

Health and Wellbeing Board

20 June 2024

Present: Councillor K Clark (Chair)

Councillor J O'Shea
Councillor P Earley
Councillor J Shaw
R Wigham, Northumbria Healthcare
Charis Pollard, Newcastle Hospitals NHS Trust
R Nicholson, North Tyneside Council
D McNally, Age UK North Tyneside
P Jones, Healthwatch
M Barrett, North Tyneside Council
D Titterton, YMCA
S Graham, North Tyneside Council
A Cairns, Northumbria Police
E Binks, North Tyneside Council
J Dodds, North Tyneside Council
V Nixon, North Tyneside Council
C Mann, CNTW NHS Foundation Trust
R Mitchinson, North Tyneside Council
C Woodcock, North Tyneside Council
C Gavin, Voluntary and Community Sector

HW1/24 Chair's Announcements

There were no announcements

HW2/24 Apologies for Absence

Apologies for absence were received from Mary Connor, Carol Nevison, Patrick Garner, Wendy Burke, John Sparkes, Julie Firth and Dan Whyte.

HW3/24 Appointment of Substitute Members

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

Rachel Nicholson for Wendy Burke

Charis Pollard for Patrick Garner

Julie Dodds for John Sparkes

Mark Barrett for Julie Firth

HW4/24 Declarations of Interest and Dispensations

Councillor Clark declared a registerable personal interest in Items 7 and 8, as she is Director and Chief Officer of Justice Prince CIC

HW5/24 Minutes

Resolved that the minutes of the previous meeting held on 28 March 2024 were submitted and approved, subject to it being noted that:

Dawn McNally (Age UK) had submitted apologies and Sonya Roe was present as a substitute.

In relation to Oral Health and Dental Access Recovery there was an error on the labelling on one of the presentation slides whereby 0-5 years should have read 0-4 years but that did not change the content of the data provided. A Dental Task Force has also been established to focus on the borough's oral health needs.

HW6/24 Better Care Fund Plan 2024/25

The Board considered a report which sought approval of the 2023-24 Better Care Fund End of Year Template and approval of the Plan for 2024-25 following submission to NHS England.

The Better Care Fund (BCF) is a government initiative to improve the integration of health and care services with an emphasis on keeping people well outside of hospital and facilitating discharge from hospital. The income helps to fund community based social care services such as reablement, the Community Rehabilitation Team, Care Call and loan equipment. It also contributes towards the Authority's services offered to support carers, the Community Falls First Responder Service, and to independent living support for people with learning disabilities.

A presentation was also provided.

It was confirmed that three national conditions have been met:

- 1) A plan has been agreed for the Health and Wellbeing board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006
- 2) Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy
- 3) Agreement to invest in NHS commissioned out of hospitals services

The BCF Policy framework covers a two-year period however funding in year two had not been fully confirmed. Two policy objectives for the BCF which remain unchanged from 2023-23 are:

- 1) Enable people to stay well, safe and independent at home for longer and,
- 2) Provide the right care in the right place at the right time

It was noted that the Policy Framework mandates metrics for 2024-25 to support the national conditions. The effectiveness of reablement metric was dropped due to changes in national data collections. But it was noted that new metrics may be added later in the year on discharge delays and reablement.

In terms of governance arrangements, the detailed operations of the Better Care Fund in North Tyneside are set out in a Section 75 Agreement between the Council and the North East and North Cumbria ICB.

Within North Tyneside, four of the national conditions are expected to be met however the national metric relating to 'avoidable admissions' is not expected to be met.

The Board were informed that the minimum value of the North Tyneside BCF is set nationally. The national framework also stipulates minimum contributions to be paid by the ICB to adult care, and minimum spend on NHS commissioned out of hospital service.

It was noted that domiciliary care has improved significantly but it is recognised that there are gaps to be addressed.

Whilst the data is encouraging from an older persons perspective it was agreed that the Chief Executive of Age UK North Tyneside, the Director of Delivery Northumberland and North Tyneside NE&NC ICB and the Director of Adult Services North Tyneside Council come together to discuss the information in more detail.

