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North Tyneside Council

Health and Wellbeing Board

30 June 2021

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

on **Thursday, 8 July 2021**

at **10.00 am**

in **Room 0.02, Quadrant, The Silverlink North, Cobalt Business Park, 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.

Members of the public are welcome to attend this meeting and receive information about it. However, to ensure the meeting is held in a Covid secure manner, places for members of the public are limited. Please email democraticsupport@northtyneside.gov.uk or telephone 0191 643 5359 if you wish to attend or require further information.

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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.

4. **Minutes** 5
To confirm the minutes of the meeting held on 11 March 2021.

5. **UK Health Security Agency and Office of Health Promotion.**
To receive a presentation from Prof Peter Kelly, Public Health England Regional Director for the North East and Yorkshire, about the arrangements for the new UK Health Security Agency and Office of Health Promotion.

6. **Integration and Innovation: Working Together to Improve Health and Social Care for All**
To receive a presentation from Mark Adams, Chief Officer of the North Tyneside Clinical Commissioning Group, on the Department of Health and Social Care's legislative proposals for a Health and Care Bill.

7. **Developing an Inequalities Strategy for North Tyneside and Refreshing the Joint Health & Wellbeing Strategy** 9
To determine an approach to developing an Inequalities Strategy for North Tyneside and refreshing the Joint Health and Wellbeing Strategy.

8. **Appointment of Member to the Board** 53
To consider the appointment of a representative of Northumbria Police as an additional member to the Board.

Members of the Health and Wellbeing Board:-
Councillor Karen Clark (Chair)
Councillor Muriel Green (Deputy Chair)
Councillor Carole Burdis
Councillor Peter Earley
Councillor Joe Kirwin
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
Julia Charlton, Healthwatch North Tyneside
Paul Jones, Healthwatch North Tyneside
Christine Briggs, NHS England
Michael Graham, 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
Steven Thomas, Tyne & Wear Fire & Rescue Service
Dawn McNally, Age UK North Tyneside
Andy Watson, North Tyne Pharmaceutical Committee
Cheryl Gavin, Voluntary and Community Sector Chief Officer Group
Dean Titterton, YMCA North Tyneside

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Health and Wellbeing Board

Thursday, 11 March 2021

Present: Councillor M Hall (Chair)
Councillors K Clark, M Green, T Mulvenna and M Wilson
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
Julia Charlton, Healthwatch North Tyneside
Paul Jones, Healthwatch North Tyneside
Claire Riley, Northumbria Healthcare NHS Foundation Trust
Chloe Mann, Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust
Susannah Thompson, TyneHealth
Steven Thomas, Tyne & Wear Fire & Rescue Service
Dawn McNally, Age UK North Tyneside
Dean Titterton, YMCA North Tyneside

Apologies: Kedar Kale, Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust

In attendance: Councillors T Brady, J Kirwin, N Huscroft, C Davis and P Richardson
M Taylor, K Allan, S Woodhouse, M Robson and J Holmes, North Tyneside Council

HW46/19 Appointment of Substitute Members

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

Chloe Mann for Kedar Kale (Cumbria, Northumberland, Tyne & Wear NHS Trust)

HW47/19 Declarations of Interest and Dispensations

There were no declarations of interest or dispensations reported.

HW48/19 Minutes

Resolved that the minutes of the previous meeting held on 10 December 2021 be confirmed and signed by the Chair

HW49/19 Better Care Fund

The Better Care Fund was a programme spanning both the NHS and local government which sought to join-up health and care services so that people could manage their own health and wellbeing and live independently in their communities for as long as possible. Each year a Better care Fund Plan had been approved by the Board.

In the early stages of the COVID-19 pandemic, the government had indicated that policy and planning requirements for the Fund would not be published in 2020 and that spend from the ringfenced Fund should continue to be based on local agreement in 2020 to 2021, pending further guidance. This approach was confirmed in December 2020 with the publication of a policy statement by the government. The policy statement set out the following national conditions for the Fund in 2020-21:

a) Plans covering all mandatory funding contributions have been agreed by Health & Wellbeing Board areas and minimum contributions are pooled in an agreement made under Section 75 of the NHS Act 2006;
b) The contribution to social care from the Clinical Commissioning Group (CCG) via the Fund is agreed and meets or exceeds the minimum expectation specified in the policy statement;
c) Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence set specified in the policy statement.
d) CCGs and local authorities confirm compliance with the above conditions to their Health and Wellbeing Boards.

In accordance with condition d) above, the Board received a report which detailed how conditions a) to c) had been satisfied as follows:

a) The Better Care Fund Partnership Board, including senior representatives from the Authority and the CCG, had continued to oversee the implementation of the Better Care Fund Plan and had updated the Section 75 Agreement to cover 2020-21;
b) The minimum expectation required the CCG to contribute £11,096,836 to social care. This requirement had been met; and
c) The minimum expectation required the CCG to contribute £4.950,544 on NHS-commissioned out of hospital services. The actual contribution was £5,575,182, hence this requirement had been met.

The policy statement confirmed that the Fund would continue in 2021/22 with the iBCF grant to be maintained at its current level (£2.077billion), the Disabled Facilities Grant to be worth £573 million and the CCG contribution would again increase by 5.3% in line with the NHS Long Term Plan settlement. The Policy Framework and Planning Requirements would be published in early 2021 and the Board would be asked to consider and approve a revised Better Care Fund Plan for 2021/22 in due course.

Resolved that the continued operation of the Better Care Fund in 2020/21, in compliance with the national conditions set out above, be noted.

HW50/19 Commissioning Intentions 2021/22

This Board received a presentation setting out the Council's and the Clinical Commissioning Group's commissioning intentions for 2021/22. The Board was invited to consider whether it wished to form an opinion on whether the Council and the CCG had taken proper account of the Joint Health & Wellbeing Strategy in formulating their commissioning intentions 2021/22

and whether it wished to report this to the CCG and/or Council.

Members of the Adult Social Care, Health and Wellbeing Sub-Committee had been invited to join the meeting to receive the presentation and so avoid officers having to repeat the presentation at a separate meeting.

The presentation included an overview of the governance arrangements associated with the delivery of the Our North Tyneside Plan, the North Tyneside Place Based Transformation Plan and the Children and Young Peoples Plan. The Board were presented with details of the services to be commissioned in 2021/22 arranged around the themes of services for children and young people, working age adults, older people and the response to the Coronavirus pandemic.

Healthwatch North Tyneside also provided an overview of the key themes and issues to emerge from the feedback it had received from residents and users.

Following the presentation Board members asked questions and made comments when the Board reflected on the whole system, strategic approach in North Tyneside to tackling poverty and inequalities in health. This involved a wide range of interventions including job creation, skills and training, education, decent homes etc.

The presentation had highlighted the quantity and diversity of services which had continued to be delivered throughout the pandemic and it was suggested that there ought to be recognition and thanks expressed in the Council's newsletter for the work undertaken by all those who had contributed to maintaining these services through such a challenging period.

Reference was made to the publication of the Government White Paper "Integration and Innovation: working together to improve health and social care for all" which set out the Government's legislative proposals for a Health and Care Bill. It was suggested that following analysis and consideration of the White Paper, the Clinical Commissioning Group, Northumbria Healthcare NHS Trust and the Council submit a report to the Board setting out the implications for decision making within the local health and social care system.

Resolved that the North Tyneside Clinical Commissioning Group (CCG) and North Tyneside Council's commissioning intentions for 2021/22 be noted and no further action be taken.

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North Tyneside
Health & Wellbeing Board Report
Date: 8 July 2021

Title: Tackling Inequalities in Health and the Impacts of COVID-19

Report from : **Cabinet Member for Public Health and Well Being**

Report Author: Director of Public Health and Assistant Chief Executive (Tel : 0191 643 2104 and 0191 643 5724)

Relevant Partnership Board:

1. Purpose:

This report sets out the proposed approach to tackle inequalities in health and wider socio-economic factors via a new Joint Health and Well Being Strategy for North Tyneside. This is in the context of addressing the impacts caused by the COVID-19 pandemic on the borough.

2. Recommendation(s):

The Board is recommended to:-

- agree the approach to develop a new Joint Health and Well Being Strategy to tackle health and wider socio-economic inequalities as set out in paragraph 4.6 of this report

- agree to nominate representatives from each organisation represented on the Health and Well Being Board to be on a cross-sector working group to take forward the work as outlined in paragraph 4.6 of this report

3. Policy Framework

This item relates to all of the current Joint Health and Well Being Strategy 2013-23.

4. Information:

Background

4.1 The current Joint Health and Well Being Strategy 2013-23 was previously agreed by the Health and Well Being Board.

4.2 It is now appropriate to develop a new Strategy in the context of the impact of the COVID-19 pandemic on the borough both at an individual resident and community level.

This report sets out the proposed approach to be undertaken to do this in partnership with a range of stakeholders between now and November 2021 when it is proposed that the Health and Well Being Board will approve the new Strategy.

The Impacts of the COVID-19 Pandemic

4.3 Initial work has been undertaken both within the local authority and across the NHS to assess the ongoing impacts of the pandemic across the borough. This is from both a direct and indirect impact point of view – direct in relation to the burden of disease and mortality and indirect from the response to the pandemic and the control measures that have been put in place. In common with other places across the country, the impacts have not been felt equally across communities with the greatest impacts falling on the least privileged. Before the COVID-19 pandemic, there were already signs that the health of the people in North Tyneside was falling behind the rest of the country. Our Joint Strategic Needs Analysis shows a lower life expectancy and healthy life expectancy and slower improvements when compared to the figures for England as a whole. In addition, the Marmot Review 10 Years on, published in February 2020, highlighted that not enough progress had been made over the past decade to address unjust and avoidable differences in people's health and well being across the country. The COVID-19 pandemic and the wider governmental and societal response have further exposed the inequalities in North Tyneside.

4.4 In terms of direct impacts the first confirmed positive case of COVID-19 in North Tyneside was recorded on 8 March 2021. Up to 19 June 2021, a total of 13,8620 positive cases have been recorded. More females that males have tested positive for COVID-19 and more positive cases have been found in the 20-49 age group followed by those aged 50-69. 634 people were admitted to hospital (to 13 June). Sadly 479 people have died with COVID-19 (to 4 June).

4.5 The response to the pandemic, including the demand upon NHS and social care services together with measures taken to control the spread of coronavirus (including the social distancing and lockdown measures, school closures and the cancellation or delay of routine healthcare) have had wide ranging indirect impacts including education, household incomes, job security and social contact. The control measures have therefore had their own important consequences for people's lives, in addition to the direct impacts of the disease itself on health and wellbeing.

Proposed Approach

4.6 It is proposed to undertake the work in the following phases

- **Phase 1 : Evidence and Impact Analysis - by August 2021**

  Working through a cross-sector working group chaired by the Director of Public Health and the Assistant Chief Executive of the Council, work to complete the impact analysis of the direct and indirect impacts of the pandemic will be undertaken to provide a clear evidence base for strategy development and decision taking. This piece of work will inform and underpin the refresh of the JSNA.

- **Phase 2 : Policy Development - by end September 2021**

  Working through the same cross-sector working group, work will be taken forward to develop policy priorities for the proposed new Joint Health and Well Being

Strategy. These priorities will be designed to address the issues identified in the impact analysis and will link to all relevant strategic policy frameworks including the refreshed Our North Tyneside Council Plan (due to be agreed by Council on 23 September 2021). This will include consideration by the Health and Well Being Board at its meeting on 16 September

- **Phase 3 : Consultation and Engagement – by end October 2021**

  It is proposed to carry out consultation and engagement on the policy priorities with all key stakeholders throughout October 2021 including via the annual State of the Area Event hosted by the local authority; arrangements via Healthwatch and the CCG's patient forum

- **Phase 4 : Strategy Approval – by end November 2021**

  The impact analysis and policy priorities will be used to shape a refreshed Joint Health and Well Being strategy to be considered for approval by the Health and Well Being Board at its meeting on 11 November

5. Decision options:

The Board is recommended to approve the approach as set out in paragraph 4.3 above.

