



North Tyneside Council

Briefing

To: North Tyneside Health and Wellbeing Board

From: Cllr Lesley Spillard (Chair of North Tyneside Health and Wellbeing Board)

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Date: 29 July 2015

Title of Briefing: North Tyneside Health and Wellbeing Board Development Day – 2 July 2015

1. Purpose

The North Tyneside Health and Wellbeing Board (the Board) met on 2 July 2015 to agree actions following recommendations made by the Peer Review Team.

This briefing summarises the feedback from the event on 2 July and sets out the proposed actions and next steps for the Board.

This briefing will remain open for review and comment until 15 August 2015. All comments should be forwarded to michael.robson@northtyneside.gov.uk.

2. Background

The Board requested a Local Government Association led Peer Review of the Health and Wellbeing Board to be carried out in February 2015.

A Peer Review is not an inspection - rather it is a supportive but challenging 'critical friend' to assist Councils and their partners in celebrating their strengths and identifying their own areas for improvement.

The key purpose of the Review was to stimulate local discussion about how the Health and Wellbeing Board and its partners could become more effective in delivering improved outcomes for residents of North Tyneside

2.1 Areas for Improvement Identified by the Peer Review

The Peer Review Team produced a detailed report of its findings and a significant number of strengths were identified which have been communicated with the Board and its partner organisations.

2.1.1 Vision and Purpose

The Board should develop a shared single vision on its aim for the future and how that will drive the wider agenda on how health and care will be delivered across the borough.

2.1.2 Agreeing Priorities for the Year

- The Board should have a clear, communicated plan of work which is focused and built on the priorities for the year ahead.
- The Board should promote and clarify its plans and priorities.

2.1.3 Structure and Operation

- The Board should find 'safe spaces' to have conversations about local challenges and issues that block system change for the Joint Health and Wellbeing Strategy.
- Continue community meetings and encourage the public to attend
- Establish a robust performance management system with clear shared metrics against the key priorities of the JHWS.

2.1.4 Involvement and Relationships with Others

- Strengthen working with the community and voluntary sector.
- Clarify the role of Healthwatch North Tyneside on the Board.
- Clarify the role and relationship with the relevant Overview and Scrutiny Committees within the Council.
- Ensure the correct Board membership and seniority of Board members.
- Make clear the links and relationships with the North Tyneside Health and Social Care Integration Programme.

3. Feedback and Suggested Next Steps

3.1 Purpose and Function

Following feedback from the Board a new purpose statement is proposed which sets out how Board members will work together to deliver against the priorities in the JHWS. "The Board is a partnership of senior leaders who work together to ensure the borough's assets and resources are made the most of, to improve health and wellbeing outcomes". This will be achieved by:

- Reducing health inequalities
- Positive wellbeing and resilience
- Strengthening assets and communities
- Reducing dependence and reliance, and
- Promoting self care.

Board planning and approach should routinely include:

- Identification and prioritisation of key priorities
- Robust planning
- Accountability
- Constructive challenge
- Transparent decision making
- Not just commissioning but on engagement of services and agencies
- Life course, not just adults
- Evaluation and monitoring.

This information will be used to update the Board’s Working Protocol document.

3.1 Partners and Partnerships

The Board is clear that it has a role to oversee ALL health and wellbeing issues but needs to make the most of other partnerships to achieve this. Figure 1 shows these key relationships.