Resolved

- a) That the Better Care Fund End of Year Template for 2023-24 be approved
- b) That the Better Care Fund Plan for 2024-25 be approved
- c) That the Director of Adult Services in consultation with the Chair of the Health and Wellbeing Board be authorised to authorise any further revisions to the submission on behalf of the Board

HW7/24 Health and Wellbeing Strategy: Implementation plan for 2024/25

The Board considered a report which set out the 2024/25 annual implementation plan refresh of the Health and Wellbeing Board's Strategy, Equally Well: A Healthier, Fairer Future for North Tyneside (2021-2025).

The Board acknowledges that tackling health inequalities requires a long-term commitment and solely relying on improvements in outcomes such as life expectancy will take longer than the life of the strategy.

The Board were informed that it is evident that a life course approach is needed to address the wider determinants of health and North Tyneside's strategy and implementation plan is based on Marmot policy objectives:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of health prevention

Many actions are continuing from last year, recognising the longer-term approach needed to reduce inequalities. The Board acknowledged the range of national and local challenges that risk impacting on progress,

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Health and Wellbeing Board particularly the continuing rising cost of living which threatens to worsen living standards, increase poverty and widen health inequalities. Everyone is affected by rising living costs, but lower income groups spend comparably more of their income on essential goods, such as food and home energy, that are rising much faster than headline inflation.

Action on health inequalities requires improving the lives of those with the worst health outcomes, fastest. Some of the new actions have strengthened or given explicit focus to some specific population groups e.g. our renewed commitment to carers, and our system wide corporate parenting role to ensure the best outcomes for our care experienced young people.

The Chair gave thanks to all partners involved who are committed to giving all residents the same opportunity to lead a healthy life.

Resolved That the Board:

- a) Approved the refreshed 2024/25 implementation plan based on input from Senior Leads and respective partnerships
- b) Approved the proposed reporting schedule to monitor progress of actions and outcomes to reduce health inequalities

HW8/24 Food Strategy Presentation

The Board received a report which provided an update on the development and delivery of the North Tyneside Local Strategic Food Plan 2024-25.

Over the last two years the Food plan has been developed with partners to be an overarching document that begins to consolidate existing work and consider the different policy areas that impact our local food system. The strategic food plan initially has a 1-year action plan with the intention that this facilitates further development work, conversations, and actions both within the council and with our partners across North Tyneside during 2024/25 to set out the longer-term approach to achieve the vision for:

Everyone in North Tyneside to have access to affordable, nutritious, and sustainable food.

There are a range of national and local food related challenges including affordability and access issues contributing to health inequalities, rising

rates of obesity, as well as the impact of food production and supply on the environment, including its contribution to climate change.

A presentation was also provided which outlined:

Strategic Priorities:

- Recognising vulnerability early and addressing local food insecurity in a dignified way:
We will shift the focus from crisis and emergency food support to local community resilience, capacity building and social innovation.
Healthy, desirable, and affordable food options will be widely available that provide all our residents with access to the food that they need to thrive.
- Developing knowledge, skills, and take-up of healthy, desirable, nutritious food:
We will support individuals, families, and communities to develop knowledge, interest, and skills in relation to food, cooking, and nutrition.
We will take a life course approach to include prenatal nutrition, breastfeeding, and infant nutrition, right through to older aged adults.
- Encouraging sustainable food choices and food waste minimisation to support the Authority's target to be net-zero by 2030:
We will support residents to understand environmental impact, have access to food with a lower carbon footprint and consume, rather than bin, all edible food.
We will work to minimise food waste and throughout the food system and maximising the repurposing and redistribution of surplus food to address food insecurity.

Discussion took place regarding the percentage of children and adults living in the most deprived areas of the borough who are classified as overweight. Whilst it is not possible to comment on any specific policies which schools have in place, work will take place to regarding flexible approaches to tackle obesity. It was noted that there has been a decrease in the number of children in reception and year 6 compared to the previous year.

Adult obesity has also decreased, and work continues to take place with the Healthy Weight Alliance Group to consider data trends and how to continue to address the issue of obesity.

Whilst the plan was very much welcomed it was noted that it is not just a stand-alone document to address the issues highlighted but will also link into the wider the Equally Well Strategy.

The Chair commented on the challenges faced and welcomed the Plan.