6. Reasons for recommended option:

Taking forward the development of a new Joint Health and Well Being Strategy as per the approach outlined in paragraph 4.3 above will ensure that the work of the Health and Well Being Board and its composite member organisations will be aligned with the key impacts of the COVID-19 pandemic across the borough.

7. Appendices:

Current Joint Health and Well Being Strategy for North Tyneside 2013-23.

8. Contact officers:

Wendy Burke, Director of Public Health (0191 643 2104)
Jackie Laughton, Assistant Chief Executive, North Tyneside Council (0191 643 5724)

9. Background information:

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

Current Joint Health and Well Being Strategy for North Tyneside 2013-23

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

Any financial implications arising from the delivery of priorities in the new Health and Well Being Strategy will be met from existing budgets

11 Legal

The Council is required, under section 116A of the Local Government and Public Involvement in Health Act 2007 (as amended) to prepare a joint Health and Wellbeing Strategy for the Borough, alongside the Joint Strategic Needs Assessment it must also prepare. The statutory guidance, from the Department of Health, which accompanies this duty notes that *"JSNAs and JHWSs are continuous processes …"* and *"Health and wellbeing boards will need to decide for themselves when to update or refresh JSNAs and JHWSs …"*. Consequently, this proposed approach is within the scope of the powers of the Health and Wellbeing Board.

12 Consultation/community engagement

Internal consultation has been undertaken with the Cabinet Member for Public Health and Well Being. The approach has also been discussed with the Health and Well Being Board Executive on 22 June 2021.

13 Human rights

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

14 Equalities and diversity

In undertaking the process for the new Joint Health and Well Being Strategy, the aim will be at all times to secure compliance with responsibilities under the Equality Act 2010 and in particular the Public Sector Equality Duty under that Act. An Equality Impact Assessment will be carried out on the engagement approach. The aim will be to remove or minimise any disadvantage for people wishing to take part in the engagement activity. Direct contact will be made with groups representing people with protected characteristics under the Equality Act 2010 to encourage participation and provide engagement in a manner that will meet their needs.

15 Risk management

Relevant risks have been identified regarding this report, they are currently held on the Authority's corporate, strategic and Covid-19 specific risk registers, they are being reviewed and managed as part of the Authority's normal risk management process.

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
Director of Children's and Adult Services	X
Director of Healthwatch North Tyneside	X
CCG Chief Officer	X
Chief Finance Officer	X
Head of Law & Governance	X

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North Tyneside Joint Health and Wellbeing Strategy 2013-23

North Tyneside Council

Foreword

Everyone in North Tyneside should have the right to enjoy good health and wellbeing but some groups and communities systematically experience poorer health than others.

North Tyneside's Health and Wellbeing Strategy for 2013 – 2023 outlines the top joint priorities for improving the health and wellbeing of people living in North Tyneside. This strategy has been developed through the Health and Wellbeing Board, a range of partnership groups that exist within the borough and with the communities of North Tyneside.

The strategy is based on the findings of our Joint Strategic Needs Assessment and consultation with a wide range of stakeholders. During 2012 extensive consultation took place with local people and they told us what their health and wellbeing priorities are. We also listened to local stakeholders, clinicians, the voluntary, community and faith sector, hospital trusts and providers of a wide range of services.

The strategy focuses specifically on the health inequalities that exist within the borough and aims to bring together the energy and enthusiasm of partners and local people to address these inequalities.

The strategy sets out the key joint priorities for commissioners to purchase and transform the delivery of health and social care services, but also investment in other services such as housing and leisure. In addition there is a recognition that the financial challenges facing the public services of North Tyneside need to be tackled together if we are to successfully improve outcomes for local people.

The strategy is dynamic in the sense that it will evolve over time as we move forward in our understanding of the enormous challenges that we face. Over time we will monitor and review our priorities to make sure that they fit with local needs and are making a difference.

The Elected Mayor, Norma Redfearn,
Chair of Health and Wellbeing Board

Contents

1 Strategic Context

Overall Vision

By 2023 we will have improved health and wellbeing outcomes in North Tyneside to match the best in the country

- Health inequalities will be significantly reduced across the borough in areas and populations with greatest health problems
- Communities will experience greater positive wellbeing and resilience particularly those who are most vulnerable and those living in the most deprived areas in the borough
- Existing strengths and assets in communities will be supported and sustained
- Dependency on health and care services will be reduced through the promotion of greater activity, participation and independence
- Barriers to accessing services will be removed – in particular for those in greatest need

National Developments

The Health and Social Care Act 2012 has been the biggest change to the NHS since its inception. Primary Care Trusts and Strategic Health Authorities are being abolished and responsibility for local health commissioning has been given to Clinical Commissioning Groups (CCGs). New organisations have been established – NHS England and Public Health England which will play key role in commissioning services and supporting local organisations to secure the best possible health outcomes for the local population. Public health moves back to the local authority which now assumes the duty for local health improvement and the reduction of health inequalities. Current system changes also include the Welfare Reform Bill and Localism Bill. The Welfare Reform Bill introduces the Personal Independence Payment in the place of Disability Living Allowance, and sets out reforms to housing benefit and employment and support allowance that will save £5.5 billion in welfare payments nationally over the next five years. It is the biggest reform of the benefit system since the founding of the welfare state.

The Localism Bill sets out changes to social housing policy and the planning system, including new approaches to cross-boundary local authority working and strategic planning; the decentralisation of spatial planning and development to neighbourhoods, and an enabling role for retaining and transferring local service and facility provision to local control through the Community Right to Buy scheme.

Our Partnership

The North Tyneside Health and Wellbeing Board has been established since December 2010 and is based on strong partnership working and collaboration within North Tyneside. The Health and Wellbeing Board has strategic influence over commissioning decisions across health, public health and social care and will strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care. The Board also provides a forum for challenge, discussion, and the involvement of local people.

Health and Wellbeing Boards have statutory duties and powers to encourage integrated working of commissioners and providers in order to improve the health and wellbeing of the local population, reduce inequalities, and improve the quality and experience of services for the local population.
We are working together as a Health and Wellbeing Board to identify and maximize opportunities for integrated services and joint commissioning. In tackling health inequalities the Board also needs to work with a wide range of Council functions and external partners including; housing, environment, education, employment, criminal justice and planning.

The Health & Wellbeing Board is committed to improving health and wellbeing for local people, but it must prioritise areas of greater need and greater potential for improvements, so that it can make the best use of available resources.

Our Values

- Providing high quality universal services with targeted support to those most in need
- Working to integrate services – making the most of local assets
- Raising aspirations and building resilience and independence
- Recognising that educational achievement, good quality housing, a safe and attractive environment and employment are key to improve life chances and health and wellbeing
- Facilitating leadership and ownership by the community, including children and young people
- Compliance with the Equalities Assessment Act 2010 and working to protect all nine characteristics identified within it - ensuring equal access for all
- Seeking to pool resources to make best use of public money.
- Developing and supporting front-line staff who will be clear about their contribution to health and wellbeing through brief advice, earlier assessments and interventions
- Focussing on an outcomes approach in line with national frameworks

How We Developed Our Strategy

Our Health & Wellbeing Strategy for North Tyneside is based on shared priorities between members of the Health & Wellbeing Board that have been in place for some time and those expressed by key stakeholders and communities. The Health and Wellbeing Strategy priorities also align with the priorities in the Sustainable Community Strategy. Review of these priorities against the Joint Strategic Needs Assessment (JSNA) confirms that they represent existing local needs. Through the JSNA we have identified a wide and diverse range of needs, and have illustrated the variation in these needs across the borough. We have also taken account of the Marmot review from 2010 and Healthy Lives Healthy People – the Public Health Strategy for England 2011 in shaping our local strategy.

In developing our strategy we have reviewed progress we have made in improving life expectancy and health outcomes over the past five years and have compared ourselves with statistical neighbours. We have updated information on the current health and social care needs of the population and based on this data and feedback from service users and the public we have considered key priorities to improve health and well being.
We have already implemented a number of health and social care service changes to maximise use of resources and improve the quality and responsiveness of services for the public.
Finally, we have carried out an extensive consultation process with local communities, key partners, stakeholders and employers to explore and identify the key factors that promote and protect health and wellbeing.

Through this process we have been able to identify the specific priority themes where we need to do more as a partnership to improve health and wellbeing and health and social care services in the borough. These priority areas translate into opportunities for joint commissioning, integrated working and service delivery and subsequently joint outcomes for Health and Wellbeing Board as a partnership.

Local people are at the heart of this strategy and our priorities are aimed at improving quality of life for local residents – particularly those who experience greater disadvantage and who are vulnerable. We recognise that our Health and Wellbeing Strategy will evolve further over time, to incorporate other priorities for implementation in subsequent years.

Our Objectives;

1. To continually seek and develop new opportunities to improve the health and wellbeing of the population

2. To reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the borough

3. To shift investment to focus on evidence based prevention and early intervention wherever possible

4. To engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed

5. To build resilience in local communities through focussed interventions and ownership of local initiatives to improve health and wellbeing

6. To integrate services where there is an opportunity for better outcomes for the public and better use of public money

7. To focus on outcomes for the population in terms of measurable improvements in health and wellbeing

Key System Changes the Health and Wellbeing Board will oversee

Emphasis on Prevention, Self Help and Early Intervention

There is a strong evidence base and good economic reasons to focus on and continue to strengthen our approach to prevention and early intervention. All universal services in North Tyneside will identify opportunities to maximise the health and wellbeing of individuals and communities; in addition more specialised services will focus on ensuring that wherever possible preventative interventions or treatment are provided for individuals. In terms of early intervention, services will respond in a more integrated way to address initial needs and prevent escalation and the need for more specialist or costly services. We will focus our efforts in particular to identify problems early with our most needy and vulnerable populations.

Greater Patient and Community Voice

The establishment of local HealthWatch in North Tyneside will build on the work of the Local Involvement Network (LINk) and will champion the views and feedback of patients, services users and carers, and ensure that they play a central role in shaping local health and wellbeing services. Healthwatch is accountable to the local authority but will report their concerns through the national body, HealthWatch England. In addition we will focus on community engagement and involvement to ensure the widest possible opportunity for local people to share their views and inform commissioning. We will also develop and support more informal feedback opportunities to allow us to hear and understand the views of people who rarely engage with services.

Place Shaping

We are working on an asset based approach to improving community health and wellbeing which, as it develops, will be fundamental to tackling inequalities and building resilience and ownership. Our aim will be to build low level preventative services and support – particularly in areas where access to mainstream services may be problematic. The aim initially will be to train key community health champions to take forward and encourage key developments in communities involving action by local people. We will work in partnership to link people to activities and services and develop new initiatives that meet local needs. We will also build support mechanisms into our approach to enable less mobile and more vulnerable people to participate.

Integrated Service Delivery

Integrating services will be key to ensuring a joined up approach for services users and will make best use of available funds. We will be exploring the opportunities in terms of where integrated service delivery will be possible and most effective. We will also need to take service user needs into account and where necessary retrain staff to develop additional skills. We recognise the benefits to both integration of health and social care services and also primary and secondary care health services.

Pooling Resources

Making the best use of available funding is going to be the most critical aspect of our partnership working and must underpin all our service developments. The demands of efficiency savings on the public sector are significant; cost-neutral and low cost investments will be a priority for us as commissioners. We are developing our understanding of both the available resources we have as a partnership and also the constraints on individual partners, for example in terms of remodelling current service delivery. Our aim will be to work together to pool resources where we believe this will have the greatest impact both in terms of making efficiencies but equally in terms improving service delivery.

Workforce Developments

Because of the scale and challenge of organisational change in health and social care it is vital that staff are skilled to ensure high quality and effective service delivery. We will maximise opportunities for integrating roles and responsibilities of staff to create more holistic and responsive services for patients and service users.

We will continue to support current staff in terms of their development needs and will extend the skills of our front line workforce (including those in the community and voluntary sector) to enable them to provide brief advice and interventions to improve health and wellbeing – particularly in our most vulnerable and needy populations. The emphasis will be on preventative and early intervention.

