Teams, Psychiatric Liaison (PLT) and to accept referrals from the ARRS posts in Primary Care and the support line offered by Tyneside Northumberland Mind.

Mental Health/Learning Disabilities/Autism Provision (2)

- Ageless Psychiatric Liaison Team (PLT) and Universal Crisis Team (UCT) services continue to work within Northumberland and North Tyneside.
- PLT moved into clinical accommodation on the NSECH site which is located to support rapid response to ED. PLT are being supported to use a quality improvement programme to ensure waiting times are to national standards.
- Also in Northumberland and North Tyneside, an Enhanced Pathway Liaison and UCT collaborative pathway for children & young people for those up to age 25, between PLT & UCT, offering up to 3 follow up appointments with UCT following assessment with the Liaison Team.
- Place based areas are looking to develop crisis café/safe havens in line with Community Mental Health Transformation Programmes. There is identified accommodation for both Northumberland and North Tyneside and the service model has been agreed in partnership with Everyturn Mental Health and the voluntary sector. Newcastle will imminently be launching its adult Crisis Café.

Discharges and flow; robust systems in place to support 7-day discharge via a multi-agency approach

- System Leadership is well established at place, comprising of appropriate personnel with authority and responsibility for working with colleagues across the health and social care system to improve discharges identifying challenges in the system and developing and agreeing solutions to overcome those challenges.
- Collect home situation details on admission, communicate discharge process with families and carers
- The 3 stage D2A model implemented (review, agree plan to transfer, follow up by assessment at home) is in place
- Criteria to Reside and 'Home First' approach is our ethos and which the Trusts implement
- Discharge action cards have been shared with and are used by staff involved in the discharge process. Systems are in place to identify where additional staff education or training would be appropriate e.g. communications at NUTH are underway to improve knowledge of ward staff of right to reside criteria and system flow for patients, encouraging earlier planning for discharge. NHCT is currently reviewing action cards in use as part of the discharge pathway board work.
- Information on pathway 0 to pathway 3 - numbers, % and any reasons patients didn't go home - is collated a minimum of 3 days per week but, when in surge, this is available daily
- Local Authorities work with Community & Voluntary sector organisations to ensure that service users and discharged patients have all of the necessary needs met e.g. food in their home, to enable them to return home safely
- Other influences on improving discharges will include further development of 2 hour urgent responses at place

Discharges and flow; robust systems in place to support 7-day discharge via a multi-agency approach

- Established a North Tyneside Discharges Group which includes representatives from ICB, LA, NHCT and CNTW Trust. Meets regularly to review discharges and flow. Care Point, as the Discharge Hub for North Tyneside, is embedded at NTGH. Joint commissioning in North Tyneside of 20 residential and nursing home places and 16 Extra Care flats as step down facilities, plans to recommission vol sector pathway 0 support to aid discharges and flow. Also rolling out Trusted Assessor model to reduce the need for Care Homes to assess patients being discharged into their care. A rolling recruitment drive is underway for additional domiciliary workers.
- Agreement to use non-recurrent funding with voluntary sector (VODA) in North Tyneside to work with local communities to provide support over the winter period.

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Discharge Fund allocations:

£'s	2023/24	2024/25 (TBC)
LA Funding	1,342,893	
ICB Funding	863,656	
Total	2,206,548	3,662,8741

Discharge schemes include:

Step down residential beds
Step down extra care
Expanding homecare capacity
Project management
Assistive Technology
Contingency for additional winter capacity
Voluntary sector support
Supporting workforce issues
Trusted assessor
Ambulance service

SURGE PLANNING

Programme in place for high intensity users

- Each Trust has a process to help manage high intensity users. These have been shared with commissioning colleagues.

For example, in Northumbria Healthcare Trust, an emergency department high impact user team was created in 2018 to ensure consistency in the care of patients who attend the department frequently or have additional care needs. This can involve identifying any unmet needs via an MDT approach and addressing these collaboratively. The ED team meets regularly and attends the Trusts bi-monthly Frequent Attender meeting chaired by the Adult Safeguarding team. The team has recently reviewed its process and identified specific actions for development including standardising its approach to the Duty of Candour, potentially expanding the Safeguarding team and to programme explore further audit and quality improvement work to objectively assess the impact of the High Impact User Service and introduction of ED Patient Care Plans in terms of potential effect on overall number of attendances, length of stay in the department and reduction in incidents.

