

Health and Wellbeing Board

Thursday, 8 July 2021

Present:

Councillor K Clark (Chair)
Councillors P Earley, M Green and J Kirwin
Wendy Burke, Director of Public Health
Lesley Young-Murphy, North Tyneside NHS Clinical
Commissioning Group
Julia Charlton, Healthwatch North Tyneside
Paul Jones, Healthwatch North Tyneside
Susannah Thompson. TyneHealth
Steven Thomas, Tyne & Wear Fire and Rescue
Dawn McNally, Age UK North Tyneside
Lisa Jordan, Newcastle Hospitals
Denise Cowans, Cumbria, Northumberland, Tyne & Wear
Trust
Scott Woodhouse, North Tyneside Council
Jim Mackey, Northumbria Healthcare

Apologies:

Councillor C Burdis
Jacqui Old, North Tyneside Council
Richard Scott, North Tyneside CCG
Michael Graham, Newcastle Hospitals
Claire Riley, Northumbria Healthcare
Kedar Kale, Cumbria, Northumberland, Tyne & Wear
Trust
Craig Armstrong, North East Ambulance
Cheryl Gavin, Voluntary and Community Sector
Dead Titterton, YMCA North Tyneside
Jackie Laughton, North Tyneside Council

In Attendance:

Mark Adams, North Tyneside CCG
Peter Kelly, Public Health England
Councillors T Brady, M Hall and J Shaw
Emma Fagan, North Tyneside Council

HW52/21 Appointment of Substitute Members

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

Lisa Jordan for Michael Graham (Newcastle Hospitals NHS Foundation Trust)
Denise Cowans for Kedar Kale (Northumberland, Tyne & Wear NHS Foundation Trust)
Scott Woodhouse for Jacqui Old (North Tyneside Council)
Jim Mackey for Claire Riley (Northumbria Healthcare NHS Foundation Trust)

HW53/21 Declarations of Interest and Dispensations

Councillor Joe Kirwin declared a non-registerable personal interest in Item 6, Integration and Innovation: Working Together to Improve Health and Social Care for All' because his wife worked for South Tyneside & Sunderland NHS Foundation Trust and he worked for Pancreatic Cancer Action.

HW54/21 Minutes

Resolved that the minutes of the previous meeting held on 11 March 2021 be confirmed and signed by the Chair.

The Chair gave thanks to the outgoing Chair of the Health and Wellbeing Board, Cllr Margaret Hall, for all of her hard work in undertaking the role.

HW55/21 UK Health Security Agency and Office of Health Promotion.

The Board received a presentation from Professor Peter Kelly, Public Health England (PHE) Regional Director and National Health Service Executive (NHSE) Regional Director of Public Health North East and Yorkshire, in relation to changing responsibilities and Public Health Reforms.

The Board was informed that PHE exists to protect and improve the nation's health and wellbeing and reduce health inequalities. PHE provided government, local government, the NHS, Parliament, industry and the public with evidence based professional and scientific expertise and support. There were 9 PHE teams in 4 regions around England to support implementation where people live and work. PHE dealt with many issues beyond Covid and were experts at small very rare diseases and in surveillance.

Professor Kelly informed the Board that the UK Health Security Agenda, established in April 2021, undertook functions in 5 core areas: Prevent, Detect, Analyse, Respond and Lead. The prevent function involved anticipating and taking action to mitigate infectious disease and other hazards to health before they materialise. Detect related to detecting and monitoring infectious diseases and other hazards to health, including novel diseases and new environmental hazards. The analyse function referred to analysing infectious disease and other hazards to health to determine how best to control and respond to them through coordinated and intelligent data analysis and modelling. The respond function involved taking action to mitigate and resolve infectious diseases, through direct delivery, engaging with citizens and flexibly deploying resources. The lead function meant providing health protection system leadership, working in partnership with stakeholders such as central government, local government and the NHS to provide effective preparation and response to the full range of threats to health.

It was explained that the new Office for Health Promotion (OHP) would be the home of the Government's health promotion and prevention agenda. Under the leadership of the Chief Medical Officer, it would develop and lead the delivery of an ambitious strategy for improving the nation's health. It would bring together evidence, data and intelligence on

what drives better and more equal health outcomes. The OHP would sit within the Department of Health and Social Care and deliver through a wide range of partners. As part of the public health reforms, functions including screening and immunisation and dental public health would move from PHE to NHSE.

The Board was informed that there were still some areas to be determined in relation to the public health reforms, including how various agencies would work and interact with local authorities and how funding would be allocated. It was noted that the role of the Health and Well Being Board was to promote greater integration and partnership between bodies from the NHS, public health and local government. Protecting and improving health inequalities was critically important and needed to be done from the bottom up. The Board discussed health inequalities in North Tyneside and how levelling up could be achieved. It was noted that there needed to be investment in the jobs market, education and housing to help address health inequalities.

The Chair thanked Professor Kelly for his attendance and for the information presented. Wendy Burke, Director of Public Health at North Tyneside Council, thanked Professor Kelly and his team for the support and leadership that PHE had provided.

Resolved that the information presented be noted.