In addition we will build capacity in communities and workplaces through the development of a network of community health champions who will offer practical support and advice to individuals to enable them to improve this health and resilience. We already have examples of health champions in place including Young Health Champions supported through the YMCA and workplace health champions in North Tyneside Council.

2 Why is Health and Wellbeing important in North Tyneside?

What is our Joint Strategic Needs Assessment Telling Us?

We use a Joint Strategic Needs Assessment to bring together the best available data and community and stakeholder views to help us to plan current and future interventions and services to meet local needs and address key health problems and social care issues.

North Tyneside General Profile

The geographical make-up of North Tyneside is diverse; there are generally more affluent coastal areas of Whitley Bay, Cullercoats and Tynemouth in the east.

Killingworth New Town and Longbenton lie to the west, and from the more economically deprived heavily industrialised riverside towns of Wallsend and North Shields in the south to the scattered former mining villages and more isolated agricultural areas in the north, such as Backworth and Earsdon.

- North Tyneside is now one of the least deprived areas in the North East of England however the borough has 23.3% of its population in the most deprived national quintile and 21.3% of the population in the least deprived quintile.
- The most deprived area in the borough is around Waterville Road in Riverside Ward. The least deprived area is in St Mary's Ward. 20% of all dependent children aged under 20 years in the borough are living in poverty.

North Tyneside is a borough with great potential and strengths and stands out in the North East as a prosperous, innovative and distinctive place to live and work.

The North Bank of the Tyne is established as a zone of global significance in the renewable and marine industries, where economic renewal is supported by an innovative higher education offer. We have a diverse range of businesses which support the borough and its residents to achieve economic potential.

Our local environment is clean, attractive and sustainable and neighbourhoods are safe with good transport links; offering a range of quality housing options and local facilities. We have an attractive coastline which provides excellent opportunities for leisure activities.

We have high levels of engagement and participation in sport, culture and the arts and we are working to provide inclusive health and wellbeing activities to engage local people who have a range of needs and interests

We have a diverse population and a growing older population who take pride in their local area and are active in local communities. Our most recent Residents' Survey found that 73% of our residents are satisfied with their local area as a place to live, and 70% feel they belong to their local area. Our health and social care services are rated highly through external inspections and peer reviews. Patients also rate these services highly and there is a system of patient and client feedback in place.

What is the Profile of Our Population?

- North Tyneside's population is projected to grow from a population of 200,800 in 2011 up to 220,478 by 2030.
- The Black and Minority Ethnic (BME) population is currently estimated at nearly 6% and has almost doubled since 2001. North Tyneside is becoming increasingly diverse; the largest BME group is the Asian and Asian British group and the BME population is likely to grow over the next 15 years as are minority faith groups, with Islam remaining the largest minority faith in the borough.
- Population projections indicate an ageing population. The number of persons aged 65 years and over is projected to increase significantly by 2025. The number of people aged 85 and over is projected to increase in North Tyneside by 46% by the year 2030 creating additional demand for social care, housing, support, and health services.
- The percentage of the population in North Tyneside with a limiting long term illness is significantly higher than the average for England.
- By 2030 the population aged 5-19 will increase by 12%.
- Approximately 24% of people currently have some kind of disability; this figure is expected to increase with an increasingly aging population.
- Around 6% of people identify themselves as lesbian, gay, bisexual or transsexual (LGBT)
- 23.3% of the population in North Tyneside lives in the most deprived national quintile whilst 21.3% of the population lives in the least deprived quintile
- The proportion of the population aged 16-64 years estimated to be economically active in North Tyneside between April 2011 and March 2012 was 79% which higher than the figure for both the North East and Britain

What are the Key Issues that Impact on Health and Wellbeing in North Tyneside?

We completed a comprehensive review of health and wellbeing in North Tyneside during 2012 through our Joint Strategic Needs Assessment (JSNA) process. We looked at health and social care data including health service usage information. We also carried out consultation with a range of local people, stakeholders and partners. We particularly wanted to listen to and understand community views to give us a picture in terms of what we are doing well and where we need to improve. Community and stakeholder groups consulted included;

- Age UK
- Balliol Youth and Community Centre Longbenton
- Burradon and Camperdown Community Forum
- Carers Centre
- Cedarwood Project Meadowell
- Community and Voluntary Sector Organisations via 'Working With' Event
- East Howdon Community Centre
- Elected Members
- LINk members
- Homeless people via Health Needs Survey 2012
- Meadow Well Connected
- North Tyneside Disability Forum
- North Tyneside Homes tenants
- North Tyneside Network of Young Disabled People
- Phoenix Detached Project Chirton
- Shiremoor Credit Union
- YMCA

Issues in relation to life expectancy;

- People are living longer with the average life expectancy for North Tyneside being 79 years (77 years for males and 81 for females)
- There is a significant difference in life expectancy between the most affluent and most deprived wards of the borough and this has not changed for the past 20 years
- Cardiovascular disease and cancer remain the 2 most common causes of early death in North Tyneside across all ages
- Prevalence of respiratory disease is significantly higher than the average for England and the incidence of liver disease is increasing
- There are estimated to be significant number of people with health problems who have not been diagnosed or who are not diagnosed early enough including those with high blood pressure, diabetes, cancers and respiratory disease
- In terms of healthy life expectancy at age 65 years there are significant differences in terms of disability–free life expectancy in North Tyneside compared with England. Nationally the average for men is 11 years compared with 8 years in North Tyneside and for women the average is 11 years compared with 9 years for North Tyneside
- Smoking, obesity and alcohol consumption levels are higher than the England average and particularly high in low income groups. Physical activity levels are lowest in our most deprived wards

Issues in relation to children and families;

- The infant mortality rate is similar to the England average and the child mortality rate is similar to the England average
- Breastfeeding is lower than the England average and more mothers continue to smoke during pregnancy compared to England
- Teenage conception rates are continuing to fall
- Childhood immunisation rates are above the England average.
- We have so far identified 140 families who are experiencing long-standing problems and disadvantage
- There are currently over 400 children and young people who are subject to a child protection plan and /or looked after
- It is estimated that around 7,900 children and young people in the borough have a long standing illness or disability
- There are over 3,000 children and young people with mental health and behavioural disorders
- There has been an increase in the number of children with special educational needs over the last five years
- 1 in 5 children and young people live in poverty in North Tyneside
- Hospital admissions for under 18's are significantly higher in North Tyneside compared with the England average including admissions due to injury, substance misuse and as a result of self harm

Issues in relation to long term conditions, mental health and disability;

- The number of people with long term conditions is higher than the national average and is likely to increase with an ageing population – 20% of the population report that they have a long term limiting illness
- The rate of depression is significantly higher than the national average with higher levels in more deprived areas
- Approximately 40% of people eligible for incapacity benefit have mental health problems and mental health is a secondary factor in another 10% of eligible people
- The rate of in year bed days for mental health problems and the rate of admissions for self harm are significantly higher than the average rate for England
- The number of people with dementia is rising and is predicted to increase significantly as the population ages
- There are an increasing number of carers in the borough, including a significant number under the age of 18 years – in local surveys around 50% of carers feel their health is poor

Issues in relation to hospital and social care services;

- The rate of alcohol related hospital admissions is significantly higher than the average for England and is increasing
- Emergency admission rates for falls remain higher than England as a whole and are increasing
- The emergency admissions rate for respiratory disease is significantly higher than the England average
- There is an increasing demand on primary healthcare and hospital services and also on social care services
- North Tyneside has the fourth highest rate of emergency hospital admissions in England

Issues raised by local communities;

- Children and young people's concerns include mental health, self harm, sexual health, access to employment, alcohol and drug use and relationships
- Local concerns from more socially deprived communities' include; welfare benefits and income, employment, antisocial behaviour, mental health problems, alcohol and drug problems, social isolation, access to fruit and vegetables and transport and access to local services and activities. On a positive note they talk about a sense of community and good relationships as being important and being able to access very local community services
- Older people raise issues around loneliness and social isolation, low income, warmth and fuel issues and transport and support to access local services and activities
- People with disabilities talk about support to access activities and the lack of advocacy available to them.
- Carers raised issues in relation to mental and physical health, especially stress, stigma and isolation
- People who are homeless have difficulties registering with a GP and talk about mental health and physical health problems
- Ex Armed Forces residents raise issues around mental health problems in particular and also difficulties with employment

Issues raised by partners and key stakeholders;

- We need to place greater emphasis on prevention and early intervention
- There are opportunities for closer joint working arrangements which will improve outcomes for clients and/or patients
- The public sector needs to work in a more integrated way with the community and voluntary sector to build better, more sustainable support in communities
- We need to identify specific initiatives where we will pool resources to develop better services
- We need to improve support in the community for patients and clients leaving or being discharged from services

Issues in relation to wider determinants of health;

- Educational attainment is generally above the England average however there are still significant differences between attainment for children from low income families compared with those from families where there are higher incomes and greater stability
- 80% of the population aged 16-64 are economically active however 14% of males and 8% of females are not in employment with the 18-24 year age group being the largest group out of work
- There are around 94,000 homes in the borough. Around 95% of the 16,000 council houses meet the Decent Homes Standard; however approximately 47% (over 4,000) of homes in the private sector do not meet the standard. In relation to owner occupied homes 33% are projected to be non decent (approximately 20,218 homes). Nearly 17,000 homes in total are fuel poor
- North Tyneside is the safest of the 36 metropolitan boroughs in England and in the top 8% of all 334 Crime and Disorder Reduction Partnership areas in England and Wales however 20% of all recorded crime and over 50% of violence against the person crimes have alcohol as an influencing factor and there are around 4000 domestic violence incidents recorded in every year
- The borough has excellent public amenities, a clean environment and generally good transport provision

Development of our Joint Strategic Needs Assessment

During 2013-14 and beyond we will be working together to develop our approach to Joint Strategic Needs Assessment to develop an 'asset led' approach. This will involve focussing more on what is working in communities for example and how we can grow it rather than always focussing on problems. We will also build up our knowledge of the views of service users and local people so that they can influence new developments and services.

Health and Wellbeing Priorities for North Tyneside

In identifying key health and wellbeing priorities for North Tyneside the approach has been to review the joint strategic needs assessment priorities in terms of which health problems and issues are significantly higher in North Tyneside. Other intelligence has been drawn on including community and users views. The key priorities are as follows;

- Improving the Health and Wellbeing of Families
  Focusing on supporting families with complex and challenging needs and working to provide better integration of services and maximizing opportunities of prevention and early intervention

- Improving Mental Health and Emotional Wellbeing
  Focusing on maximizing opportunities to promote positive mental health, wellbeing and recovery through accessible services and community support

- Addressing Premature Mortality to Reduce the Life Expectancy Gap
  Focusing on key interventions at a community and primary care level to reduce the difference in life expectancy within the borough

- Improving Healthy Life Expectancy
  Focusing on key interventions at a community and primary care level to reduce the difference in life expectancy within the borough

- Reducing Avoidable Hospital and Care Home Admissions
  Focusing on interventions in primary care, community and hospital settings to improve self management, personalised support and independence

3 What is the evidence to support our approach to improving health and wellbeing?

Health and wellbeing are concepts which are often defined in different ways by individuals themselves, by groups or by policy and decision makers when assessing local health needs. "Health" as a term includes physical, mental and social health and well-being or quality of life. Promoting health and wellbeing and improving health is about enabling individuals and communities to reach their full potential – ideally through their own actions and collective activity.