NuTH has existing plans in place for several high intensity users. The HIU steering group restarted August 2023.

ICP Surge and Escalation (Extremis plans)

- System partners participated in and helped develop ICB Extremis Plans with Surge Team
- Updated Primary care OPEL scoring providing daily indicator of general system pressures developed
- National OPEL scoring developed and being introduced. New OPEL Action Cards developed
- Weekly ICB-wide Surge meeting to discuss pressures and agree any actions, including mutual aid requests and offers
- ICP-wide Surge calls on standby to take place as necessary – frequency is variable depending on levels of pressure in the system. Areas of escalation feed into ICS surge meetings when necessary
- Trusts provide sitreps seven days a week from December.
- Systems advise NHSE/I when one partner escalates to OPEL 3 or REAP 3.
- RAIDR U&EC app provides summary of system pressures including Trusts, Primary Care, Care Homes and Ambulance Service

COVID Strategy

- This winter the function of SVOC linking with the Regional and National COVID Vaccination Programme will still be in place. This includes the central supply and delivery of vaccine via the Foundry system, the data and monitoring of all vaccines delivered across NENC, with a mechanism to monitor and performance manage provider and community activity.
- SVOC links closely with the NENC Vaccination Board chaired by Neil O'Brien (ICB Medical Director) and NHSEI colleagues – again this is attended by locality COVID (and Flu) leads and providers.
- There are weekly meetings with have continued throughout the pandemic which has Place representation for all areas in NENC. This meeting is used to raise matters by exception and discuss ongoing plans to be shared within local systems and meetings at place. This group would be able to escalate surge planning from the National Team should this be necessary.
- Each locality then has a vaccine delivery/ planning board linking all providers, to ensure the ongoing planning and delivery of the COVID vaccine (and flu and other vaccines) is managed inline with JCVI guidance and National Strategies. These would manage Surge planning should it be necessary due to outbreaks, new variants, or increased demand.

Actions Identified to deal with COVID-19

- As always, NT is putting considerable focus on and effort the Autumn/winter 2023 vaccination programme and doing so within JCVI advice
- Multi agency place based Vaccination Boards meet regularly. The Boards coordinate such activities as the approach to vaccination for patients who are housebound or live in care homes and keep an overview of practices and partners plans. They also review uptake by practice and PCN and agree appropriate intervention when uptake is lower than expected.
- COVID-19 vaccination leads meet regularly with colleagues across the ICS to ensure that place system leads are fully appraised on national and local issues.
- In North Tyneside, there is a good range of vaccine providers across the borough.
- There is a focus on delivery of vaccinations in wards where there are higher levels of inequalities. Ward based plans are regularly submitted.
- Opportunities to co-administer with flu vaccine are being taken where possible
- Take up of the COVID vaccine compares very well in North Tyneside to the rest of the ICB. Targeted work takes place undertaken where required and take-up rates are continually monitored to identify and address any areas of concern

Influenza Strategy

Influenza strategy with links the NENC Vaccination Board

- Each locality had a Flu (and Covid) Lead – to connect with the local providers to ensure the flu targets are being met and monitored via the Local Vaccination Boards.
- Local Vaccination Boards consists of GP/PCN lead, maternity services, children's services/school Imms Team, a rep from the Trust, rep from Pharmacy/LPC and a link to NHSEI Flu team to share local and regional breakdown of data.
- Collaborative planning is enabled with this approach at local Place levels.
- The Flu (and Covid) Leads will also report to the NENC Vaccination Board to connect the local deliver plans to the regional plans, reporting anything by exception.

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• There are monthly / two weekly meeting for Flu (Covid) leads hosted by NHSEI colleagues, again to share information, raise issues by exception, discuss areas of good practice and areas that need development to meet targets outlined in the National Flu Letter.

• Specific work areas include:

- Community pharmacies continue to offer vaccinations
- Extended Access appointments to support flu
- Review of maternity services provision for pregnant women
- Developments with the Collaborative partners to strengthen the offer to 2-3 year olds
- Healthy 50 – 64 yrs being offered flu vaccine.