HW56/21 Integration and Innovation: Working Together to Improve Health and Social Care for All

The Board received a presentation from Mark Adams, Chief Officer of the North Tyneside Clinical Commissioning Group, in relation to the White Paper – Integration and Innovation: working together to improve health and social care for all.

The Board was informed that the White Paper aimed to improve population health and healthcare, tackle unequal outcomes and access, enhance productivity and value for money and help the NHS to support broader social and economic development. A key responsibility emerging from the White Paper would be to support place-based joint working between the NHS, local government, community health service and other partners such as the voluntary and community sector. Place level commissioning within an integrated care system would align geographically to a local authority boundary and the Better Care Fund would provide a tool for agreeing priorities.

It was noted that legislation could help to create the right conditions, but it would be the hard work of the workforce and partners in local place and systems that would make the real difference. There was a real chance to strengthen and assess patient voice at place and system levels.

The approach to place in the White Paper would allow the NHS to shift away from an adversarial and transactional system centred on contracting and activity payments to one that is far more collaborative and dedicated to tackling shared problems. Whilst NHS provider organisations would retain their current structure and governance, they would be expected to work in close partnership with other providers and with commissioners to improve outcomes and value.

The Board was informed that it was not expected that there would be any legislative provision about arrangements at place level. Place based arrangements would be left to local organisations to arrange, with the expectation that local areas would develop models to best meet their local circumstances. Health and Wellbeing Boards would remain in place and continue to have an important responsibility at place level to bring partners together.

The Board was presented with the legislative timetable for the White Paper, which indicated that the (Health and Care) Bill would receive Royal Assent and become an Act in January 2022, with the provisions of the Act, including the establishment of the new NHS Integrated Care System (ICS) bodies, coming into force on 1 April 2022 (subject to parliamentary decision). The ICS would be a statutory board in its own right and have a set of principles. A key area of focus would be that decisions taken closer to the communities that they affect are likely to lead to better outcomes. Collaboration between partners in a place across health, care services, public health, and the voluntary sector could overcome competing objectives and separate funding flows to help address health inequalities, improve inequalities and deliver joined-up services. The ICS NHS body would take on the commissioning responsibilities of the Clinical Commissioning Groups (CCGs).

The Board was informed that ISCs would need to be able to ensure collectively that they were addressing the right priorities for their residents and using collective resources wisely. Work would need to be undertaken across partners to determine a number of factors, including distribution of financial resources targeted at areas of greatest need and workforce planning, commissioning and development to ensure that people and teams were supported.

It was noted that models of place-based working were emerging but no decisions on structures had yet been made. National guidance on ICS development was imminent and a way forward would need to be planned with partners. It was important to build on existing joint arrangements at place between local authorities, the NHS and wider partners.

Members of the Board commented on the complexities of the emerging changes and the need to ensure that members of the public know where to go to get the care they need. It was noted that there would be a clear focus on what needed to be done to ensure that the public were aware of and understood changes related to patient care.

The Chair thanked Mr Adams for his attendance and for the information presented.

Resolved that the information presented be noted.

HW57/21 Tackling Inequalities in Health and the Impacts of COVID-19

The Board received a report which set out the proposed approach to tackle inequalities in health and wider socio-economic factors via a new Joint Health and Wellbeing Strategy for North Tyneside. The current Joint Health and Wellbeing Strategy 2013-23 was previously agreed by the Board but it was now appropriate to develop a new strategy in the context of the impact of the Covid-19 pandemic.

Initial work had begun within the local authority and across the NHS to assess the ongoing impacts of the pandemic across the borough, both from a direct and indirect point of view. In common with other places across the country, the impacts had 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. The pandemic and wider governmental and societal response had further exposed the inequalities in North Tyneside.

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

The Board was informed that work to develop the new strategy would take place in phases. In phase 1 a cross-sector working group would complete an analysis of the direct and indirect impact of the pandemic to provide a clear evidence base for strategy development and decision taking. In phase 2, the working group would develop policy priorities for the new Joint Health and Wellbeing Strategy. It was 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 and via Healthwatch and the CCG's patient forum. The refreshed strategy would then be considered for approval by the Health and Wellbeing Board at its meeting on 11 November 2021.

Resolved that the approach to developing a new Joint Health and Wellbeing Strategy be agreed and nominations for representatives from each organisation represented on the board to sit on the cross-sector working group be made by 16 July 2021.

HW58/21 Appointment of Member to the Board

The Board received a report in relation to a request from Northumbria Police to be represented on the Board.

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.

When the Board was established in June 2013 Northumbria Police declined an invitation to be represented on the Board as issues routinely discussed would not be relevant to the operational priorities of the Police. The Police had indicated they would attend meetings where specific relevant items were under discussion.

The Director of Children's and Adult Services had recently been approached by Claire Wheatley, the new Chief Inspector Harm Reduction & Intel Northern. Claire was keen to

join the Board and the Director of Children's and Adults Service and the Chair of the Board agreed that this would offer a useful perspective to meetings.

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

Resolved that Claire Wheatley, Northumbria Police be appointed to the Health and Wellbeing Board.