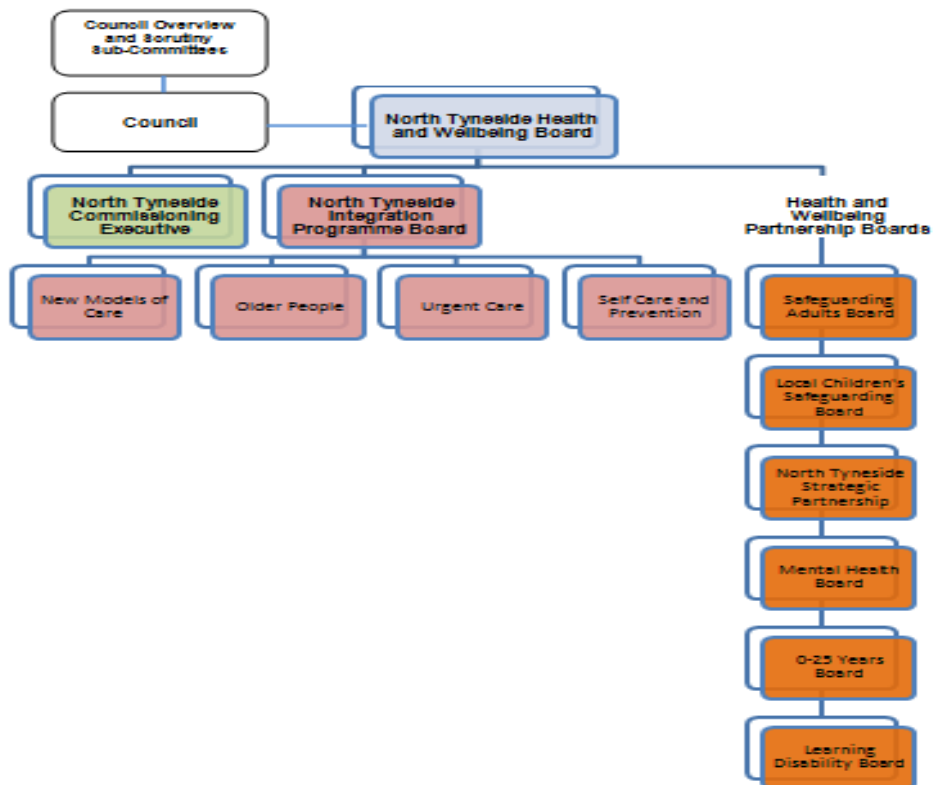


Figure 1 North Tyneside Health and Wellbeing Partnership Structure

Whilst Figure 2 does not attempt to show hierarchy or governance arrangements for all North Tyneside Partnerships, it does show the extent of resource available that the Board can work with to deliver the priorities set out in the JHWS.

The Board has mapped out the priorities and work of these other partnerships for 2015 / 2016; this is summarised in Appendix A.

Work will continue in 2015 to increase this understanding and refine how each of the partnerships works together. In particular the Board will continue to define its role and relationship with the North Tyneside Strategic Partnership and associated works streams.

The Health and Social Care Integration Programme Board will routinely report in progress at all Board meetings.

4. Priorities and Work Programme for 2015 / 2016

4.1 Priorities

Feedback from the Board development day on 2 July identified the priorities shown in Figure 2 below. Where possible these have then been mapped against the known plans and priorities of the other partnerships and boards.

Priorities Identified	Existing Links to Other Boards
Prevention – keeping people out of services	<ul style="list-style-type: none"> • Self Care and Prevention Board – advice and information only
Prevention – effectiveness of interventions and what works and what does not	
Reducing hospital admissions	<ul style="list-style-type: none"> • Urgent Care Board • Older People Board • New Models of Care Board
Developing good community services to keep people out of hospital	<ul style="list-style-type: none"> • Older People Board
Reducing social isolation	
Engagement and views and experiences of people who use services	
Older people – increasing demand	<ul style="list-style-type: none"> • Older People – hospital admissions, intermediate care
Meaningful integration of health and social care	<ul style="list-style-type: none"> • Integration Programme X 4
Children and young people	<ul style="list-style-type: none"> • Children and Young People Board
Improving mental health and wellbeing – all ages	
Resilient and involved communities	<ul style="list-style-type: none"> • Older People Board - volunteering

Figure 2 Mapping Priorities against Other Partnerships and Boards

From this initial mapping it is proposed that there are 3 themes / potential gaps for the Board to focus on in 2015 / 2016:

- Prevention and reducing demand – what keeps people out of formal care and support services.

- Promoting good health and wellbeing and encouraging people to take responsibility for this.
- Engagement and involvement - how the Board understands existing engagement opportunities and how it can strengthen its approach, making the Board, everyone's Board.

5. Engagement and Involvement

5.1 Community and Voluntary Sector (CVS)

The Board was unable to properly discuss the Peer Review feedback about CVS and Healthwatch North Tyneside involvement at the development day on 2 July.

A separate meeting has therefore been arranged with Board representatives and the Chair to discuss and agree actions. An update from this will be shared with other board members.

5.2 Location of Meetings – business meetings in public

The Board has already held some of its formal meetings in community locations. It is proposed to continue this approach, supported by a clear plan of communication to ensure that meetings are advertised well in advance.

The purpose of this will be to increase transparency and enable residents to see how the Board operates.

5.3 Communication

A specific combination plan is being developed to support the work of the Board and its key partnerships. The Board will review and agree this plan at its next meeting in October.