Adverse Weather Plan

- Each Place has business continuity plans in place as part of their statutory responsibilities which cover impacts of adverse weather, updated regularly and has a Major Incident & Business Continuity Plan which includes specific appendices on adverse weather, close of premises and staff attendance.
- Plans and priorities have been set for all Adult Social Care & Integrated Services Buildings in terms of business continuity.
- An adverse weather plan is in place in Local Authorities which covers co-ordinating a response to issues such as floods, ICT failure, power failure, extreme weather, snow. In Newcastle, there is a City-wide Major Incident Duty Officer on call at all times. In North Tyneside, the Care Call Crisis Response Team is available 24/7.
- GP Practices in each place have business continuity plans. Formally, there is Local Health Resilience Partnership that provides 'a route of escalation for the LHRP in respect of commissioned provider EPRR preparedness' .
- Equally, provider organisations also have major incident and business continuity plans in place
- There are also national cold weather and heatwave plans. Alerts are received and disseminated to provider organisations.

Advance Warnings

An adverse weather plan which includes the clinical impact of cold weather and snow and also the impact on business continuity (continued)

Regional

- At a national level NHS England Cold Weather plan provides trigger levels and examples of good practice for organisations to implement
- Individual health and social care providers put in place their own adverse weather and business continuity plans detailing trigger points and appropriate actions to be put in place when required
- Provider organisations are required to provide copies of their adverse weather and business continuity plans to NECS for sharing on the surge management and winter website across the health and social care economy

Operational Management

- The SRB will again provide operational oversight of the whole health and care system, paying particular attention to the impact of system pressure. In times of sustained periods of adverse weather, Local resilience groups will coordinate the local response, to rapidly and seamlessly react to local pressures and problems so that the provision of high quality patient care is not adversely affected through effective partnership and collaborative working. This local response will include the liaison with NHSE/I (inc. commissioners of independent contractors such as primary care, pharmacy and dentistry), PHE and Local Authorities.

What we've heard

April to September 2023

Summary of feedback Healthwatch North Tyneside have received from North Tyneside residents over the past 6 months.

October 2023



Our Reach

At Healthwatch North Tyneside, we collect general feedback from local people on their experiences of health and social care services.

From April to September 2023



Planned Future Activity to Reach People

- Our annual survey launched in November 2023 – this is the main way we gather general feedback from people annually.
- We are promoting our online feedback centre with the support of services.
- A number of community engagement events are being planned on a monthly basis to raise awareness of Healthwatch, provide information and gather views and feedback.



Our Research Projects

We are currently working on the following projects:

- Care homes experiences during Covid (funded)
- Adults with Autism – views of support available
- Hospital to home – understanding people’s experiences of leaving hospital and getting care and support in the community
- Covid and flu winter vaccine programmes
- Learning disability (funded)
- Experiences of support from adult social care (funded)
- Community Mental Health Transformation (funded)

We are developing future projects about:

- Dentistry (funded)
- Transport and travel
- Children and young people’s mental health



Key Themes and issues in what people have told us

3.1 General Practice

This is still the most common service people talk to us about. Many people told us they are still **struggling to get GP appointments** that are convenient to them and waiting times to get an appointment continues to be an issue.

'Greater flexibility is needed at weekends and in evenings.'

'I would like to make an appointment while at the surgery but this is not allowed anymore.'

'Third time my appointment has been cancelled...next available appointment is over a month later!'

Some practices only offer 'urgent/same day' appointments, or bookable appointments 3/4 weeks ahead. For many people, their healthcare need isn't urgent but they don't feel it's appropriate to wait several weeks. Where practices offer appointments at different timescales (for example same day, next day, 3/5 days, 3 weeks) patients feel more positive about getting the care they need in a timely way, not taking an urgent appointment from someone in greater need and saving the time required to ring the practice several times to get an appointment.

The way you **contact your practice** remains a real challenge for some. For some, delays answering phones remains a problem.

'Call at 8.30am and it can be 10.30am before you get through on the phone... then you're asked to hold or call back.'

'By the time the phone is answered you could've walked to the surgery to see someone.'

Having a range of ways to contact a practice is important to people – phone, online and face to face. Staff attitudes and not feeling listened to is a concern for a small number of people.



'The doctor was very abrupt and even passively aggressive.'

'Spoke to a receptionist who didn't take the time to listen.'

The majority of people who commented on their overall experience of their GP practice were positive in their feedback and said:

‘I can’t praise the surgery enough.’

‘All the GP’s are thoughtful and helpful.’

‘Efficient and seamless service.’

‘I’m very satisfied with the service and all the staff.’

Those who spoke less favourably told us:

‘You have to jump through hoops to see a doctor... it’s exhausting.’

‘Absolutely not helpful in any way.’