For the purpose of this strategy we are focusing on three main components of health and wellbeing:

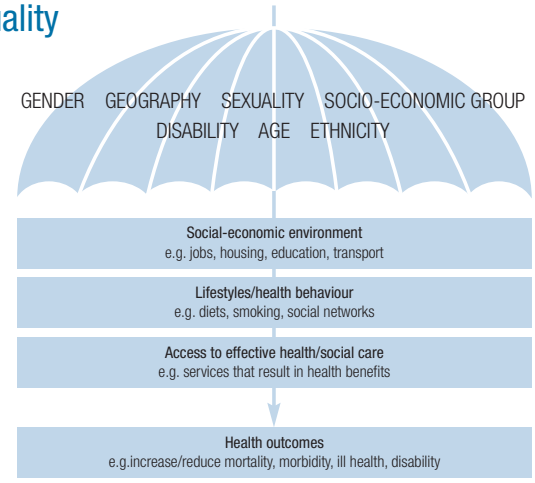
- Improving quality of life
- Improving wellbeing
- Increasing life expectancy and healthy life expectancy

What are Health Inequalities?

Health inequality arises when some people have poorer access to resources that support health and are more exposed to health risks than others. Health inequalities are therefore differences in health outcomes between individuals or groups. They arise from differences in social and economic conditions that influence people's behaviours and lifestyle choices, their risk of illness and actions taken to deal with illness when it occurs. Inequalities in these social determinants of health are not inevitable, and are therefore considered avoidable and unfair.[1]

The diagram below illustrates how health inequalities impact on health outcomes;

Spectrum of inequality



The Marmot Review into health inequalities in England 'Fair Society, Healthy Lives' was published in 2010. It proposed an evidence-based strategic direction to address the social determinants of health which can lead to health inequalities. Central to the review is the recognition that disadvantage starts before birth and accumulates throughout life. This is reflected in the 6 policy objectives with the highest priority being given to the first objective:

1. Giving every child the best start in life
2. Enabling all children, young people and adults to maximize their capabilities and have control over their lives
3. Creating fair employment and good work for all
4. Ensuring a healthy standard of living for all
5. Creating and developing sustainable places and communities
6. Strengthening the role and impact of ill-health prevention.

The key message from Marmot and from government policy and health researchers over the past fifteen years or more is that the key to tackling health inequalities lies in tackling social inequalities and the disadvantages that families and individual experience. The most emphasis is placed on the early years as this is the foundation for future health and wellbeing. Interventions need to be provided at a universal level or as a 'universal offer' but where needs are greater a more targeted intensive or progressive approach is required. Working in partnership to agree evidence based high impact interventions and joint investment is therefore key to local success.

Marmot advocates the 'Life Course' perspective which offers a way of looking at health and wellbeing, over a life span - not as disconnected stages (early life, adolescence, adulthood, old age) but as a whole. It suggests that a wide range of influences impact on our health over the course of our lifetime. This perspective suggests that each life stage influences the next, and that social, economic, and neighbourhood environments acting across the life course have a profound impact on individual and community health.

[1] London Health Observatory

Evidence to support our priority areas:

- Improving the Health and Wellbeing of Families

> The biggest differences to inequalities in child health will not be made by the NHS, but by interventions in other sectors [2]

During the past few years there have been a number of reports and published study findings focusing on early intervention with children and families. These studies conclude that increasing income alone will not break the cycle of deprivation but that evidence –based intensive targeted interventions for families do work to build resilience and coping strategies. The key message is that *interventions must begin as early as possible*.

The key elements for tackling problems early with families are identified below;[3]

- A commitment to prevention;
- Priority focus on the early years;
- Targeted intensive interventions with most vulnerable families
- Continuing early intervention in later years;
- A multi-agency systems approach;
- High quality of workforce;
- Investment in programmes that are evidenced –based and work

In addition there are specific groups of children and young people who experience poor health outcomes; this includes children with disabilities, children who are looked after and young offenders. In addition to the areas of focus outlined above there is strong evidence to suggest that service integration, more generic workforce training and pooling of resources are key to improving health outcomes for children and young people.

- Improving Emotional Health and Mental Wellbeing

> More people of all ages and backgrounds will have better wellbeing and good mental health [4]

Mental health is high on the government's agenda, with a new strategy, 'No Health without Mental Health', published by the Department of Health in 2011. Mental health improvement may include action to promote mental wellbeing, prevent mental health problems and improve quality of life for people with diagnosed mental illness

Evidence suggests that mental health improvement works at three levels;[5]

- Strengthening individuals by increasing emotional resilience, promoting self esteem, life skills, communication and relationship skills

- Strengthening communities by increasing social support, social inclusion and participation and improving community safety, neighbourhood environments and access to local, accessible support services

- Reducing structural barriers to mental health by removing discrimination and promoting access to education, employment, housing services and support

There is also a growing evidence base surrounding the concept of recovery in relation to mental illness[6] which involves a shift of emphasis from illness and symptoms to health, wellbeing and empowerment. Central to this evidence base is the role of services and treatment in terms of supporting individual decision making. The focus on recovery has significant implications for commissioners and providers of mental health services.

[2] What Works for Children; Reducing Inequalities in Health 2000
[3] Making Sense of Early Intervention: A Framework for Professionals. The Centre for Social Justice 2011
[4] No Health Without Mental Health HM Government 2011
[5] Mental Health Improvement: Evidence and Practice.Health Scotland 2005
[6] A Common Purpose: Recovery in Future Mental Health Services.Care Services Improvement Partnership, Royal College of Psychiatrists, Social Care Institute for Excellence 2007

- Addressing Premature Mortality to Reduce the Life Expectancy Gap

> We want people to live longer and with a better quality of life. Too many people die too soon from illnesses that can be prevented or treated [7]

Premature mortality measures deaths that occur within the population in people under 75 years of age and are often referred to as avoidable deaths. A high proportion of premature death has a significant impact on life expectancy. Increasing life expectancy has been a key government target for a number of years. Locally the emphasis needs to be placed on increasing the life expectancy of individuals in the most deprived and vulnerable groups. The health profile section in chapter 2 has outlined the key causes of premature mortality in North Tyneside as;

– Cardiovascular Disease
– Cancer
– Chronic Obstructive Pulmonary Disease
– Digestive Disease (including liver disease)

In terms of the evidence base key themes emerging include awareness of symptoms in the public and early identification and treatment in primary care settings. Targeting of individuals and groups most at risk will be key to 'finding' people with undiagnosed disease. In terms of suicide public awareness and training and education for front line staff in relation to vulnerable groups is key. Vulnerable groups in terms of premature mortality generally include people with mental illness, people with learning disabilities, asylum seekers and refugees and homeless people.

Key interventions to rapidly increase life expectancy in the short term include;

- Reduce infant deaths (target areas of deprivation and mothers in specific groups)
- Increase the number of smoking quitters (targeting routine and manual workers, pregnant women and smokers with long term conditions)
- Control high blood sugar (target areas of deprivation and specific age groups)
- Treat high blood pressure (target areas of deprivation and specific age groups)
- Treat high blood cholesterol (target areas of deprivation and specific age groups)
- Reduce problem alcohol consumption – carry out brief interventions at population level
- Provide evidence based treatment for people with established cardiovascular disease
- Reduce risk of atrial fibrillation (opportunistic and targeted checks)

In the longer term factors including educational attainment levels, employment and decent housing will have the greatest impact on life expectancy.

- Improving Healthy Life Expectancy

> The gap between healthy life expectancy for people in different areas…is a major cause for concern

Healthy life expectancy is a quality of health measure which combines life expectancy and self assessed health from survey data. As overall life expectancy increases in the population through clinical interventions and improvements in quality of life it is more likely that people living longer lives will be living with a long term condition or disability.

[7] Department of Health 2012

Recent national data has shown that healthy life expectancy is increasing overall but is not increasing as quickly for people in more disadvantaged groups. The position North Tyneside reflects that national picture. The impact of lower healthy life expectancy is significant in terms of the demand on health and social care services and also the welfare support required for those who are disabled and/unable to work.

Healthy life expectancy is influenced by a range and complex interaction of factors including;

- Maternal health and wellbeing
- Influences in the early years
- Later life health related behaviours
- Mental illness and other vulnerabilities
- Development of long term conditions
- Access to health and other support services
- Wider factors including income, education, quality of housing skills and employment

Key interventions include; targeted community health living programmes including parenting support, improving access to fruit and vegetables, increasing physical activity, mental wellbeing activities, social and volunteering activities and housing support for vulnerable groups.

- Reducing Avoidable Hospital and Care Home Admissions

> The highest rated interventions involve the direct delivery of rapid access care in the community [8]

There is strong evidence to suggest [9] that a high number of hospital admissions are avoidable and that a significant proportion of older people discharged from hospital are in a poorer functional state than when they were admitted. There are therefore health, quality of life and economic reasons for keeping people out of hospital.

Higher levels of hospital admissions are thought to indicate poor co-ordination between the different elements of the healthcare system. The proportion of emergency admissions for Ambulatory Care Sensitive Conditions [10] is larger in the under 5 years (acute conditions) and over 75 years (chronic conditions) age groups. The rate of avoidable hospital admissions in the most deprived areas is more than twice the rate in the least deprived areas.

Short and medium term solutions involve managing Ambulatory Care Sensitive Conditions through better management of acute symptoms in primary care or community settings. In the longer term commissioners need to tackle the underlying causes through better management of chronic diseases and preventative and public health measures.

With regard to care homes, reviews have suggested [11] that home based support significantly reduces mortality and admissions to long term care but does not conversely reduce hospital admissions as the need for hospital care is being identified.

Other interventions to reduce avoidable hospital and/or care home admissions include: [12]

- Better self management
- Improved care planning
- Better involvement and integration of pharmacy advice
- Improved case management of people with complex conditions

[8] Avoiding Hospital Admissions King's Fund 2010

[9] Managing Ambulatory Care Sensitive Conditions Kings Fund 2012

[10] Conditions for which effective management and treatment should prevent admission to hospital

[11] Elkan R, et al, (2001) Effectiveness of home based support for older people: systematic review and meta-analysis BMJ v323, pp1-9

[12] King's Fund Avoiding Hospital Admissions 2010

Strengthening our communities

In addition to identifying disease and care related priorities we have identified key vulnerable or high priority groups who are more likely to experience poorer health and wellbeing and may have greater difficulties accessing health and community services. These groups include;

- Families with social problems including children in care and care leavers
- Families with complex mental health and/or disability needs
- Lone and teenage parents
- Carers of all ages
- People with learning, sensory or physical disabilities
- People with mental health and/or behavioural problems
- People with limiting long-term illness
- People who are resident in nursing or residential care
- People with substance misuse problems or their children
- Offenders of all ages
- People who are gay, lesbian, bisexual or transgender
- People who are long term unemployed
- People from Black and Ethnic Minority Groups
- Asylum seekers and refugees
- Frail elderly people
- People with dementia
- Socially isolated people
- People experiencing domestic violence
- People without basic qualifications
- People who are homeless or rough sleeping
- People who are travellers or transient
- People not registered with a GP or dentist
- People on low income &/or lower socio – economic groups

Research shows that there are common factors that influence both the behaviours of people in these groups and also the actions of services;

– mistrust of services
– insufficient outreach and neighbourhood clinics
– lack of joint working between the local NHS organisations and local authorities
– lack of data collection
– poor understanding of health and social care needs and health service access and use
– poor access to health services
– poor follow-up of patients
– high attendance at A&E
– unsafe discharge from A&E and secondary care
– potential stereotyping by staff

Commissioners and providers of health and social care need to identify whether their services provide equity of access to populations most in need and if not how their services could be improved to facilitate access by the most vulnerable and deliver the services in relation to need. Wherever possible outreach health services will be provided in areas of greatest need – linked into existing accessed services. All service specifications will include equality monitoring requirements

Community engagement and where possible/relevant health impact assessment will help to identify barriers more vulnerable populations face in accessing services. Health Impact Assessment will also be undertaken in relation to key building and service developments in the borough. The health and social care workforce will receive regular updates in relation to the need of more vulnerable groups in the local population.