6. Work Programme

For the remainder of the financial year 2015 / 2016, the Board will operate a mix of formal Board meetings and action days.

Action days will enable the Board to reach out to residents, communities and services to help them understand specific topics in greater detail.

6.1 Board Meetings

Board meetings will focus on the following areas:

- Feedback from Integration Programme Board
- Prevention and reducing demand on care and support services
- Relevant feedback / escalation of relevant NTSP partnerships
- Escalation issues from any other Board
- Refresh of the JWBS
- Refresh of the JSNA
- Statutory services commissioning intentions.
- Prevention or delaying the need for care and support services.

6.2 Action Days

Three action days will focus on:

- Alcohol – visits to services and meetings with users and carers. Culminating in the refresh of the North Tyneside Alcohol Strategy.
- Mental Health Services - visits to services and meetings with users and carers. Culminating in the production of an all age Mental Health Strategy.
- Engagement and involvement – how does the Board understand existing mechanisms for engagement and how can it strengthen its approach.

7. Proposed Timetable

Action Day - Alcohol
Thursday 3 September 2015 9am-5pm Room 0.02, Quadrant East, Cobalt Business Park
Board Meeting
Thursday 29 October 2015 2pm-4pm, to be held in a community location and publicised in advance
Action Day – Mental Health
December 2015 Date, time and venue to be confirmed.
Board Meeting
Thursday 7 January 2016 2pm-4pm, to be held in a community location and publicised in advance
Action Day – Engagement & Involvement
Thursday 3 March 2016 Time and venue to be confirmed.
Board Meeting
Thursday 28 April 2016 2pm-4pm, to be held in a community location and publicised in advance

Appendix A – Key Priorities for Other Partnerships in North Tyneside

North Tyneside Integration Programme Boards			
<p>Older People</p> <ul style="list-style-type: none"> • Establishing CarePoint. • Re-commissioning existing Intermediate Care and Rehabilitation services. • Therapy focus for reablement teams • Optimise the use of volunteers. • A common approach to care planning with the older person at the centre. • Maximise the use of technology with telecare and tele-health. • Resolve inconsistent service delivery for North Tyneside GP Registered Patients with a Newcastle postcode and those in the North West locality. • Develop joint commissioning frameworks. 	<p>Self Care</p> <ul style="list-style-type: none"> • Piloting of a shared online service directory of health and wellbeing services and support. • Establishing a shared advice and information hub at North Tyneside General Hospital. • Joint development and delivery of public Health campaigns as agreed by the HWB Board. • Establishing an online resource which describes the local care and support system. • Strengthening patient information to support those with Long Term Conditions. 	<p>Urgent Care</p> <ul style="list-style-type: none"> • Delivery, implementation and monitoring of the Urgent and Emergency Care Strategy. • Joint planning and assurance of the North Tyneside NHS Resilience Plan - 8 High Impact Interventions. 	<p>New Models of Care</p> <ul style="list-style-type: none"> • Piloting NMC approach in Whitley Bay: <ul style="list-style-type: none"> ○ Professionals share information only once. ○ Intervening early so people avoid admission to hospital. ○ NHS and social care professionals working together.
Partnership Boards			
<p>Adult Safeguarding</p> <ul style="list-style-type: none"> • Views of those experiencing abuse or harm are heard and used in learning. • Ensure the SAB is effective. • Effective training across all services. • Self neglect. • Sexual exploitation. 	<p>Children Safeguarding</p> <ul style="list-style-type: none"> • Improving scrutiny, accountability and challenge from the Board. • Preventing harm and protection of vulnerable groups. • The view of children and young people contributing to learning 	<p>NTSP</p> <ul style="list-style-type: none"> • Improving quality of life for people in the most deprived communities: <ul style="list-style-type: none"> ○ Safer North Tyneside ○ Children, Young People and Learning Partnership ○ Green North Tyneside. 	
<p>Learning Disability</p> <ul style="list-style-type: none"> • Improving access to services. • Housing solutions. • New models of care. • Care planning and care coordination. • Integration and transition. 	<p>Mental Health</p> <ul style="list-style-type: none"> • Suicide prevention. • Access to services. • Older people's mental health. • Primary / secondary care. • CAMHS (0-25 years). 	<p>0-25 Years</p> <ul style="list-style-type: none"> • Joint commissioning strategy. • Local Offer. • EHC plans. • Introduction of Personal Budgets. • Early Intervention. • Preparing for adulthood. • Joint funding of care packages between the Council and CCG. 	