A number of people contacted us about issues registering with a new GP, particularly regarding difficulties getting prescriptions administered by the new practice. The ‘You Said...We Did’ below provides an overview of one person’s story and the support we delivered.

3.2 Medications and prescriptions

Some people are feeling excluded by practices ‘forcing people to order repeat prescriptions online or through the NHS App’. Little consideration seems to have been given to people’s skills/abilities or choice. This is disappointing given the work on digital exclusion in North Tyneside and commitments made to ‘Digital By Choice.’

One person told us about an ongoing problem with GPs prescribing medication that is unavailable due to **stock issues**.

‘None of the local pharmacies have the HRT medication I need in stock and this has happened a few times. I have to get my prescription changed so they can dispense something similar... the pharmacies should let the local GP practices know if they have stock issues.’

Another shared their experience of self-help and the benefits of emphasizing **lifestyle changes** before administering medication where this is beneficial and relevant.

‘The GP was surprised when I told them the statins hadn’t been used and the change in cholesterol was due to dietary changes only. More emphasis needs to be placed upon diet before medication is given.’

People told us about issues with prescription delivery services and delays with dispensing prescriptions at some pharmacies. They also told us about being impacted by changes to services including the closure of Lloyds in Monkseaton Sainsburys.

3.3 Dentistry

The majority of people sharing their feedback about dental services were **negative** about their experiences, with a number of people contacting us for help locating dentists in the area accepting NHS patients.

Some people told us they have been forced to consider **private treatment** when NHS wasn't available, with one person sharing that their treatment 'cost £585 for root canal and I still need more treatment' and another who was unable to pay privately said 'they come up with a long list of fillings, crown, hygienist costs etc. and it amounts to £2,500.'

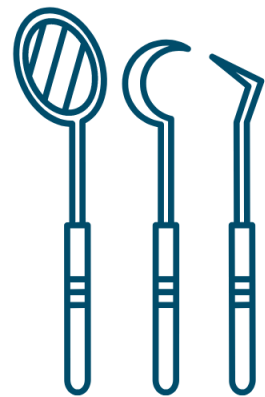
People continue to be '**removed**' from dental practice lists without warning or prior notification. When asked about delays in appointment availability, dental practices continue to refer to 'Covid catch up'

For those fortunate to **get dental care, their overall experience is generally very good.**

'Everything is explained, everything is calm.'

'Very good recall system and reminder texts and emails are sent regularly.'

'Very friendly and supporting, goes above and beyond to help patients.'



3.4 Travel and Transport

We heard from residents who were struggling to access community-based services because of travel issues. Reasons included the impact of bus strikes, changes to bus routes, metro system failures, and the cost of living preventing people from paying for transport (including taxis).

You Said...We Did – A Case Study

A patient contacted us for help obtaining a repeat prescription after their former GP refused to provide medication due to a change in residency. The new surgery required proof of address to complete the registration process which was causing delays with the transition process.

The patient had explored various options including seeking a short supply from a local pharmacy and contacting NHS 111 for further advice but found no resolution, hence contacting Healthwatch.

We intervened, clarifying that the former surgery should continue prescribing during the transition period. As the patient had already reached out and been refused, we spoke with the prescription team on their behalf, who agreed to supply a further prescription on this occasion. This was arranged and ready for collection the same day.

We also spoke with the pharmacy regarding the rejection for a short supply of medication who advised the medication requested was a controlled drug and they are unable to dispense without prescription.

Finally, we provided the patient with guidance to share with the new practice regarding [Registering with your GP: understanding your rights](#) outlining your right to register without proof of address.

3.5 Hospitals including Urgent & Emergency Care settings

People were mostly positive about the overall experience of their hospital stay and the quality of care they received.

'The doctor gave me a full MOT with lots of scans, examinations etc.'
(emergency admission to NSECH)



'I was impressed with the care at NSECH.'

'Staff went out of their way to be helpful at Rake Lane.'

'I was worried when the ambulance said they would be taking me to Cramlington again. I needn't have worried as this time everything was 10 out of 10.'

'They took good care to ensure the medication was gluten-free as she has coeliac disease. Altogether a great service.' (Rake Lane)

Those who had a disappointing experience shared their views about lack of confidentiality in waiting rooms, lengthy waiting times and inadequate care settings.