Community Empowerment

Empowerment not only concerns individuals gaining skills for themselves, but it is also about communities overcoming structural barriers and creating change through participation and collective action. Research suggests that there are five key areas where empowerment strategies or interventions had improved individual health related outcomes. These areas have been identified as:

- Improved self-value and self-esteem
- Greater sense of control
- Increased knowledge and awareness
- Motivation to change behaviour
- A greater sense of community, broadened social networks and social support

Tackling the Wider Determinants of Health

As highlighted earlier a range of factors impact on health in any community and may be considered 'root causes' in terms of ill health, including mental ill health and disability.
Health inequalities are the result of a complex and wide ranging factors and these include;

- Overall deprivation
- Poverty or low income
- Lack of or insecure employment
- Poor housing
- Homelessness
- Lower educational attainment
- Crime and disorder (or fear of)
- Poor access to transport
- Poor physical environment

The Marmot Review identified that work and employment are of critical importance for population health and health inequalities.[13] In terms of adults who are unemployed there is strong evidence to suggest that adverse effects on health are most likely among those who experience long-term unemployment. In terms of moving into employment there is good evidence that overall health and wellbeing will improve and GP usage and other health services will reduce.

The borough is facing challenges in terms of the impact of welfare reform, however changes to funding for Localised Council Tax Support provides an opportunity for the Council to have more control over how it supports its community.
The direct payment of Universal Credit will mean a greater need for the Council and other organisations to help people manage their money and learn skills that will benefit people as they move into work.

The localising of elements of the Social Fund will allow the Council to target support to those in need and make improvements to the current system. It will be able to understand the wider issues in relation to why people claim a social fund and look at providing more holistic support for the individual rather than just dealing with the current crisis.

Meeting local housing needs is also key to health and wellbeing in the community including;

- A settled home so young people can prosper
- Energy efficient homes to reduce carbon emissions and the cost of bills
- Well located homes with good transport links to jobs and service
- Well designed neighbourhoods to reduce anti-social behaviour
- Mixed tenure communities where people feel they belong[14]

There is strong evidence that good quality housing can have a direct impact on health and the use of health and social care services for example, reducing seasonal deaths and worsening of chronic disease symptoms related to the cold, improving mental health and wellbeing, reducing falls and supporting older people to live independently to reduce residential and nursing home admissions.

We acknowledge the need to address the underlying causes of poor health and wellbeing and will continue to do so through our partnership working.

[13] Report on new evidence on health inequality reduction, produced by Task group 2 for the Strategic review of health inequalities post 2010

[14] Audit Commission 2009

4 What are we spending on Health and Wellbeing in North Tyneside?

North Tyneside Council spend

Public Health

In line with the shift of public health responsibilities from Primary Care Trusts to local authorities in April 2013 North Tyneside Council has been allocated a ring fenced grant of £10.4m which must be spent on activities whose main purpose is to improve the health and wellbeing of the local population, including protecting their health and reducing health inequalities.

The approximate breakdown of spend on public health programmes is shown below:

Healthy Eating, Physical Activity and Obesity	£0.5m
Smoking and Tobacco Control	£0.4m
Drug Misuse	£2.2m
Alcohol Misuse	£0.7m
Dental	£0.1m
School Age Child Health incl. National Child Measurement Programme*	£1m
Sexual Health*	£2.3m
Health Improvement and Wellbeing	£1.25m
NHS Health Checks*	£0.5m
Health Protection*	£0.05m
Public Health Advice to Commissioners*	£0.05m
Community Grants	£0.3m

* Mandatory services

A number of reviews have taken place with regard to historic allocation of public health funding against needs identified through the JSNA process and also in relation to the new public health responsibilities of the Council. During 2013-14 and beyond there will be a shift in funding to ensure the provision of mandatory services and while addressing key priorities and addressing health inequalities in local communities.

The change in funding emphasis will include a significant increase in spending on alcohol treatment and support services.

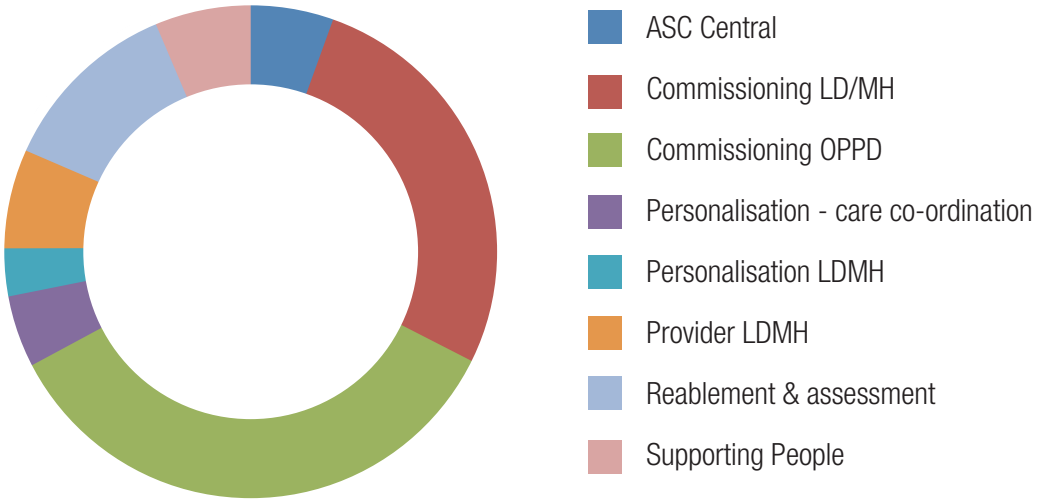
Adult Social Care

The total amount of funding available for adult social care in the borough is around £57m.North Tyneside Council Adult Social Care services support around 5,000 people at any one time. Customers include older people, people with mental health problems and people with learning and physical disabilities. Just over 3,000 of these are longer term support packages such as home based care or support or in residential settings. Customers of local adult social care services continue to be largely made up (70%) of those aged over 65 years.

Women make up 65% of the overall customer base in North Tyneside. The number of people requesting support from adult social care services in the borough has remained relatively stable over the past few years but the number of those who are now eligible for longer term support is starting to increase.

Adult Social Care Total Budget (including central support recharges)

Service Area	Budget 13/14
Adult Social Care Central	£3.2m
Commissioning for people with learning disabilities or mental health problems	£15.2m
Commissioning older people and people with physical disability	£19.7m
Personalisation - care co-ordination	£2.7m
Personalisation for people with learning disabilities or mental health problems	£1.8m
Provider - people with learning disabilities or mental health problems	£3.7m
Reablement & assessment	£6.9m
Supporting People	£3.5m
Grand Total	**£56.7m**

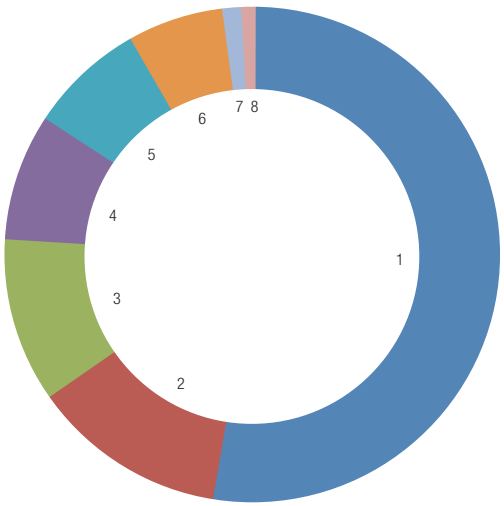


Children, Young People and Learning

The total amount of funding allocated to North Tyneside Council for children young people and learning in the borough is just under £22m. There are nearly 45,000 children and young people aged 0 – 19 years in the borough. The funding is used to support schools, provide early support for families in need, children with disabilities, youth services, and services to safeguard children. All these services contribute to the health and wellbeing of children, young people and families.

2012/13 Approximate Net Budget for the Children, Young People & Learning Directorate

Service Area	Net Budget 2012/13
Preventative & Safeguarding	£11.4m
Integrated Disability & Additional Needs Service	£2.7m
School Funding & statutory staff costs (teachers early retirement)	£2.3m
School transport, capital and admissions	£1.7m
Schools, Learning & Skills	£1.6m
Youth Services, Youth Offending & Prevention Services	£1.4m
Other Commissioning & Fair Access	£0.2m
Strategic Director Children Young People & Learning & support	£0.2m
Grand Total	**£21.5m**



CYPL 2012/13 Net Budget (£)

1. Preventative & Safeguarding 53%
2. Integrated Disability & Additional Needs Service 13%
3. School Funding & statutory staff costs (teachers early retirement) 11%
4. School Transport, capital and admissions 8%
5. Schools, Learning & Skills 7%
6. Youth Services, Youth Offending & Prevention Services 6%
7. Other Commissioning & Fair Access 1%
8. Strategic Director CYP&L & support 1%

North Tyneside Clinical Commissioning Group spend

North Tyneside Clinical Commissioning Group (CCG) is responsible for commissioning most local healthcare services; in particular hospital and community health services and also out of hours primary care, local enhanced services (apart for public health) and prescribing.

The total funding allocation for the Clinical Commissioning Group for 2013-14 is £281.5m

Area of spend	Spend	% of total spend
Infectious diseases	£3.8m	1.36%
Total spend on cancers and tumours	£18.5m	6.58%
Disorders of blood	£3m	1.09%
Endocrine, nutritional and metabolic problems	£8.5m	3.01%
Mental health disorders	£34.8m	12.37%
Problems of learning disability	£8.2m	2.93%
Neurological	£12.4m	4.42%
Problems of vision	£5.6m	2.01%
Problems of hearing	£1.8m	0.64%
Problems of circulation	£20.3m	7.24%
Problems of the respiratory system	£14.6m	5.21%
Dental problems	£8.9m	3.17%
Problems of the gastro intestinal system	£15m	5.34%
Problems of the skin	£5.9m	2.09%
Musculoskeletal disorders	£19.5m	6.93%
Problems due to trauma and injuries	£10.8m	3.85%
Problems of the genito urinary system	£13.5m	4.82%
Maternity and reproductive health	£9m	3.22%
Conditions of neonates	£1.8m	0.64%
Adverse effects and poisoning	£2.8m	1.00%
Healthy individuals	£5.6m	1.99%
Social care needs	£10.9m	3.89%
Other	£45.5m	16.18%
General Medical Services/Primary Medical Services	£2.8m	7.76%
Miscellaneous Other	£23.7m	8.42%

Community and Voluntary Sector

We have estimated the amount of funding spent on health and wellbeing by the Community and Voluntary Sector as the sector is so diverse and the funding comes from a wide range of sources. We recognise that the Community and Voluntary Sector make a significant contribution to improving health and wellbeing and tackling health inequalities in the borough. There are 398 listed voluntary agencies in North Tyneside and an estimated 1,380 unlisted voluntary agencies. There are 2,335 paid workers in the sector and the industry is worth an estimated £6.4 million across North Tyneside

North Tyneside Council and North Tyneside Clinical Commissioning Group have contracts and grants in place with community and voluntary sector (CVS) organisations to deliver a wide range of health improvement, health care and support services to the population of North Tyneside.
These organisations are often based within the community that they serve and as such have a strong knowledge of the needs of that community. The services that many of these organisations provide take the strain off public sector providers for example by promoting wellbeing, preventing admission or readmission to hospital and by supporting carers and promoting healthy living.

How will we Shift Investment and Service Focus for Greatest Impact?

The Health and Wellbeing Board will ensure joined up planning and working between NHS England, North Tyneside Clinical Commissioning Group and North Tyneside Council to ensure that local health and social care needs are met through best use of resources

The Council and Community and Voluntary Sector will further develop their role in relation to promoting health, well-being and preventative interventions; reducing the need for NHS and social care services.

The Clinical Commissioning Group and the Council will work towards alignment of resources through pooled and place-based budgets

The Council and Clinical Commissioning Group will develop a better understanding of local patterns of need, spending and outcomes, with metrics to support shared-investment decisions – this will be achieved partly through participation in the 'Shifting the Gravity of Spending' research project which will follow the prioritisation of public health funding.

