

# Health and Wellbeing Board

9 January 2020

**Present:** Councillor M Hall (Chair)  
Councillors K Clark, M A Green, J Mole and M Wilson.  
J Old, Director of Adult and Childrens Services  
H Douglas, North Tyneside Council  
P Jones, Healthwatch North Tyneside  
J Scott, Healthwatch North Tyneside  
N Bruce, Newcastle Hospitals NHS Trust  
E Fletcher, Cumbria, Northumberland, Tyne & Wear NHS Trust  
C Armstrong, North East Ambulance Service  
S Burrell, Community and Voluntary Sector  
D McNally, Age UK North Tyneside  
L McVay, Tyne & Wear Fire and Rescue Service  
D Titterton, North Tyneside YMCA

**In attendance:** N Redfearn (Elected Mayor)  
Councillors J Hunter, F Lott, W Lott and J O'Shea  
P Hanson, North Tyneside Council  
J Mackey, Northumbria Healthcare NHS Trust  
M Adams, North Tyneside CCG  
J Owens, Consultant Psychiatrist  
A Kennedy, Northumbria Healthcare NHS Trust  
J Arris, North Tyneside CCG  
R Nicholson, North Tyneside Council  
M Robson, North Tyneside Council

**Apologies:** Councillor T Mulvenna  
W Burke, Director of Public Health  
L Young-Murphy, North Tyneside CCG  
K Kale, Cumbria, Northumberland, Tyne & Wear NHS Trust  
K Simpson, Newcastle Hospitals NHS Trust  
C Riley, Northumbria Healthcare NHS Trust  
S Thompson, TyneHealth

## **HW26/19 Appointment of Substitute Members**

Pursuant to the Council's constitution the appointment of the following substitute members was reported:-

Councillor J Mole for Councillor T Mulvenna  
E Fletcher for K Kale (Cumbria, Northumberland, Tyne & Wear NHS Trust)  
N Bruce for K Simpson (Newcastle Hospitals NHS Trust)  
H Douglas for W Burke (North Tyneside Council)

## **HW27/19 Declarations of Interest and Dispensations**

Councillor M Wilson declared a registerable personal interest as a Director of Goodlabs Consulting Limited who work with voluntary sector clients operating in the field of health and wellbeing in North Tyneside.

## **HW28/19 Minutes**

**Resolved** that the minutes of the previous meeting held on 14 November 2019 be confirmed and signed by the Chair

## **HW29/19 Place Based Collaboration**

The Chair introduced Mark Adams, Chief Officer of the North Tyneside Clinical Commissioning Group, Paul Hanson, Chief Executive of North Tyneside Council and Sir James Mackey, Chief Executive of Northumbria Healthcare NHS Foundation Trust to present details of joint working in North Tyneside within the context of an Integrated Care System. She referred to the Board's key role in ensuring that there is an integrated approach to the provision of health and social care services in the area and she envisaged that the information to be presented would assist the Board in setting its future work programme and determining its priorities.

Whilst health and social care services were under pressure it was recognised that a lot of people worked hard every day to serve and care for the people of North Tyneside, that some brilliant work existed but there were some things that could be better.

The Integrated Care System (ICS) was described as a response by the NHS to collaborate across the North East and North Cumbria and for commissioners and providers to work together and differently to handle pressures on the system. Local government, social care and other public services did not fit easily into the ICS and so there had been discussions with relevant political leaders, Chief Executives and Health & Wellbeing Boards.

At a sub-regional level an Integrated Care Partnership (ICP) had brought together the relevant chief officers of the local authorities, CCGs and NHS Trusts serving Gateshead, Northumberland, Newcastle and North Tyneside to determine how collaboration could help deliver things that had not been done before.

In terms of clinical work, hospital providers were working together to relieve pressures in the system, recruit the best people, develop new services, share support services and formalise joint working arrangements through a Tyne Provider Alliance.

The Board were presented with details of how various preventative strategies were being delivered through joint working in the primary care sector and through secondary prevention. Priority was being given to smoking cessation across the ICS and reference was made to examples of collaboration relating to cardio vascular disease, falls, obesity, mental health and wellbeing and social prescribing.