*'After waiting to be seen I literally knew every single patients' history, date of birth and more. Not one person was offered a sighted guide or even assistance to a doorway in the four hours I was there !!!'
(a resident who is blind – RVI Eye Department)*

Residents also told us about **frustrations with communications** from hospitals particularly:

- a) The lack of options to use digital technology to communicate/remind people about appointments etc. Reliance on letters was particularly frustrating during postal strikes or for younger generations and people who are confident with new technology.
- b) Receiving conflicting information.
- c) Not being kept informed about what is happening to a referral whilst waiting for treatment.



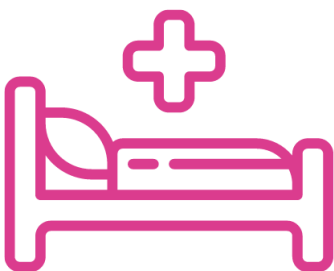
People told us about their issues with **travel and transport**, particularly for those travelling from areas in the west of the borough where transport options are limited. Recent changes to public transport makes getting to hospital appointments difficult and costly for some.

'A taxi from Wallsend to the Freeman hospital cost £25 one way.'

'Public transport to NSECH is terrible and non existent'.

Waiting times at urgent and emergency care settings continue to be the main topic regarding people's experiences, with limited access to facilities and transport options at night also being an issue.

One person told us they arrived at A&E in the evening and had to wait in a wheelchair until the early hours of the following morning. Others have said –



'No facilities are available for food and drink. I only received one drink and a sandwich while waiting.' (NSECH)

'My 90 year old mother was left on a trolley in a corridor for 4 hours. The doctor consultation also took place in the corridor. Staff were kind and friendly but the process is appalling.' (NSECH)

When urgent care settings appear quieter people are still waiting many hours to be seen.

'There were only four other people in the waiting area, but I still waited over 3 hours to be seen' (NSECH)

Knowing which urgent care setting to attend can be confusing with travelling between the Emergency Department at NSECH and urgent care at Rake Lane being an issue when you've made the wrong choice.

'The two hospitals are so far apart and difficult for people without their own transport to go between the two hospitals'

People told us they need to rely on friends and family for support getting to the urgent care settings, particularly at night when public transport options are limited and taxi fares are expensive.

People have been positive about being given appointments at the Urgent Treatment centre and at the Vocare service in Balliol business park but point out travel is a challenge.

3.6 Mental health services

All of the feedback people shared with us regarding their overall experience of mental health services was negative and mostly relates to the CAMHS service regarding excessive waiting lists and not getting the support they wanted or needed.



'CAMHS is so bad that it makes the adult services look good. Even though I had a bad experience with adult services at least they didn't refuse me treatment!!!'

'Despite repeated referrals from the GP CAMHS refused to accept my daughter'

'Seems like all these rejections is a way for them to get their waiting lists down and meet targets'

Several people told us they had to go private to get a diagnosis for their child.

'I have only just after nearly 3 years had a diagnosis for my son of ADHD and Autism. This was done by an outside agency'

'We were discharged from CAMHS twice which meant we had to pursue a diagnosis privately'

The availability of alternative treatment options to medication is also an issue for some.

'The only solution they offered to his ADHD was medication... refused to take this so discharged from CAMHS with no further support'

Parents tell us they are constantly **'fighting'** for support and feel **'frustrated'** that CAMHS won't help.

Feedback about crisis support has been broadly negative. People don't feel either listened to or responded to. (We hear this from carers as well as people needing support themselves). However, some people describe having excellent empathetic support.

3.7 Social Care

We have heard from people unsure where to go to get help if they need it. As well as feedback about care and support providers within the community. This is shared with North Tyneside Council.



3.8 Providing Feedback

We have heard from a small number of people who were struggling with the GP complaints processes since they transferred to the ICB. We raised this with the ICB directly and are working with them on reviewing the GP complaints process.

One person highlighted the difficulty of providing positive feedback to services as well as negative. Options for suggesting improvements or making a complaint are readily available but leaving praise and positive comments is not so easy.



You Said...We Did – A Case Study

We received an email from a patient of a local GP practice asking for our support with getting a shingles vaccination. The patient had contacted their practice and were informed they were not eligible for the vaccination despite meeting the criteria provided by the NHS.

The patient gave us permission to contact their GP surgery and we spoke to the practice on their behalf as the patient did appear to meet all the criteria required. This was investigated by the practice as their system didn't show the patient as being eligible as they would have expected.

The patient contacted us the same day delighted that the surgery had been in contact with an appointment for 3 days later.





healthwatch
North Tyneside

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