



North Tyneside Council

Health and Wellbeing Board

20 December 2019

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

on **Thursday, 9 January 2020**

at **2.00 pm**

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

Agenda Item

Page(s)

- 1. Apologies for Absence**
To receive apologies for absence from the meeting.
- 2. 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 may appoint a substitute member. The Contact Officer must be notified prior to the commencement of the meeting.
- 3. 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.

Members of the public are welcome to attend this meeting and receive information about it.

North Tyneside Council wants to make it easier for you to get hold of the information you need. We are able to provide our documents in alternative formats including Braille, audiotape, large print and alternative languages.

For further information about the meeting please call (0191) 643 5359.

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

4. **Minutes** 5 - 10
To confirm the minutes of the meeting held on 14 November 2019.
5. **Place Based Collaboration**
To receive a presentation about the wider areas of joint working done to the local areas considering the New NHS Footprints from Paul Hanson, Chief Executive, North Tyneside Council, Mark Adams, Chief Officer, North Tyneside Clinical Commissioning Group and Sir Jim Mackey, Chief Executive, Northumbria Healthcare NHS Trust.
6. **Child and Adolescent Mental Health Service (CAHMS)**
To receive a presentation in relation to the Child and Adolescent Mental Health Service from Dr Julie Owens, Consultant Child & Adolescent Psychiatrist, Anne Kennedy, Deputy Director, Northumbria Healthcare NHS Trust and Janet Arris, Commissioning Manager.
7. **Learning Disabilities Transforming Care**
To provide an update to the Board on progress made in North Tyneside towards delivering NHS England's commitment to a programme of closing inappropriate and outmoded inpatient facilities for people with learning disabilities and or Autism and establishing stronger support in the community. It also aims to give assurance to the Board around the monitoring of quality of provision accessed by North Tyneside residents.
(This report is to follow)
8. **Health & Wellbeing Board Work Plan 2020-22** 11 - 14
To agree a methodology to review the work plan 2018-20 and formulate a future work plan 2020-22

Members of the Health and Wellbeing Board:-

Councillor K Clark

Councillor M Green

Councillor M Hall

Councillor T Mulvenna

Councillor M Wilson

C Armstrong, North East Ambulance Service

C Briggs, NHS England

W Burke, Director of Public Health

S Burrell, Community and Voluntary Sector Chief Officers Group

P Jones, Healthwatch North Tyneside

K Kale, Northumberland, Tyne & Wear NHS Foundation Trust

D McNally, Age UK North Tyneside

L McVay, Tyne & Wear Fire and Rescue Service

J Old, Director of Children's and Adult Services

C Riley, Northumbria Healthcare NHS Foundation Trust

J Scott, Healthwatch North Tyneside

K Simpson, Newcastle Hospitals NHS Foundation Trust

S Thompson, TyneHealth

D Titterton, North Tyneside YMCA

A Watson, North of Tyne Pharmaceutical Committee

L Young-Murphy, North Tyneside Clinical Commissioning Group

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Health and Wellbeing Board

14 November 2019

Present: Councillor M Hall (Chair)
Councillor K Clark
Councillor M Green
Councillor T Mulvenna
Councillor M Wilson
W Burke, Director of Public Health
P Jones, Healthwatch North Tyneside
C Riley, Northumbria Healthcare NHS Foundation Trust
J Scott, Healthwatch North Tyneside
I Warne, Tyne & Wear Fire and Rescue Service
A Watson, North of Tyne Pharmaceutical Committee
L Young-Murphy, North Tyneside Clinical Commissioning Group

In attendance: H Douglas, R Nicholson, S Meins and M Robson, North Tyneside Council
D Cowans, Cumbria, Northumberland Tyne & Wear NHS Trust
N Bruce, Newcastle Hospitals NHS Trust

Apologies: L McVay, Tyne & Wear Fire and Rescue Service
H Hudson, North Tyneside Council
D Titterton, North Tyneside YMCA
S Burrell, Community and Voluntary Sector Chief Officers
D McNally, Age UK North Tyneside

HW18/19 Chair's Announcements

The Chair congratulated Northumbria Healthcare NHS Trust on being awarded an outstanding rating by the Care Quality Commission for the second successive time.