The Council and Clinical Commissioning Group will strengthen their approach in relation to dealing more effectively with local pressures including Continuing Care, emergency admissions of older people and individual child and adult placements to make best use or resources and improve quality of care

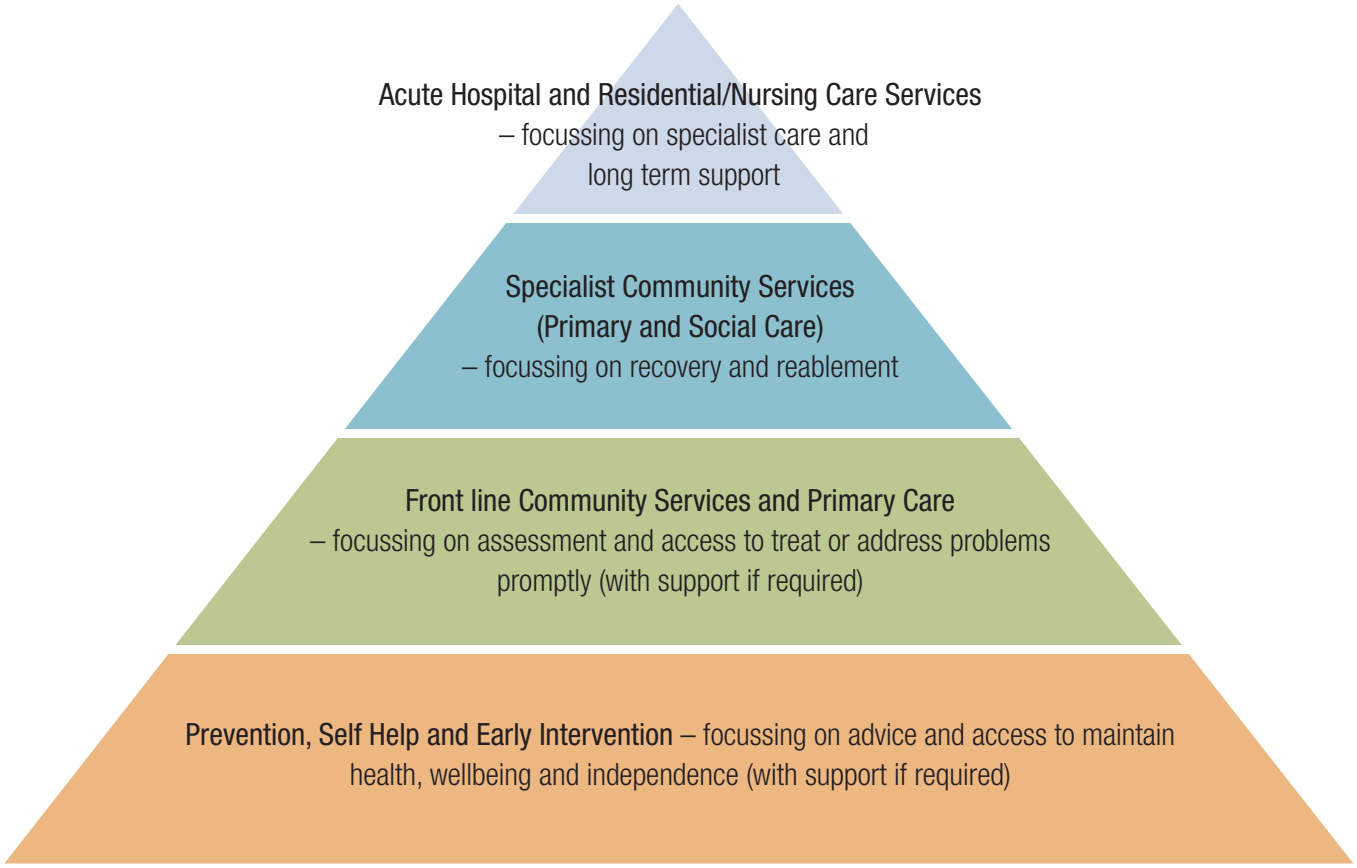
The Council, local NHS Foundation Trusts, the Community and Voluntary and Private Sectors will further develop health maintenance, exercise, recovery and reablement programmes alongside assistive technology and direct payments so that older people, people with mental health problems and people with long term conditions and disabilities can be supported in the community outside the formal inpatient or social care system.

Four Levels of Service Delivery

To achieve better service integration we will work within four common levels of service delivery;

- **Prevention, Self Help and Early Intervention** – focussing on advice and access to maintain health, wellbeing and independence (with support if required)
- **Front line Community Services and Primary Care** – focussing on assessment and access to treat or address problems promptly (with support if required)
- **Specialist Community Services (Primary and Social Care)** – focussing on recovery and reablement
- **Acute Hospital and Residential/Nursing Care Services** – focussing on specialist care and long term support

Our approach is illustrated below – the emphasis needs to be on keeping people well and independent and to reduce the need for higher cost more intensive services.



5 What are our key challenges going forward and where can we have most impact as a health and wellbeing partnership?

Key challenges for Public Health

- Public heath responsibilities now lie with the Council and there are significant opportunities to influence and join up approaches to improving health.
- Planning decisions, licensing decisions, housing improvements and business investment in the borough all have the potential to improve health and wellbeing overall in some circumstances to address inequalities. The challenge will be for the Council to make the most of these opportunities and take the impact on health and wellbeing into account in all its key decision making and development processes.
- In addition there is also a unique opportunity to shift the historical spend on health improvement to address some of the fundamental and long standing inequalities that exist.
- In terms of the challenges for commissioning services need to be available to help people maintain their general health and wellbeing – this will be achieved via leisure and cultural services for example and community provision.
- In terms of reducing the life expectancy gap services need to be commissioned to support the most needy and vulnerable in the population.

Key challenges for Adult Social Care

- There will be a continued focus on reducing high cost services through evidence based prevention and early intervention, integrated commissioning and joint working with key partners. This includes collaboration with adult social care customers, their families and communities, so they are able to support each other and look after themselves.
- Meeting the rising level of demand for support with diminishing budgets; especially for people with more complex needs, while maintaining affordable, safe, good quality care within the resources available.
- Continuing to make support more personalised, but with fewer resources and increasing opportunities for self-assessment and access to information online.
- Working with partners to improve health and wellbeing, prevent dependency on long term support and prevent abuse and neglect and extending the contribution of technology: for example through wider use of telecare.
- Re-shaping the market so that there is better access to universal services, information, advice and guidance to allow people to make informed choices and influencing local markets to offer affordable services that are more enabling and achieve better outcomes.
- Continuing to design innovative approaches to support carers in their caring role and to promote their health and wellbeing
- Integrating services with the NHS where there are better outcomes for clients

Key challenges for Children, Young People and Learning

Issues for the Children, Young People and Learning Partnership arising from the policy environment and local needs assessment and consultation include:

- Implementing a prevention and early intervention approach with families to ensure any issues or problems are identified and addressed
- Continuing to raise the attainment and aspirations of all children and young people, with a particular focus on the most vulnerable groups.
- Empowering children with disabilities or additional needs and their families to exercise greater control over how their needs are met.
- Improving support services for young people, particularly the most disadvantaged, by encouraging better integration and collaboration.
- Ensuring all young people are integrated within the wider community and able to make the transition to independent adulthood.
- Developing an integrated approach to supporting families with multiple and complex needs.
- Addressing youth unemployment by enabling young people to gain the skills needed to compete in a competitive global market.

Key Challenges for the Clinical Commissioning Group

The key challenges for the CCG will be to improve services and outcomes for patients whole making quite significant efficiencies in relation to their spending. These challenges require the CCG to work closely with key partners including public health and adult social care services as well as working closely with key hospital and primary care providers. Specific challenges and developments include;

- Expanding prevention and wellbeing programmes - working with partners to promote a cultural change which will reduce the focus on the consequences of ill health
- Improving the quality of services both in terms of patient outcomes, patient experience and patient safety
- Managing demand with in a strict financial budget due to rising healthcare inflation, an ageing population and increasing public expectations
- Increasing access and choice to help support patients to the most appropriate service in a timely way according to their need , reducing waiting times and ensuring equity of access
- Promoting self-care, care planning, and independence - supporting people to manage their own health and promoting personal independence.

Key Challenges for the Community and Voluntary Sector

The Community and Voluntary Sector is facing significant challenges in terms of being able to respond to increasing need and demand from the public at a time when funding to third sector organisations is being reduced. The key will be to work in partnership with other community organisations and also to work closely with the public sector to demonstrate the value that the sector can bring in terms of addressing local issues.

Key Challenges for NHS Providers

NHS Providers including Northumbria Healthcare NHS Foundation Trust, Newcastle upon Tyne Hospitals NHS Foundation Trust and Northumberland Tyne and Wear NHS Foundation Trust relate to working with commissioners in relation to the health and social care transformation agenda. They face challenges around the commissioners desire to shift funding towards preventive primary care and community based provision while at the same time responding to the demand in terms of increasing numbers of older people and people with long term conditions.

A further challenge relates to the integration of health and social care in terms of children's and adult services. This will have an impact on ways of working together and workforce roles and development

Where Can We Have The Most Impact?

There are a number of ways in which we can prioritise health and wellbeing needs in North Tyneside. Firstly we can do this by identifying the diseases or social care needs that are **high burden and not improving or worsening**. Secondly we can identify priority or high risk groups (as described on page 16), where we know that there is evidence of greater needs and high use of services. Thirdly we can identify **geographical areas** in the borough where there is greater deprivation and we know that health is poor as there are a range of social and economic factors that impact on health and wellbeing.

In terms of health and social needs in order to decide where best to focus our efforts to improve the health of the population it is helpful to use a prioritisation framework.

Using our JSNA findings we can work out the relative priority of different health and social issues in terms of the burden of the numbers of people affected, and whether the problem is improving or worsening over time. The highest priority is allocated to the issues creating the highest burden which are worsening over time.

The table below shows the relative priorities of our key issues and helps us to focus on those that are a higher priority. We also need to consider these priorities in terms of local expressed needs and national priorities.

High Burden	Overall Life Expectancy Coronary Heart Disease/Stroke Smoking Prevalence Foundation Stage Attainment Narrowing Attainment Gap For Vulnerable Groups	Life Expectancy Gap Cancer – Lung, Bowel Diabetes Diagnosed & Undiagnosed High Blood Pressure Diagnosed & Undiagnosed Obesity Depression prevalence Children & Young People – With Complex Needs/ Disability – With Mental Health & Emotional Problems – With Child Protection Plan/In Care Under 18 Hospital Admissions Alcohol Related Hospital Admissions Dementia Diagnosed & Undiagnosed Support For Carers Smoking Mortality & Prevalence in Routine & Manual Workers Domestic Violence Incidents Narrowing Attainment Gap For Income Deprived Participation in Physical Activity Falls in Over 65's Chronic Obstructive Pulmonary Disease Hospital Admissions Mental Health Inpatients People With Limiting Long Term Illness
Low Burden	Suicide Health Of People with a Learning Disability HIV Prevalence Teenage Pregnancy Decent Housing	Atrial Fibrillation Liver Disease Mortality Self Harm Care/Transition For People With Physical Disabilities and Sensory Impairment Dental Health
	Not Improving/Worsening	

6 Key Health and Social Care Joint Priorities and Partnership Initiatives

The following tables identify the key joint initiatives that Health and Wellbeing Board partners have identified in order to improve health and wellbeing outcomes in our local population.

