



North Tyneside Council

Health and Wellbeing Board

9 September 2020

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

on **Thursday, 17 September 2020**

at **2.00 pm**

This meeting will be held using video conferencing technology and streamed live on the Council's YouTube channel.

Agenda Item	Page(s)
1. Chair's Announcements	
Incorporating a minute's silence in memory of those lost during the pandemic and a message of thanks and recognition to all that have played their part in the local system response.	
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 join the meeting may appoint a substitute member, provided the clerk is notified of the appointment prior to the commencement of the meeting.	

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.

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.

5. **Minutes**

5 - 8

To confirm the minutes of the meeting held on 9 January 2020.

6. **Understanding the New Health and Wellbeing Landscape**

To receive a joint presentation from the Council, Clinical Commissioning Group and Healthwatch outlining the:

- a) impact of Covid-19 in North Tyneside over the course of the pandemic to date;
- b) recovery plans and health and wellbeing priorities to inform future commissioning priorities; and
- c) opportunities and positive issues to arise from the emergency.

7. **Health & Wellbeing Board – Future Work Plan**

9 - 12

To determine a process for the formulation of the Board's future work plan and priorities.

Members of the Health and Wellbeing Board:-

Councillor Margaret Hall (Chair)

Councillor Muriel Green (Deputy Chair)

Councillor Matt Wilson

Councillor Tommy Mulvenna

Councillor Karen Clark

Wendy Burke, Director of Public Health

Jacqui Old, Director of Children's and Adult Services

Richard Scott, North Tyneside NHS Clinical Commissioning Group

Lesley Young-Murphy, North Tyneside NHS Clinical Commissioning Group

Judy Scott, Healthwatch North Tyneside

Paul Jones, Healthwatch North Tyneside

Christine Briggs, NHS England

Maria Miller, Newcastle Hospitals NHS Foundation Trust

Claire Riley, Northumbria Healthcare NHS Foundation Trust

Kedar Kale, Northumberland, Tyne & Wear NHS Foundation Trust

Susannah Thompson, TyneHealth

Craig Armstrong, North East Ambulance Service

Richie Rickaby, Tyne & Wear Fire & Rescue Service

Dawn McNally, Age UK

Andy Watson, North Tyne Pharmaceutical Committee

Cheryl Gavin, Voluntary and Community Sector Chief Officer Group

Dean Titterton, YMCA North Tyneside

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Public Document Pack Agenda Item 5

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.

North Tyneside Health & Wellbeing Board Report Date: 17 September 2020

Report from : North Tyneside Council

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

Relevant Partnership Board: North Tyneside Covid-19 Engagement Board

1. Purpose:

This report sets out a proposed process for the formulation of priorities and a work plan for the Board in the context of the Coronavirus Pandemic.

2. Recommendation(s):

The Board is recommended to establish a working group to:

- a) give further consideration to the impact of Covid-19 in North Tyneside and the emerging recovery plans and health and wellbeing priorities; and
- b) determine the priorities and formulate a work plan for the Board to be presented to the next meeting of the Board for approval on 12 November 2020.

3. Policy Framework

This item relates to delivery of the whole Joint Health and Wellbeing Strategy 2013-2023 and the Council's [Framework for Recovery in North Tyneside](#).

4. Information:

- 4.1 At its previous meeting in January 2020 the Board had agreed to establish a working group to obtain a steer from statutory chief officers as to the priorities for the Board and formulate detailed proposals for a work plan covering the period upto 2022/23. These proposals were to be submitted to the Board for consideration and approval at its meeting on 2 April 2020.
- 4.2 Since then, the Coronavirus Pandemic has had a profound economic and social impact on the Borough with differential impacts on different groups of people in the Borough from a health and social inequalities point of view. It is likely that the pandemic will have exacerbated already existing inequalities across the Borough and in relation to the numbers of people living in poverty. In addition, the health impact goes way beyond those directly impacted by having the virus including mental health and well-being.
- 4.3 The Health & Wellbeing Board now has a key role to play in providing shared leadership and ensuring there is an integrated strategic approach in recovering from the pandemic. The Board will need to focus its attention on analysing the impact of Covid-19 on the health

and wellbeing needs of the population taking account of the wider determinants of health and lead and align policy in North Tyneside. This work may include:

- a) the identification of any urgent and immediate corrective action that needs to take place, mindful of lessons learned during the emergency period; and
- b) planning for the medium and longer-term reviews and refreshes of the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS).

4.4 To inform this work the Board are to receive at today's meeting a joint presentation from the Council, Clinical Commissioning Group and Healthwatch an overview of the impact of Covid-19 in North Tyneside, details of the recovery plans and issues to emerge from the emergency. The Board will be invited to consider this information to begin to shape its future priorities and work plan for the period up to 2022 or beyond.

4.5 It is proposed that a working group be established to progress this work and to formulate a draft work plan. The membership of the working group would be:

An elected member of the Board

Wendy Burke, Director of Public Health

Jacqui Old, Director of Childrens and Adult Services,

Lesley Young-Murphy, Chief Operating Officer, North Tyneside Clinical Commissioning Group

Paul Jones, Director, Healthwatch North Tyneside.

The draft work plan would be presented to the next meeting of the Board to be held on 12 November 2020 for approval.

5. Background information:

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

- o Minutes of the Health & Wellbeing Board 9 January 2020;
- o Report to Cabinet 29 June 2020 relating to [Covid-19 – A Framework for Recovery in North Tyneside; and](#)
- o Local Government Association - Health & Wellbeing Boards Reset Tool.

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

6 Finance and other resources

There are no direct financial implications relating to the establishment of a working group to formulate a work plan.

7 Legal

In accordance with Sections 192 and 193 of the Health and Social Care Act 2012 the Health & Wellbeing Board is responsible for the preparation of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

8 Consultation/community engagement

It is not proposed that there be public consultation in relation to the formulation of the work plan but this work will be informed by community engagement undertaken by Healthwatch North Tyneside.

9 Human rights

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

10 Equalities and diversity

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

11 Risk management

A risk assessment has not been undertaken in relation to the work plan.

12 Crime and disorder

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

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