The Chair welcomed Susannah Thompson who was to replace Paul Stanley as TyneHealth's representative on the Board. It was reported that Scott Burrell had been appointed to replace Catherine Hearne as the representative from the Voluntary and Community Sector Chief Officers Group. The Chair also announced that following the changes to the child safeguarding arrangements, Richard Burrows, who had been Chair of the Safeguarding Children Board would no longer serve as a member of the Board and on she expressed her thanks and appreciation for his contribution to the work of the Board.

HW19/19 Appointment of Substitute Members

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

Ian Warne for Lynsay McVay (Tyne & Wear Fire and Rescue Service)

HW20/19 Declarations of Interest and Dispensations

There were no declarations of interest or dispensations reported.

HW21/19 Minutes

Resolved that the minutes of the previous meeting held on 12 September 2019 be confirmed and signed by the Chair.

HW22/19 Strategic Objective No. 1 "To tackle childhood accidents"

The Board received a progress report in relation to its Strategic Objective No. 1 "To tackle childhood accidents", specifically to reduce the rate of hospital admissions in children 0-14 years to the same or better than the rate for England. The Board had received an earlier report in November 2018 when it had agreed that a task and finish group be formed to:

- a) obtain and analyse further data sets to better understand childhood accidents by ward, age, gender and type of injury through; and
- b) develop an action plan to reduce the rate of hospital admissions in children 0-14 years to the same or better than the rate for England.

Consequently a multi-agency Childhood Accident Task and Finish Group had been established to complete this work.

The data obtained by the group showed that the rate of hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 North Tyneside) had reduced to 138.1 per 10,000 (2017/18) and this was not significantly different to the England rate (121.2 per 10,000) and better when compared with the North East regional benchmark. While the hospital admission rate (111.3 per 10,000) for children aged 0-14 in North Tyneside was still higher than the England rate (96.4 per 10,000) the trend showed a reduction on the previous year. Further data obtained from the 111 service, A&E Departments and hospital admissions gave an indication of the wards from where the majority of cases came from and the most common causes of injury. Falls are the most frequent accident and reported in North Tyneside children aged 0-5 and 0-14.

The Board were presented with the North Tyneside Accident Prevention Action Plan 2018-2020 which set out the strategic approach to preventing childhood accidents, based on the evidence of what worked and delivered by a range of partners. In 2018/19 borough wide evidence-based campaigns on accident prevention across community settings had been delivered, the Tyne and Wear Fire & Rescue Service had delivered SafetyWorks accident prevention to 2000 children and funding had been obtained to pilot additional safety equipment for families living in the Chirton and Riverside Wards, the areas with the highest incidence of accidents.

In the future, support to communities and households at greatest risk would be prioritised, health visiting would include comprehensive injury and accident prevention component from January 2020; the Riverside and Chirton home safety equipment scheme would be evaluated, safety standards in outdoor play and leisure facilities would be maintained and work would be undertaken with the RNLI to co-ordinate messages around water safety.

The Board heard that the public health service did not deliver its programmes within play group or private nursery settings but childcare providers had a responsibility to provide safe environments under separate regulatory frameworks.

Newcastle Hospitals NHS Trust indicated that it would be willing to work with officers to provide additional data relating to children from North Tyneside attending urgent care services in Newcastle.

The Board discussed the effectiveness of introducing 20mph speed limits in residential areas in terms of reducing the number of road traffic accidents. It was suggested that public health and highways officers should review the methods used by the Council in measuring and assessing traffic speeds and the associated risks to safety.

Resolved that (1) the report of the Childhood Accident Task and Finish Group be noted;

(2) the improved performance in terms of the rate of hospital admissions for childhood accidents in the 0-4 age group and 0-14 age range be noted;

(3) the multi-agency strategic approach to tackling childhood accidents, as set out in the report, be endorsed as an evidence based, proportionate approach based on current system capacity and resources;

(4) the Public Health team continue to work with partners to routinely monitor the rates of childhood accidents and highlight any significant issues to the Health and Wellbeing Board, as appropriate; and

(5) the primary reporting arrangements on childhood accidents be the responsibility of the Children and Young Persons Strategic Partnership.