Improving the Health and Wellbeing of Families	Lead
– We will provide a whole family approach to identify and address difficulties early	NTC CYPL & NHCFT
– We will further develop our multiagency approach to supporting families with complex needs and long term disadvantage	NTC CYPL & range of partners
– We will improve outcomes for children with disabilities through integration of services and will provide an integrated plan for each young person covering their care, their education and their health	NTC CYPL /PH & NT CCG
– We will work to improve health and wellbeing support for vulnerable children and young people and develop a health and wellbeing 'offer'	NTC CYPL/PH
– We will work to reduce domestic violence incidents through delivering services to support attitude and behaviour change	NTC CYPL/PH
– We will work with young people aged 16-25 to reduce risk taking, domestic violence and anti social behaviour	NTC PH & C&VS
– We will improve attainment for children from the most socially disadvantaged families	NT CYPL & Schools

Improving Mental Health and Emotional Wellbeing	Lead
– We will work to increase the number of young people securing a well-managed, integrated package of care for mental health as they enter adulthood	NT CCG & CYPL
– We will commission/provide a range of targeted community activities to improve mental wellbeing in most vulnerable populations	NTC PH/C& CS & C&VS
– We will improve the physical health of people with mental illness through supporting them to access healthy living services	NT CCG & NTC PH
– We will transform mental health community support to offer effective prevention, recovery and social inclusion	NT CCG & NTC ASC
– We will increase the number of community growing spaces to improve wellbeing and social inclusion	NTC PH& C&VS
– We will work to connect people with local activities to reduce loneliness and isolation	NTC ASC & C&VS

Addressing Premature Mortality to Reduce the Life Expectancy Gap	Lead
– We will improve access to healthy living activities amongst vulnerable populations and in most deprived communities including empowering community health champions to take action	NTC PH & C&VS
– We will commission alcohol treatment services to meet local need including tackling behavioral and mental health related issues	NTC PH & NT CCG
– We will provide targeted healthy living support to our populations most in need and will work to empower local people to ensure approaches are sustainable and build skills and capacity	NTC PH & C&VS
– We will support the health and wellbeing of carers through a health and wellbeing 'offer'	NTC PH & ASC
– We will improve public awareness and early diagnosis of lung and bowel cancer	NTC PH & NT CCG
– We will work together and where required will invest to improve the standard of private sector housing to ensure that decent standards are met	NTC PH & NT CCG

Improving Healthy Life Expectancy	Lead
– We will improve early diagnosis and treatment for high blood pressure, diabetes and respiratory disease	NTC PH / NTCCG
– We will address variation in outcomes for GP patients with long term conditions through improved monitoring and management	NTC PH / NTCCG
– We will work directly with GP practices and hospitals to improve access to health screening and health services for people with learning disabilities.	NT CCG & NTC ASC
– We will support people with long term conditions to self manage their condition through multi-disciplinary collaborative working and provision of practical & social support at home	NTC ASC/ NTCCG & C&VS
– We will implement our Dementia Strategy to ensure early diagnosis and quality care	NTC ASC/ NTCCG
– We will invest in home improvement/housing initiatives to improve outcomes for people with long term conditions and those at risk of falls	NT PH & HS

Reducing Avoidable Hospital and Care Home Admissions	Lead
– We will strengthen and expand falls prevention activities	NT CCG & NTC PH
– We will develop a case management approach to reduce repeat alcohol hospital admissions	NT PH/ & ASC NP, NPr, NTW
– We will further develop our approach to identifying people at greatest risk of admission	NT CCG, NHCFT, NT ASC
– We will further develop our approach to intermediate care and re-ablement to make services more integrated in terms of health service and social care support where there is evidence for improved outcomes	NTC ASC & NT CCG
– We will further develop assistive technology to help people to manage their long term condition in their own home whilst being monitored	NT ASC & NT CCG
– We will develop an integrated approach in relation to improving the quality of care of frail elderly people	NT ASC & NT CCG , NHCFT
– We will further develop advanced care planning in nursing homes	NTC ASC & NT CCG
– We will improve health and wellbeing of people in residential, nursing homes and home care settings by building on existing quality standards and developing frontline staff	NTC ASC & NT CCG
– We will improve home/community support for people being discharged from hospital	NT ASC & C&VS

Key:

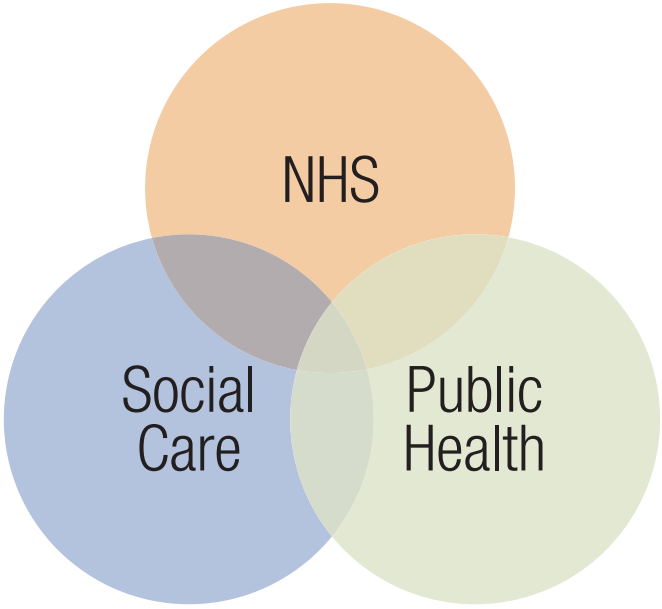
NTC – North Tyneside Council
CYPL – Children Young People and Learning
ASC – Adult Social Care
PH – Public Health
HS – Housing Strategy
C&CS – Cultural and Customer Services

C&VS – Community and Voluntary Sector

NT CCG – North Tyneside CCG
NHCFT – Northumbria Healthcare NHS Trust
NTW – Northumberland Tyne and Wear NHS Trust

NP – Northumbria Police
NPr – Northumbria Probation Service

7 Integrated Commissioning



Key areas where we are working on integrated commissioning and/or service delivery to ensure local needs are met and we make best use of public money include;

- Services for families experiencing challenges and long standing problems
- Services for children with disabilities
- Services for adults with complex health and social care needs
- Health improvement services to reduce health inequalities
- Services to support people with long term conditions

Health and Wellbeing Board

The Health and Wellbeing Board has strategic influence over commissioning decisions across health, public health and social care and will strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care. The Board also provides a forum for challenge, discussion, and the involvement of local people. A commissioning structure is in place beneath the Health and Wellbeing Board. The structure has recently been reviewed and joint commissioning arrangements between the Council and the Clinical Commissioning Group are also under review.

Integrated Commissioning Cycle

Work has been undertaken through the Commissioning Executive Group to develop an integrated commissioning cycle to align (where appropriate) North Tyneside Council and Clinical Commissioning Group needs assessment, service review, patient and public engagement and commissioning intentions.

8 Health and Wellbeing Engagement

North Tyneside has a long history of engaging with patients and the public in relation to health and social care.
This engagement has largely been carried out between the Council and the Primary Care Trust. More recently plans are being developed to join up engagement processes and understanding so that there is shared intelligence around patient's and public views.

An Engagement and Communication Board has been established with membership across the health and social care economy. The diagram below shows the governance arrangements for this board.

The purpose moving forward – for all agencies involved is to maintain shared understanding of patient and public views and to take these views into account in the commissioning process. A Health and Wellbeing Forum has been established to elicit the views of specific groups of service users. It has also been acknowledged that the new role for emerging Local HealthWatch, may also change this framework and the local HealthWatch Transition Group should lead on driving this forward.Continuing engagement of local residents and ongoing consultation with service user groups will help ensure that we have up to date and relevant information with regard to our existing priorities and also unmet needs and local assets.
This work will support and feed into our Joint Strategic Needs Assessment and the continuing development of this Strategy.

The establishment of local HealthWatch in 2013 will be an important milestone in the development of patient and public involvement in health and social care. A key priority here will be making information about health and social care more accessible (especially relevant for older people and vulnerable groups).
We will work with our LINk/local HealthWatch to develop stronger public and patient involvement in the JSNA process. We will also continue to look at ways to strengthen the involvement of voluntary and community sector organisations in the JSNA.

We are engaging with service users and local people in relation to a wide range of issues on an on-going basis. We value this input and use comments and views to shape or reshape services and new developments.

Recent community and stakeholder engagement that has taken place in relation to health and wellbeing includes;

- Age UK
- Balliol Youth and Community Centre Longbenton
- Burradon and Camperdown Community Forum
- Carers Centre
- Cedarwood Project Meadowell
- Community and Voluntary Sector Organisations via 'Working With' Event
- East Howdon Community Centre
- LINk members
- Homeless people via Health Needs Survey 2012
- Meadows
- North Tyneside Disability Forum
- North Tyneside Homes tenants
- North Tyneside Network of Young Disabled People
- Phoenix Detached Project Chirton
- Shiremoor Credit Union
- YMCA

We have also drawn on the results of a number of residents and service users surveys including;

- Residents Survey 2012
- Age UK Older Peoples Survey 2012
- LINk Health and Wellbeing Survey 2012
- Young People's Health and Wellbeing Schools Survey 2012
- YMCA Health Champions Survey 2012
- Homeless Health Needs Audit Survey 2012
- Sheltered Homes Health Needs Research 2012
- Learning Disability Health Self Assessment 2012
- Community Health Care Forum Adult Social Care Survey 2012
- Carers Strategy Consultation 2012
- Clinical Commissioning Group engagement 2012

9 How will we develop our Workforce?

The Health and Wellbeing Board is committed to workforce development to enable the delivery of high quality services. We are aiming to integrate our workforces over the coming years in order to maximise the use of resources, to personalise and shape care to meet individual needs and to join up service delivery where ever possible.

We recognise that demand and the traditional ways of proving support to people in need is becoming greater than the available resource. To be successful we will need to adopt new ways of working, align our organisational cultures and engage actively with our staff. We need to focus on outcomes and system reform.

An example of integrated workforce development is our integrated workforce development plan for children's services, supported by a comprehensive training and development programme. This ensures the children's workforce has the skills and knowledge to support children and young people.

We have also increased the breadth of the multi-agency training on offer to all children's workforce areas, with a diverse and varied offer drawing on the skills and expertise of partner agencies. The opportunities have been made available through a learning management system available on the internet to improve ease of access.

We are committed to working across agencies to identify the opportunities for streamlining services and reducing duplication including opportunities for working more closely with the Community and Voluntary Sector. We also recognise the vital contribution of unpaid carers in the borough in terms of supporting service delivery in the community and are committed to supporting them in their caring role and to maintain their own health and wellbeing.

To be successful in developing our integrated workforce plans we will focus on the following priorities;

1. Leadership
2. Joint recruitment and joint funded posts
3. Workforce remodeling and service transformation
4. Joint and integrated working between all sectors
5. A focus on service quality and outcomes

10 An Outcomes Approach and Local Framework for Health and Wellbeing

A series of national 'Outcomes Frameworks' for public health, adult social care and the NHS provide a template on how measures can be used to monitor different priority areas. There are currently three nationally recognised outcomes frameworks relating to health and wellbeing covering the NHS, adult social care and public health.

