

## **Health and Wellbeing Board**

**Thursday, 22 September 2022**

Present: Councillor Karen Clark (Chair)  
Councillors Peter Earley, Joe Kirwin, John O'Shea and Paul Richardson  
Rachel Nicholson, North Tyneside Council  
Scott Woodhouse, North Tyneside Council  
Anya Paradis, North East and North Cumbria Integrated Care Board  
Julia Charlton, Healthwatch North Tyneside  
Paul Jones, Healthwatch North Tyneside  
Brian Moulder, Newcastle Hospitals NHS Foundation Trust  
Ross Wigham, Northumbria Healthcare NHS Foundation Trust  
Steven Thomas, Tyne & Wear Fire & Rescue Service  
Karen Murray, Northumbria Police  
Dawn McNally, Age UK North Tyneside  
Ann Gunning, North of Tyne Pharmaceutical Committee  
Cheryl Gavin, Voluntary and Community Sector Chief Officer Group  
Dean Titterton, YMCA North Tyneside

In attendance: Gemma Pelley, Northumbria Police  
Sue Graham, North Tyneside Council  
Michael Robson, North Tyneside Council

Apologies: Wendy Burke, Director of Public Health  
Jacqui Old, Director of Children's and Adult Services  
Jackie Laughton, North Tyneside Council  
Mark Adams, North East and North Cumbria Integrated Care Board  
Nicola Bailey, North East and North Cumbria Integrated Care Board  
Helen Steadman, Newcastle Hospitals NHS Foundation Trust  
Birju Bartoli, Northumbria Healthcare NHS Foundation Trust  
Claire Wheatley, Northumbria Police  
Geraint Morris, North of Tyne Pharmaceutical Committee

### **HW10/22 Appointment of Substitute Members**

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

Rachel Nicholson for Wendy Burke (Director of Public Health)  
Scott Woodhouse for Jacqui Old (Director of Children and Adult Services)  
Brian Moulder for Helen Steadman (Newcastle Hospitals)  
Karen Murray for Claire Wheatley (Northumbria Police)  
Ann Gunning for Geraint Morris (Local Pharmaceutical Committee)  
Ross Wigham for Birju Bartoli (Northumbria Healthcare)

## **HW11/22      Declarations of Interest and Dispensations**

Councillor Karen Clark declared a registerable personal interest in relation to Equally Well, the Board's Joint Health & Wellbeing Strategy because she is a Director and Employee of Justice Prince CIC, an organisation concerned with tackling inequalities which has contracts with, and receives funding from, the Council and partners.

Councillor Joe Kirwin declared a registerable personal interest in relation to the North East and North Cumbria Integrated Care Board because his wife is an employee of Newcastle Hospitals NHS Foundation Trust and he is employed by Pancreatic Cancer Action, a national cancer charity engaged in lobbying organisations such as the ICB.

Councillor Peter Earley declared a registerable personal interest in relation to those items on the agenda with a link to the North Tyneside Carers Centre because he is a Trustee of the Centre.

## **HW12/22      Minutes**

**Resolved** that the minutes of the previous meeting held on 30 June 2022 be confirmed and signed by the Chair.

## **HW13/22      Pharmaceutical Needs Assessment 2022/25**

The Board was responsible for preparing a Pharmaceutical Needs Assessment (PNA) for the area and for reviewing it at least every three years. The purpose of the PNA was to:

- a) determine if there were enough community pharmacies to meet the needs of the population of North Tyneside. NHS England uses the PNA to determine applications to open new pharmacies in the area; and
- b) act as a commissioning guide for services which could be delivered by community pharmacies to meet the identified health needs of the population.

In November 2021 the Board had agreed a process for reviewing, updating and consulting on a revised version of the PNA. A steering group with representatives from the Integrated Care Board (ICB), NHS North of England Commissioning Support, North of Tyne Local Pharmaceutical Committee, Healthwatch North Tyneside, and North Tyneside Council had overseen the development of the refreshed PNA.