HW23/19 Healthwatch North Tyneside: Updates and Insights

The Board received a report from Healthwatch North Tyneside setting out the work it had undertaken and highlighting the key issues local people had raised with Healthwatch. The report highlighted the following areas of work:

- a) two new mental health resources had been produced: a “help yourself” leaflet produced by young people to identify the services that they used and they found helpful and a leaflet for people needing mental health support providing details of the services that people can self-refer to get the support they need.
- b) gathering the views of service users and their families and carers to better understand older people’s experience of memory and mental health services.
- c) progress had been made in responding to the recommended actions set out in the Supporting People in Crisis report published in November 2018,
- d) an 18 month research project was underway to get a better understanding of what local people do when they feel ill. This topic had been chosen as people were confused about where to go to get the care they need.
- e) a report with recommendations had recently been published based on the views of people in the waiting areas of the Northumbria Specialist Emergency Care Hospital in Cramlington.
- f) an issue focused paper had been produced based on local people’s experiences of people who have had a stroke and their carers. The paper made six key recommendations; and
- g) Healthwatch had arranged focus groups across England to establish how the NHS Long Term Plan should be implemented locally. Healthwatch North Tyneside’s engagement had fed into a regional report and a more detailed version of this

report which focused on the views of North Tyneside residents had been shared with the CCG.

There were a number of emerging issues arising from Healthwatch's work including transport to health and social care services, issues with the electronic prescription system, dissatisfaction with the support available for hearing loss and the need to better coordinate the different engagement activities around health and social care issues.

Partners welcomed the report and the useful feedback Healthwatch provided. This information was useful to organisations when matched with their own performance data to enrich their understanding of user's experiences and help formulate future actions plans.

The Board considered the availability of sign language interpretation services and initiatives to equip healthcare staff with basic sign language skills. The Board also explored in more detail the specific difficulties experienced by users of the electronic prescription system.

Members discussed the need to better understand the transport difficulties encountered by service users, the scale of these problems and the impact on services, for example users missing their appointments. It was stated that 80% of healthcare appointments were within the primary care sector and if services were closer to home they would be more accessible. The Board agreed that improvements to the transport system were beyond its remit but members recognised that transport to employment, leisure and culture was an important contributory factor in determining the health and wellbeing of the population. It was therefore suggested that the matter be raised by the Chair in her regular report to the North Tyneside Strategic Partnership.

Resolved that (1) the work undertaken by Healthwatch North Tyneside as described in the report be endorsed and shared within partner organisations;
(2) the new mental health resources be promoted by the Board and partners be asked to consider the funding of future print runs;
(3) the work to better understand what people in North Tyneside do when they feel ill be noted;
(4) the recommendations included in the emergency care report be noted and partners be encouraged to work together to address the issues raised;
(5) the recommendations included in the Stroke issues paper be noted and members be encouraged to work together to address the issues raised;
(6) the emerging issues be noted and all members be encouraged to work together to better coordinate service user and community engagement so as to maximise opportunities for people's voices to be heard in decision making processes;
(7) Healthwatch North Tyneside's new information and annual survey campaigns be promoted to service users and staff teams; and
(8) the Chair of the Board refer the emerging issues in relation to transport with the North Tyneside Strategic Partnership.

HW24/19 North Tyneside Health Protection Assurance Report 2019

The Board received an overview of the health protection system and outcomes in North Tyneside as part of the Director of Public Health's responsibility to provide

assurance that the current arrangements were robust and equipped to meet the needs of the population.

The Director of Public Health was responsible for the Council's contribution to health protection matters and exercised its functions in planning for, and responding to, emergencies that present a risk to public health. The Director was also responsible for providing information, advice, challenge and advocacy to promote health protection arrangements by relevant organisations operating in the area. The Director therefore presented a Health Protection Assurance report to the Board for this purpose.