There had been agreement to view health and wellbeing in its broadest sense. As all four local authorities had declared a climate emergency there had been a commitment to work together and to learn from each other in terms how we travel, how homes are heated, how businesses consume energy and the use of supply chains. It had also been recognised that employment was a key determinant of health and wellbeing and that there were opportunities to target the recruitment and training opportunities available within NHS organisations at those post codes and cohorts known to local authorities as being most in need.

In North Tyneside a place based transformation board had been established to develop and deliver local joint programmes of work relating to areas such as the Children and Young People's Strategy, urgent and emergency care, mental health services, learning disabilities and autism and managing variations in services.

The joint working would be accountable to Health & Wellbeing Boards and a plan for the ICS and ICP would be prepared and a draft would be submitted to the Board in Spring 2020 for comment.

Following the presentation members of the Board asked a series of questions when consideration was given to a range of issues including:

- a) How people might be encouraged to aspire to work in the NHS and to remain employed within the area;
- b) The scope of preventative work with young people to reduce the rates of obesity and diabetes;
- c) The need to raise awareness and promote the scope, value and status of social care services; and
- d) The weaknesses in the national framework for developing the Integrated Care Systems, which had led to users viewing the process with suspicion, and the actions taken at a local level to take control of the process.

The Chair and the Elected Mayor both thanked the chief officers for attending the meeting, for presenting a clear and concise explanation of joint working in North Tyneside and for ensuring that public servants across all organisations are working together to meet the needs of the population.

### **HW30/19 Child and Adolescent Mental Health Service (CAHMS)**

Dr Julie Owens, Consultant Child & Adolescent Psychiatrist, Anne Kennedy, Deputy Director Northumbria Healthcare NHS Trust, and Janet Arris, Commissioning Manager, North Tyneside CCG, attended the meeting to present an overview of the Child & Adolescent Mental Health Service (CAMHS).

The service had been in existence for over 25 years. It was a well-respected local service and recognised for the high quality of care provided. The service received between 1700 and 1800 referrals per annum predominately from GP's and schools. Since 2016 the service had been under increasing pressure with changes to the operating environment and the increasing complexity of cases it dealt with. The average wait time for initial triage appointment had risen to 9 weeks. The emotional and neurodevelopmental teams were under significant pressure with increased demand and increased complexity, requiring lots of liaison with other agencies. There had been a significant increase in the requirement for behavioural support for young people, carers and schools.

The CCG and CAMHS had developed an action plan aimed at streamlining the service and reducing the time young people may wait for treatment and significant financial resources had been invested to aid the development of the service. Details of the initiatives contained in the action plan were presented to the Board including, increasing the number of clinical staff, regular reviews of waiting lists using technology to offer on-line consultations and changes to assessment processes to offer a "one stop service".

The Board examined in more detail a shift in emphasis from diagnosis to meeting the needs of children and young people, the transition of young people from CAMHS to adult services and the responsibility of the Children and Young People Board to deliver preventative strategies in relation to mental health.

### **HW31/19 Learning Disabilities Transforming Care**

As the report in relation to this item was not available the Board agreed to defer consideration until a future meeting.

### **HW32/19 Health & Wellbeing Board Work Plan 2020-22**

In January 2018 the Board had reviewed the Joint Health & Wellbeing Strategy 2013-2023 and approved five refreshed strategic goals that would support the delivery of the vision set out in the strategy. The Board also approved a work plan for the Board covering the period 2018-2020. It contained nine challenging objectives to support delivery of the strategic goals set out in the strategy. Since then a range of accountable bodies had taken responsibility for each of nine objectives and regular reports had been submitted to the Board setting out progress made in delivering the actions associated with each objective.

As the lifetime of this plan was now reaching its conclusion, the Board considered proposals to review its delivery and to begin work to formulate a new plan for the next two years. The Board considered the proposed membership of a working group to formulate detailed proposals for the Boards consideration. It was suggested that the working group should include elected members.

**Resolved** that (1) the Director of Public Health, Director of Children's and Adult Services, the Clinical Commissioning Group's Chief Operating Officer and the Director of Healthwatch North Tyneside be requested to provide a steer as to what the priorities of the Board should be in the medium term;  
(2) a working group to formulate detailed proposals for the Health & Wellbeing Board's work plan 2020-22 be established;  
(3) the working group comprise the members named in the report together with elected members serving on the Board; and  
(4) the working group be requested to submit a proposed work plan to the Board for consideration and approval at its meeting on 2 April 2020.