A draft revised PNA had been prepared and this had been subject to a formal 60 day consultation period during July and August 2022 which had enabled stakeholders and members of the public to submit their comments. 13 responses had been received, 7 from members of the public and 6 from organisations working in North Tyneside. 12 respondents thought the PNA was accurate and agreed with the conclusions of the PNA, 4 respondents thought there were aspects missing from the PNA and details of these comments were presented to the Board. Some of the issues raised fell outside the scope of the PNA but it was acknowledged that the Board together with the ICB needed to maximise opportunities to identify additional clinical services to be commissioned and provided through community pharmacies.

The Board considered the additional capacity and resources required in pharmacies to deliver additional clinical services, particularly the option of funding and training Accuracy

Checking Technicians which could free Pharmacists from dispensing duties and enable them to spend more time providing frontline clinical services. It was suggested that the Board may wish to give further consideration to the development of additional services from community pharmacies at a future meeting.

A final version of the revised PNA had been prepared taking into account the comments arising from the consultation exercise. This was presented to the Board for approval prior to publication before the deadline on 1 October 2022. The Board expressed its thanks to all those involved in the steering group for their work in reviewing and updating the PNA.

**Resolved** that the Pharmaceutical Needs Assessment 2022-25 be approved for publication prior to the deadline on 1 October 2022.

## **HW14/22      Joint Health & Wellbeing Strategy - Implementation Plan, Consultation Findings and Governance Arrangements**

In November 2021 the Board had adopted a revised Joint Local Health & Wellbeing Strategy (JLHWS): Equally Well: A Healthier, Fairer Future for North Tyneside 2021-2025 and subsequently agreed a process of formulating and consulting on an implementation plan to deliver the vision and ambitions contained in the strategy.

As the strategy made clear that attempts to tackle inequalities must be done in collaboration and equal partnership with those affected it was essential that the draft implementation plan should also be agreed by the community. North Tyneside Healthwatch had therefore led an extensive consultation process with a range of local community groups to gather views from residents and organisations about the implementation plan. The Board heard about one example of engagement which had involved an artist in residence working with a focus group to produce an artwork illustrating the key issues to emerge.

The overall findings of the consultation were broadly positive, with consultees agreeing with the approach of the strategy, particularly the need to look at the wider determinants of health to reduce health inequalities. Details of the findings were presented to the Board and particular reference was made to:

- a) the cost-of-living crisis which could potentially widen health inequalities and affect many people who were sometimes referred to as 'just about managing' and also local businesses;
- b) ensuring that the capacity within the voluntary, community & social enterprise sector was maximised and that delivery solutions were truly co-produced;
- c) workforce challenges needing to be more explicit in the implementation plan;
- d) the challenges and costs associated with transport to work and appointments; and
- e) the importance of digital inclusion.

The Board was presented with an implementation plan which set out actions, outcomes and proposed performance indicators based on the 7 impact areas contained within the strategy. The Board were assured from the feedback that the implementation plan reflected the lived experience of communities.

It was acknowledged that tackling health inequalities required a long-term commitment from the Board and its partners and making a difference in relation to poverty and the social determinants of health would take longer than the life of the strategy. The Board also considered the political and economic changes which had occurred during the time taken to

formulate the implementation plan. The plan would therefore need to be flexible to adapt to contextual changes and it needed to be understood that some issues could only be addressed at a national level.

A proposed governance structure was presented to the Board which aimed to provide assurance that each of the 7 impact areas contained within the strategy were being considered by a multi-agency partnership. Each partnership would have responsibility for delivering the actions, monitoring progress, reporting on implementation to the Board and drafting an implementation plan for year 2. The responsible partnerships and the timescales for reporting progress to the Board were proposed as follows:

Impact Area	Responsible Partnerships	Reporting to the Board
Best start in life	Children and Young People's Partnership	10 Nov 2022
Maximising capabilities of children, young people and adults	Children and Young People's Partnership	12 Jan 2023
Fair Employment and good work for all	Employability Strategy Group	9 Mar 2023
Ensuring a healthy standard of living for all	Poverty Partnership	10 Nov 2022
The places and communities we live in and with	Safer North Tyneside Partnership. Wallsend and North Shields Masterplan. Climate Change Partnership. Culture Partnership.	12 Jan 2023
Our lifestyles and healthy behaviours	Tobacco Alliance Healthy Weight Alliance Drugs Alliance Alcohol Partnership	9 Mar 2023
An integrated health and care system	Integrated Care Board Place Based arrangement for North Tyneside (details to be confirmed)	June 2023

The Chair of the Board would write to the Chairs of the respective partnerships to agree the governance and reporting mechanisms. Key indicators had been selected to measure progress and a dashboard would be developed to monitor progress. An overall annual progress report and a refresh of the implementation plan would be presented to the Board in June 2023.

**Resolved** that (1) the feedback from the findings of Healthwatch North Tyneside's consultation be noted;  
 (2) the implementation plan, based on the findings from the consultation, be approved;  
 (3) a flexible approach be adopted to delivering the plan to adapt to changes in economic and political context;  
 (4) the proposed governance arrangements to deliver the implementation plan be endorsed;  
 and  
 (5) the proposed mechanism for reporting back progress of delivery against the implementation plan be endorsed.

## HW15/22 Better Care Fund Plan 2022/23

The Board was presented with the Better Care Fund (BCF) Plan for 2022/23. The BCF was a government initiative which had operated since 2015 to improve the integration of health and care services, with an emphasis on keeping people well outside of hospital and facilitating safe and timely discharge from hospital.

The BCF created a local pooled fund, managed jointly by the Council and the North East and North Cumbria Integrated Care Board (ICB), governed by a Section 75 legal agreement. The value of the fund in 2022/23 would be £30.774m which represented an increase of 4.47% on the previous year. The BCF would help fund community based social care services, such as reablement, immediate response home care, CareCall, and loan equipment/adaptations.

The BCF Policy Framework for 2022/23 had been published in July 2022 and it set out two policy objectives: to enable people to stay well, safe and independent at home for longer and to provide the right care in the right place at the right time. BCF Plans had to comply with the following national conditions:

- a) to be a jointly agreed plan between local health and social care commissioners, signed off by the Health and Wellbeing Board;
- b) NHS contribution to adult social care had to be maintained in line with the uplift to the identified North Tyneside ICB minimum contribution;
- c) investment in NHS-commissioned out-of-hospital services; and
- d) implementation of the BCF policy objectives.

The performance of the BCF Plan had to be monitored against the following mandatory metrics:

- a) effectiveness of reablement;
- b) permanent admissions of older people to residential care;
- c) unplanned hospitalisations due to chronic ambulatory care sensitive conditions; and
- d) hospital discharge, improving the proportion of people discharged from home to their usual place of residence.

The plan documented the current performance against these metrics, it set ambitions for future performance, and explained how the services funded through the BCF would work alongside other services to impact the metrics. The plan had been aligned with the place-based strategy developed by the Future Care Programme Board, which has representation from across the local health and social care sector.

The Board considered whether there was scope within the Better Care Fund to ensure that care staff employed by care homes were paid the national living wage, rather than the national minimum wage, particularly for young workers. Whilst the Authority could not dictate the terms and conditions of employment it could analyse and assess rates of pay as part of the fair cost of care exercise.

**Resolved** that (1) the Better Care Fund Plan 2022/23 be approved; and (2) the Director of Children's and Adult Services in consultation with the Chair of the Health & Wellbeing Board be authorised to determine and agree any further revisions to the submission on behalf of the Board, before the deadline for submission to NHS England on 26 September 2022.

## **HW16/22 Social Care and Integration White Papers**

The Board received a presentation outlining the Government's proposals for adult social care reform and the integration of health and social care services as set out in two separate white papers.

The white paper entitled "*People at the Heart of Care*" set out an ambitious 10-year vision for how the Government intended to transform support and care in England. This vision put people at its heart and revolved around the following 3 objectives:

- a) people have choice, control and support to live independent lives.
- b) people can access outstanding quality and tailored care and support.
- c) people find adult social care fair and accessible.