The report concluded that North Tyneside had robust systems in place in the management of existing and emerging health protection issues. An analysis of the data regarding health protection outcomes for screening, immunisation, communicable diseases and air quality had highlighted that there were areas that required improvement. These areas would form priorities for 2019/20. These included:

- a) Uptake of cancer screening programmes where there was evidence of variation at a local level in uptake;
- b) Childhood immunisation programme and a decline in the number of five year olds who receive two doses of the measles, mumps and rubella (MMR) vaccination.
- c) A decline in the numbers of girls receiving the Human Papilloma Virus (HPV) vaccination.
- d) The uptake of the influenza vaccination for clinical risk groups including pregnant women and frontline staff.
- e) The formation of a joint local screening and immunisation oversight group for North Tyneside and Northumberland.
- f) changing risk-related behaviours in the general population as part of the antimicrobial resistance work.
- g) Improving and monitoring air quality in North Tyneside
- h) Local and national planning for Brexit to consider the implications for environmental health and port health functions.

Resolved that (1) the Health Protection Assurance report be noted;
(2) the areas requiring improvement as set out above be endorsed; and
(3) the Board is assured that the local health protection arrangements are robust and work well.

HW25/19 Dementia Friendly Community

In June 2019 the Board agreed that some additional scoping work should be undertaken by a small group to explore the funding, resources and approach that would be required to continue to work towards making North Tyneside a dementia friendly Borough. A dementia friendly community (DFC) was a city, town or village where people with dementia are understood, respected and supported.

A workshop had been held on 3 October 2019 to review an earlier project to register Wallsend and Whitley Bay as a DFC, review what had happened since, explore other areas which had been successful in taking forward the DFC agenda and agree an approach that may work for North Tyneside. The workshop had concluded that the project model previously followed had not been sustainable as it had been reliant on a single worker within one agency, rather than identifying passionate people from within the community with an interest in making their own community dementia friendly.

Furthermore the Alzheimer's Society now offered better support. The group examined some successful schemes in place elsewhere nationally. These had been established by identifying key local people from within the community who came together to make the area dementia friendly.

It was recommended that an event should be held in January 2020, in collaboration with the Alzheimer's Society, with the aim of identifying people, residents and organisations who might be interested in making their area dementia friendly. The event would be marketed across North Tyneside, including some specific invites for key local organisations and groups and relevant partnership boards and include people with dementia and their carers.

Resolved that an event be planned and delivered, to identify people within the community who want to take forward the Dementia Friendly Community agenda working with the Alzheimer's Society to embed a sustainable approach.

Title: Health & Wellbeing Board Work Plan 2020-22

North Tyneside Health & Wellbeing Board Report Date: 9 January 2020

Report from : North Tyneside Council

Report Author: Wendy Burke, Director of Public Health (Tel: 643 2104)

1. Purpose:

This report proposes a methodology to formulate a work plan for the Board for the next two years.

2. Recommendation(s):

The Board is recommended to:-

- a) request 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 to provide a steer as to what the priorities of the Board should be in the medium term;
- b) approve the establishment of a working group to formulate detailed proposals for the Health & Wellbeing Board's work plan 2020-22; and
- c) ask the working group to submit a proposed work plan to the Board for consideration and approval at its meeting on 2 April 2020.

3. Policy Framework

The aim of the Board's work plan will be to deliver the strategic goals set out in the Joint Health and Wellbeing Strategy 2013-23.

4. Information:

- 4.1 In January 2018 the Board reviewed the Joint Health & Wellbeing Strategy 2013-2023 and approved the following five refreshed strategic goals that would support the delivery of the vision set out in the strategy:
 - To focus on outcomes for the population in terms of measurable improvements in health and wellbeing;
 - To reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the borough;
 - To shift investment to focus on evidence based prevention and early intervention wherever possible;
 - To engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed; and

- To build resilience in local services and communities through a whole system approach across statutory and non-statutory interventions, to deliver better outcomes for the public and better use of public money.