Resolved – The Board:

- a) Endorsed the strategic approach taken in the North Tyneside Strategic Food Plan 2024-25
- b) Agreed the high level of support for the delivery of the proposed across the system.

HW9/24 Health Protection Assurance Report

Consideration was given to a report and presentation which provided an overview of the health protection system and outcomes for North Tyneside as part of the Director of Public Health's responsibility to provide assurance to the Health and Wellbeing Board that the current arrangements for health protection are robust and equipped to meet the needs of the population.

Health protection is the domain of public health action which seeks to prevent or reduce harm caused by communicable diseases and to minimise the health impact of environmental hazards such as chemicals and radiation, and extreme weather events.

This definition includes specific functions within its scope, together with timely information and advice to relevant parties, and on-going surveillance, alerting and tracking of existing and emerging threats:

- National programmes for screening and immunisation.
- Infection prevention and control in health and social care community settings.
- Measures for the prevention, treatment, and control of the management of communicable disease (e.g., blood-borne viruses).
- Management of environmental hazards including those relating to food.
- Planning for emergency situations, such as extreme weather events, outbreaks.

It was highlighted that the Director of Public Health has statutory responsibility for the strategic leadership of health protection and that North Tyneside has robust systems in place for the management of existing and emerging health protection issues. These systems are shared across a range of organisations and services including health, social care,

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environmental health and public protection, led by the Director of Public Health with governance through the North Tyneside Health Protection Board.

The Board were provided with information in relation to screening, a way of identifying apparently healthy people who may have an increased risk of a particular condition. The purpose of screening is to identify and intervene early to reduce potential harm.

There are 11 NHS national screening programmes available in England which cover the life course. Each programme is underpinned by rigorous quality assurance and monitoring arrangements to ensure that the target population benefit from the service and those individuals are not exposed to potential harms, eg failures to correctly identify individuals requiring further tests.

Screening programmes which are commissioned include:

- Cancer screening programmes (breast, bowel and cervical)
- Diabetic retinopathy
- Abdominal Aortic Aneurysm
- Antenatal and Newborn screening programme

The most recent data for screening programmes is from 2023 and the report provided a breakdown of this information.

Immunisation remains one of the most effective public health interventions for protecting individuals and the community from serious disease. In addition to the national routine childhood immunisation programme, selective vaccination is offered to individuals reaching a certain age or with underlying medical conditions or lifestyle risk factors.

NHS routine and seasonal immunisations protect against 16 vaccine-preventable diseases. The Covid-19 vaccination programme delivered over 156million vaccinations to date. It is estimated that the introduction of the HPV vaccination for school children could prevent over 110,000 cases of cancer by 2058. Nationally, uptake of all pre-school immunisations is over 90% and flu vaccinations rates are amongst the highest in the world.

The Board were however informed that there exists significant variation in uptake and coverage between communities that can reflect wider health

inequalities, for example, MMR vaccination rates across local authority areas in England vary by as much as 37%.

The report provided a breakdown of the information relating to immunisation and vaccination data.

Effective surveillance systems ensure the early detection and notification of communicable diseases. This information is closely monitored to make sure that individual cases of disease are effectively treated and prevented from spreading and outbreaks of infection are monitored, analysed and controlled.

Data within the report informed of:

- Covid-19 Infections, flu infections, flu and other respiratory viruses and infectious intestinal disease.
- Measles, mumps, meningococcal disease and whooping cough
- Hepatitis A, B, C, Legionella, Listeria, TB
- Foodborne and waterborne infectious disease notifications (Salmonella, E-Coli, Campylobacter, Cryptosporidium)
- STIs (Chlamydia, Gonorrhoea, Syphilis)

The report also provided information relating to emergency preparedness, resilience and response, Environmental Health and Food Safety, Port of Tyne Health and air quality and how these measures contribute to the control of specific disease through a multi-agency approach.

The Board were informed that an assessment of the current health protection arrangements for North Tyneside has identified that these are working well however several areas where more could be done have been identified, in particular around the uptake of certain screening and immunisation programmes.

Resolved – That the Board:

- a) Agree that areas outlined within the report require improvement such as challenging the inequalities across system wide screening and immunisation programmes
- b) Agree that the report provides assurance that the local health protection arrangements are robust and local stakeholders should continue to collaborate on a range of prevention and control measures