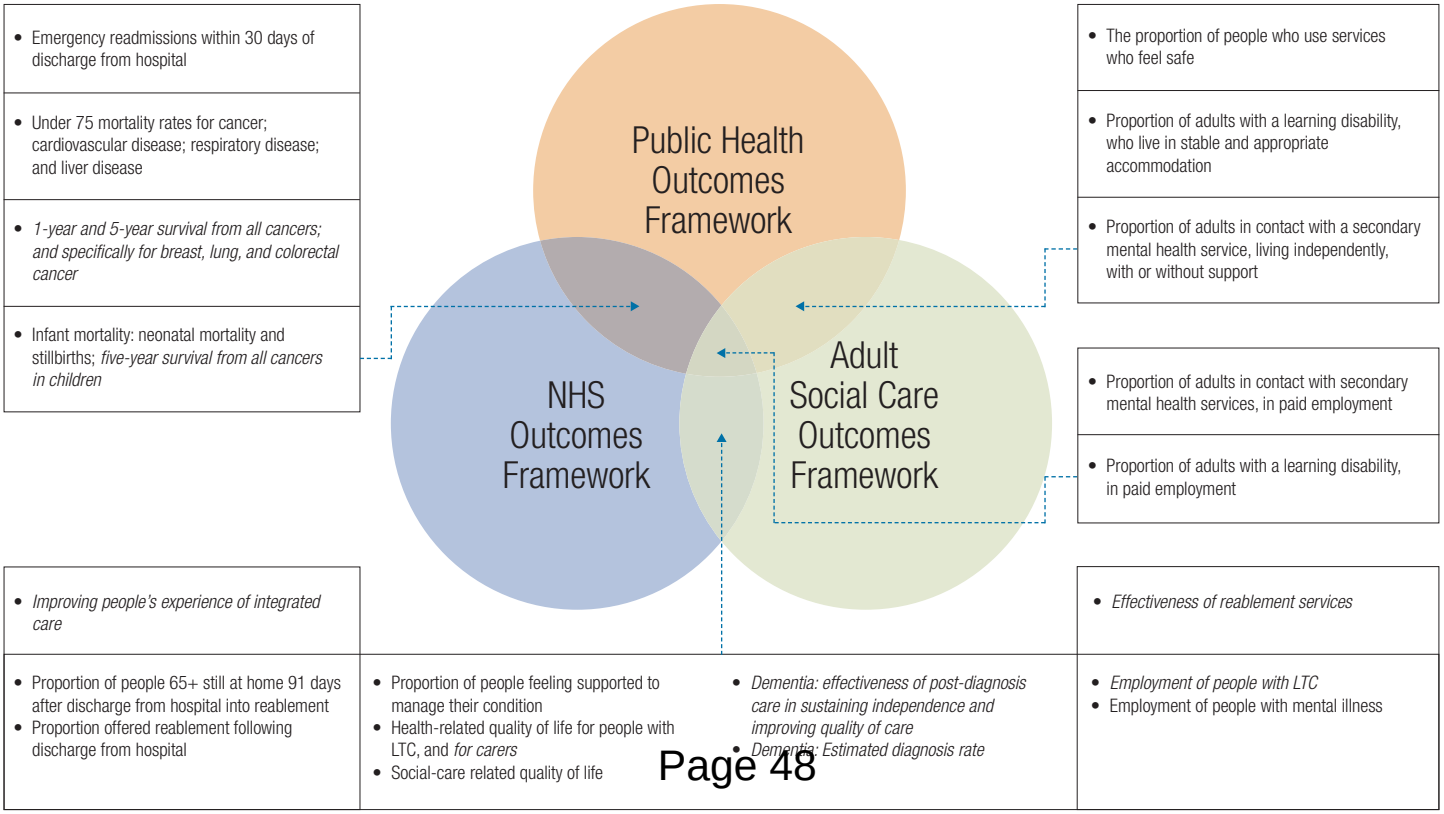
The Health and Wellbeing Board statutory partners have a number of high level or headline responsibilities linked to national outcomes frameworks published by the government; these include;

- Reducing infant mortality
- Increasing healthy life expectancy, i.e. taking account of the health quality as well as the length of life
- Reducing differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)
- Reducing mortality from causes considered amenable to healthcare
- Enhancing quality of life for people with long-term conditions
- Helping people to recover from episodes of ill health or following injury
- Reducing emergency admissions and re-admissions
- Ensuring that people have a positive experience of primary and hospital care
- Treating and caring for people in a safe environment and protect them from avoidable harm
- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

Most of these high level outcomes will not be achieved by single agencies or partners but will require joint commissioning and close partnership working and planning to make measurable improvements where required.

Indicators shared between the Outcomes Frameworks

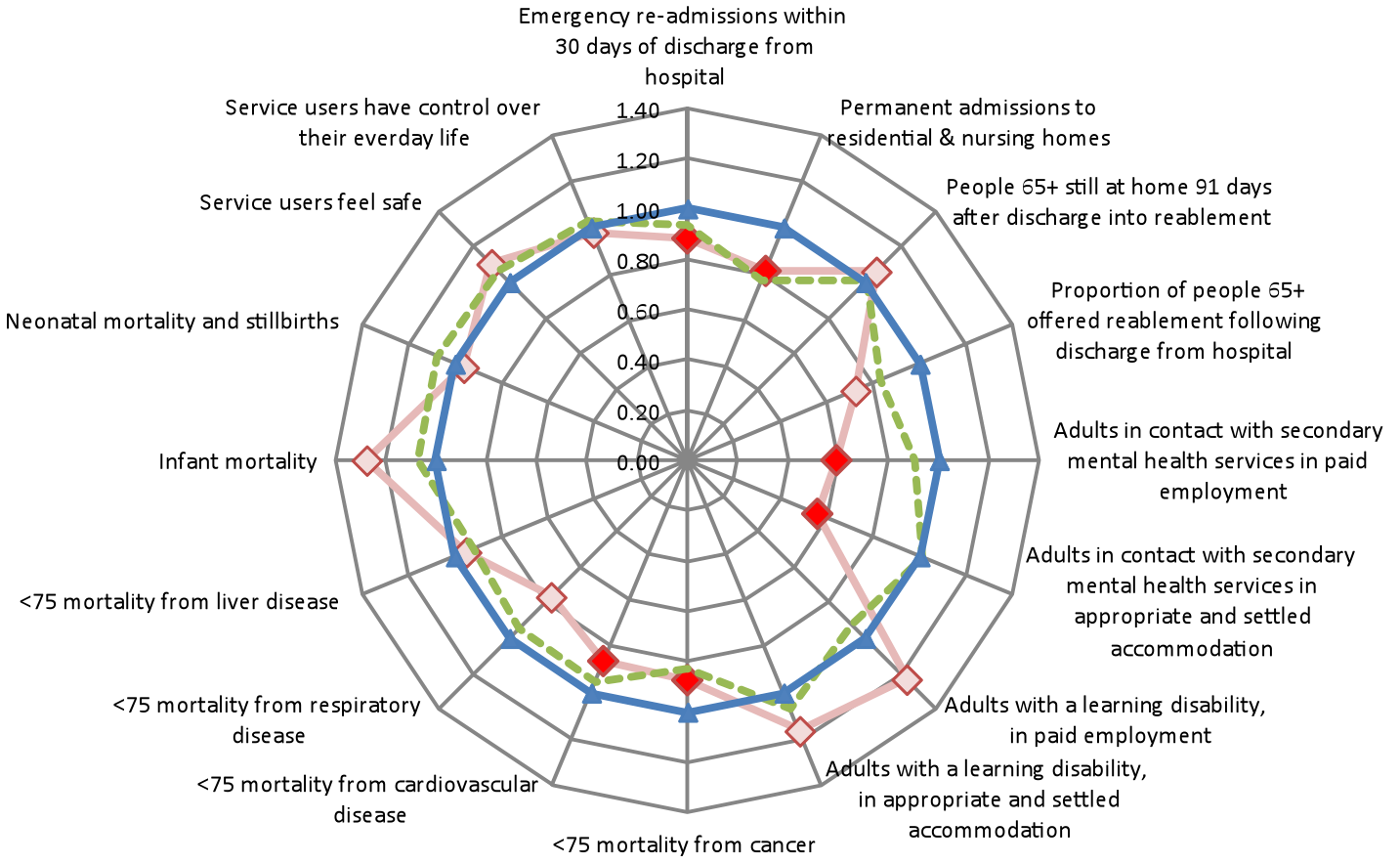
Indicators in italics have not yet been fully defined at a national level



Work is underway nationally in relation to a Children's Health Outcomes Framework.

A local Health and Wellbeing Outcomes Framework has been developed for North Tyneside which will allow us to monitor progress in relation to our chosen outcomes. This includes the creation and selection of appropriate indicators and measures to enable us to assess how well we are doing in relation to our joint initiatives.

The spidergram below illustrates how North Tyneside currently performs in relation to the shared indicators above;



For each indicator, a position nearer the edge represents "better" performance.

Points in bright red are indicators which are worse than average, to a statistically significant degree.

What this shows is that the shared priorities where we need to improve are;

- Emergency readmissions within 30 days of discharge from hospital
- Permanent admissions to residential and nursing homes
- Adults in contact with secondary mental health services in paid employment
- Adults in contact with secondary mental health services in appropriate and settled accommodation
- Under 75 mortality from cancer
- Under 75 mortality from cardiovascular disease.

How will we Monitor Progress against our agreed Outcomes?

We will monitor our progress through our local Health and Wellbeing Outcomes Framework and the Health and Wellbeing Board will be responsible for overseeing progress in relation to our joint priorities against agreed outcome indicators.

The Health and Wellbeing Board will also maintain oversight of the high level outcomes for Children, Public Health, Adult Social Care and the NHS/Clinical Commissioning Group.

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North Tyneside
Health & Wellbeing Board Report
Date: 8 July 2021

Title: Appointment of Member to the Board

Report from : Law & Governance, North Tyneside Council

Report Author: Michael Robson, Democratic Services Officer (Tel: 0191 643 5359)

1. Purpose:

This report invites the Board to consider the appointment of an additional member to the Board.

2. Recommendation(s):

The Board is recommended to appoint a representative of Northumbria Police to the Board.

3. Policy Framework

This item relates to the operation of the Board and so there are no direct links with delivery of the Joint Health and Wellbeing Strategy 2017-23.

4. Information:

4.1 In accordance with the Health and Social Care Act the membership of the Health and Wellbeing Board must comprise of:-

a) the Elected Mayor and/or at least one councillor as nominated by the Elected Mayor;
b) the Director of Adult Social Services;
c) the Director of Children's Services;
d) the Director of Public Health;
e) a representative of the North Tyneside NHS Clinical Commissioning Group;
f) a representative of Healthwatch North Tyneside;
g) for the purpose of participating in the preparation of the Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy, a representative of NHS England; and
h) such additional persons as the Board or the Council think appropriate.

4.2 Since its establishment the Board, using the power to appoint additional persons, has agreed to appoint representatives from the following organisations:-

a) Northumbria Healthcare NHS Foundation Trust
b) Newcastle upon Tyne Hospitals NHS Foundation Trust
c) Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust
d) Community and Voluntary Sector Chief Officer Group

e) Age UK North Tyneside
f) YMCA North Tyneside
g) North Tyneside Safeguarding Adults Board
h) North of Tyne Pharmaceutical Committee
i) TyneHealth
j) North East Ambulance Service
k) Tyne & Wear Fire and Rescue Service

4.3 When the Board was established in June 2013 Northumbria Police declined an invitation to be represented on the Board commenting that the Board would routinely discuss issues not relevant to the operational priorities of the Police and therefore any attendance by them would add little or no value to discussions. Where specific issues did have relevance to the Police indicated that they would be happy to attend meetings.

4.4 The Director of Children's and Adult Services has recently been approached by Claire Wheatley who is the new Chief Inspector Harm Reduction & Intel Northern. She is keen to join the board and the Director of Children's and Adults' Services and Chair of the Board agree that she will offer a useful perspective to meetings of the Board.

4.5 The appointment will increase the membership of the Board from 22 to 23 members.

5. Decision options:

The Board may decide to either:-
a) not to appoint any further additional persons to the Board; or
b) appoint Chief Inspector Claire Wheatly to the Board as a representative of Northumbria Police.

6. Reasons for recommended option:

The Board is recommended to agree option b) to secure appropriate representation on the Board.

7. Appendices:

None.

8. Contact officers:

Michael Robson, Law & Governance. Tel 643 5359

9. Background information:

The following background papers/information have been used in the compilation of this report and are available at the office of the author:
(1) Health and Social Care Act 2012
(2) The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013
(3) Report to the Board June 2013 and associated minute.

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

9 Finance and other resources

The costs associated with the operation of the Board will be contained within existing budgets.

10 Legal

Section 194 of the Health and Social Care Act 2012 states that a local authority must appoint specified persons to a Health and Wellbeing Board and that the Board may appoint such other persons as it thinks is appropriate.

11 Consultation/community engagement

Consultation has been undertaken with the Claire Wheatley and the Chair of the Board, Councillor Karen Clark.

12 Human rights

There are no Human Rights implications arising from this report.

13 Equalities and diversity

There are no equalities implications arising from this report.

14 Risk management

A risk assessment has not been undertaken in connection to this matter.

15 Crime and disorder

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

16 Environment and sustainability

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

SIGN OFF

Chair/Deputy Chair of the Board	X
Director of Children's and Adults' Services	X
Director of Healthwatch North Tyneside	X

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