- 4.2 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. These objectives were deemed sufficiently challenging to support meaningful change and impact, were measurable and could only be successfully achieved through true partnership working by Board members and their respective organisations. The nine objectives were:
1. To tackle childhood accidents
 2. To reduce the use of tobacco across the life course
 3. To tackle obesity across the life course
 4. To improve the mental health and emotional resilience of the of North Tyneside population
 5. An integrated approach to identifying and meeting carer health and wellbeing needs (all ages)
 6. To reduce alcohol misuse
 7. Comprehensive support for people with dementia
 8. Reduce social isolation and increase cultural engagement across the population of North Tyneside to improve health and wellbeing
 9. To reduce falls and fractures risk and ensure effective treatment, rehabilitation and secondary prevention for those who have fallen.
- 4.3 Since then a range of accountable bodies have taken responsibility for each of nine objectives and regular reports have been submitted to the Board setting out progress made in delivering the actions associated with each objective.
- 4.4 As the lifetime of this plan is now reaching its conclusion, it is now timely to begin the process of reviewing its delivery and to begin work to formulate a new plan which will enable the Board to fulfil its role, to ensure that there is an integrated approach to the provision of health and social care services in the area.
- 4.5 It is proposed that in the first instance the following statutory lead officers serving on the Board meet to provide a steer as to what the priorities of the Board should be in the medium term:
- Wendy Burke, Director of Public Health
 - Jacqui Old, Director of Children's and Adult Services
 - Lesley Young-Murphy, Chief Operating Officer, North Tyneside Clinical Commissioning Group
 - Paul Jones, Director, Healthwatch North Tyneside
- 4.6 Following this meeting and the identification of broad priorities, it is proposed that a working group of key members and officers be established to map out the work currently being undertaken by partnerships to deliver the strategic priorities contained in the Joint Health & Wellbeing Strategy, to identify those gaps or areas where the Board could add value and to formulate more detailed proposals and plans for the Boards consideration.
- 4.7 It is proposed that the working group would comprise of the following members:
- Wendy Burke, Director of Public Health
 - Haley Hudson, Assistant Director of Strategy and Transformation
 - Mark Taylor, Strategic Commissioning Manager Children and Families
 - Scott Woodhouse, Strategic Commissioning Manager Adults
 - Craig Anderson, Senior Manager Policy Performance and Research

Paul Jones, Director, Healthwatch North Tyneside
Anya Paradis, Director of Contracting & Commissioning, NTCCG
Steve Rundle, Head of Planning & Commissioning, NTCCG
Scott Burrell, Community & Voluntary Sector Chief Officers Group

4.8 It is anticipated that the working group would present a work plan to the Board at its meeting on 2 April 2020 for consideration and approval.

5. Decision options:

The Board could either:

- a) Approve the recommendations set out in Section 2 of the report; or
- b) Agree alternative arrangements for the formulation of the Board's work plan for the next two years.

6. Reasons for recommended option:

The Board are asked to approve the recommendations as a practical, informed and proportionate method of preparing a work plan.

7. Appendices:

n/a

8. Contact officers:

Wendy Burke, Director of Public Health (Tel: 643 2104)
Michael Robson, Democratic Services Officer (Tel 643 5359)

9. Background information:

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

- Report to the Health & Wellbeing Board 11 January 2018
- Health & Wellbeing Board Work Plan 2018-20

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

There are no financial implication arising from this report. Any financial or resource implications of work proposed to be undertaken as part of the Board's future work plan will have to be considered by the working group.

11 Legal

Under the terms of the Health & Social Care Act 2012 the Health & Wellbeing Board has a duty to prepare a Joint Health & Wellbeing Strategy and to encourage partners to work in an integrated manner.

12 Consultation/community engagement

The proposals contained in the report were formulated by The Board's executive made up of key members of the Board. There has been no community engagement.

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

A risk assessment has not been completed in relation to this matter.

16 Crime and disorder

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

SIGN OFF

Chair/Deputy Chair of the Board

X

Director of Public Health

X