The Board were presented with details of the proposed reforms and their impact in terms of funding reform, self funders accessing commissioning arrangements for residential and nursing care, market reform including fair cost of care exercise, housing and care, technology, data and intelligence, assurance regime and workforce development. In considering the proposals the Board considered the potential financial implications for the Council and Council Tax payers should the level of Government grants not be sufficient to meet the costs of reform.

The white paper "*Health and social care integration: joining up care for people, places and populations*" set out the Government's plan to join up care for patients and service users, for staff looking for ways to better support increasing numbers of people with care needs and for organisations delivering these services to the local population. The Board were presented with details of the proposals and their impact in terms of setting local shared outcomes, leadership, accountability and finance, use of digital technology and data and workforce development.

**Resolved** that the proposals contained in the Government white papers *Health and social care integration: joining up care for people, places and populations* and *People at the Heart of Care* be noted.

## **HW17/22 North East and North Cumbria Integrated Care Board**

The Board received a presentation from Anya Paradis, the Director of Place for North Tyneside of the North East and North Cumbria Integrated Care Board (ICB), to provide an update on the introduction of the ICB's operating model. She described the key priorities for the ICB's development, details of the ICB's leadership team, the proposed role and membership of the North of Tyne and Gateshead Integrated Care Partnership (ICP) and the ICB's approach to continuity of place based working.

The options regarding future place based governance in North Tyneside were under consideration and proposals were likely to be presented to the ICB and local authorities in the Autumn of 2022 ahead of formal adoption in April 2023. The Chair asked that any proposals be submitted to the Board for discussion.

**Resolved** that the presentation in relation to the development of the North East and North Cumbria Integrated Care Board's operating model be noted.

## **HW18/22      Review of Membership of the Board**

The Board was invited to review its membership in the light of changes to the governance and structure of the National Health Service.

From 1 July 2022 responsibility for commissioning healthcare services in North Tyneside transferred from the North Tyneside Clinical Commissioning Group (CCG) to the North East and North Cumbria Integrated Care Board (ICB). The requirement to appoint a representative of the CCG to Board was replaced by a requirement to appoint a representative from the ICB. It was therefore proposed that two seats be allocated to the ICB and that these be filled by its Executive Director Place Based Delivery, Mark Adams, and its Director of Place for North Tyneside, Anya Paradis.

In North Tyneside there were four Primary Care Networks, groups of GP Practices working together to develop localised healthcare services for their patients. In order to recognise the role of the PCNs in delivering the ambitions contained in the Board's Joint Health & Wellbeing Strategy and developing the actions to be included within the implementation plan, it was proposed that the Clinical Director of each PCN be invited to serve on the Board as members.

It was also proposed that a further review of the Board's membership be undertaken to ensure that the range of organisations represented at meetings are appropriate in terms of delivering the ambitions set out in Equally Well: the Joint Local Health & Wellbeing Strategy.

**Resolved** that (1) the two seats previously held by the North Tyneside Clinical Commissioning Group be transferred to the North East and North Cumbria Integrated Care Board;

(2) the Clinical Directors of each of the four Primary Care Networks in North Tyneside be appointed as members of the Board; and

(3) the Chair, Deputy Chair and other leading members of the Board be requested to review the membership of the Board to ensure that the range of organisations represented at meetings are appropriate in terms of delivering the ambitions set out in the Joint Local Health & Wellbeing Strategy; and

(4) any recommendations arising from this review for changes to the membership be presented to the Board for consideration at a future meeting.

## **HW19/22      Chair's Announcements**

The Chair acknowledged that Lesley Young Murphy and Jacqui Old, who had both served as longstanding members of the Board in their respective roles as Chief Operating Officer of the North Tyneside Clinical Commissioning Group and the Council's Director of Children's and Adult Services, had now both moved on to different roles and would no longer be attending meetings of the Board. The Chair recognised their significant and valuable contributions to the work of the Board and wished them well in their new roles.