

# North Tyneside Health and Wellbeing Board - a protocol for joint working

|  
October 20156

## **1. Introduction and Purpose**

- 1.1 This protocol has been formulated and agreed by members of the North Tyneside Health & Wellbeing Board (“the Board”).
- 1.2 The purpose of this Protocol is to support the work of the Board by:
- a) providing a clear description of the respective roles and responsibilities of the Board, the organisations represented on the Board and other relevant bodies;
  - b) providing a framework within which the Board and other relevant bodies will work together to provide shared leadership ;
  - c) reinforcing the vision, values and objectives set out in the North Tyneside Health & Wellbeing Strategy so that they are placed at the heart of joint working; and
  - d) setting out a high level plan of how the Health and Wellbeing Board will function and key areas of work can be agreed for the following 12 month period.
- 1.4 This protocol will be reviewed by the Health and Wellbeing Board on an annual basis as part of ongoing monitoring and assessment of its performance.

## **2. The Board**

- 2.1 The Board is a partnership of senior leaders who work together to ensure the borough’s assets and resources are fully used to improve health and wellbeing of residents. This will be achieved by:
- Focussing on outcomes
  - Reducing health inequalities
  - Reducing dependence, and
  - Promoting self care and resilience
- 2.2 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.

2.3 The following parties are represented on the Board:-

North Tyneside Council's Cabinet Members for Health and Wellbeing and Adult Social Care  
Councillors serving on North Tyneside Council  
North Tyneside Council's Director of Public Health  
North Tyneside Council's Director of Adult Social Care  
North Tyneside Council's Director of Children's Services  
North Tyneside NHS Clinical Commissioning Group  
Healthwatch North Tyneside  
NHS England  
Newcastle Hospitals NHS Foundation Trust  
Northumbria Healthcare NHS Foundation Trust  
Northumberland, Tyne & Wear NHS Foundation Trust  
Age UK  
North of Tyne Pharmaceutical Committee  
North Tyneside Safeguarding Adults Board  
Voluntary and Community Sector Chief Officer Group  
[North East Ambulance Service](#)  
[Tyne and Wear Fire and Rescue Service](#)  
[TyneHealth](#)

**3. Vision**

3.1 The Board is committed to working towards the vision set out in the North Tyneside Joint Health & Wellbeing Strategy, namely that 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 of 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.

## **4. Values and Principles**

4.1 The Board will apply the following values and principles to its work:-

### **4.2 Decision Making**

Our priorities will be evidence based and our decision making will be transparent. We will:

- Share resources to achieve joint outcomes
- Monitor how well we have used our resources
- Actively encourage ideas and innovation
- Ensure that decision making is consistent, transparent and in accordance with the Council's principles of decision making
- Be committed to continuous improvement
- Focus on delivery and improvements that can be evidenced

### **4.3 Value and respect each other**

We will respect and value everyone's contribution. We will:

- Ensure that all Board members contribute equally
- Avoid dominance by one or two individuals
- Respect each other's roles and needs
- Actively encourage the participation of all Board members
- Build effective working relationships with each other in and outside of formal Board meetings
- Recognise the value of all Board member contributions
- All Board members are proactive

### **4.4 Public interest**

We will act in the interest of the public and demonstrate value. We will:

- Focus on long term as well as short term priorities
- Act in the interests of the public good over individual organisational interests
- Demonstrate to the community how we are achieving publicly valued outcomes
- Seek to engage hard to reach groups
- Include equality and diversity considerations in everything we do
- Take into account the differing views and needs of our service users

### **4.5 Ethics**

We will act ethically to build trust. We will be honest, open and objective and encourage constructive challenge. We will:

- Actively promote a 'no-blame' culture
- Challenge any poor behaviour
- Use appropriate and simple language

- Agree how we will achieve democratic accountability
- Ensure that our dialogue is open and transparent
- Respond in an open and timely manner to requests for information
- Declare any conflicts of interest and address them
- Be honest and objective
- Be mindful of the principles of public life defined by the Committee on Standards in Public Life.

## 5. Working Together

5.1 This protocol has been developed by members of the Board in recognition of the importance placed on working together effectively, recognising that there are shared and mutual benefits of doing so, and in recognition of the legal duties and responsibilities placed on organisations in relation to:

- Meeting local needs
- Improving the health and well-being of the local population
- Being representative of the views of the local population
- Providing value of money
- Being accountable to service users

5.2 Set within the context of a common vision and objectives as set out in the Health & Wellbeing Strategy, the Board can only achieve its aims by working together. It will seek to create a sense of common purpose and alignment between all those working across the health and social care system. It will seek to support a shared system of innovation and joint planning, underpinned by a commitment to commissioning focused around the needs of patients, users of health and social care services and communities.

5.3 All parties to this protocol recognise that they have both joint and separate approaches to engaging with service users and members of the public. Wherever possible all parties will ensure that such health, well-being and social care engagement activity is jointly planned and co-ordinated within the partnership and individual frameworks of the parties, to ensure maximum coverage and capacity, to avoid duplication and 'consultation fatigue' and to ensure appropriate quality and outcomes.

5.4 Collaboration must go beyond the words written in this document: it will be embedded into the way all parties work.

## 6. Approach and Priorities in 2015~~6~~ / 2016~~7~~

6.1 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. This diagram does not attempt to show hierarchy or governance arrangements for all partnerships, but it does show the extent of resource available that

the Board can work with to deliver the priorities set out in the Joint Health & Wellbeing Strategy.

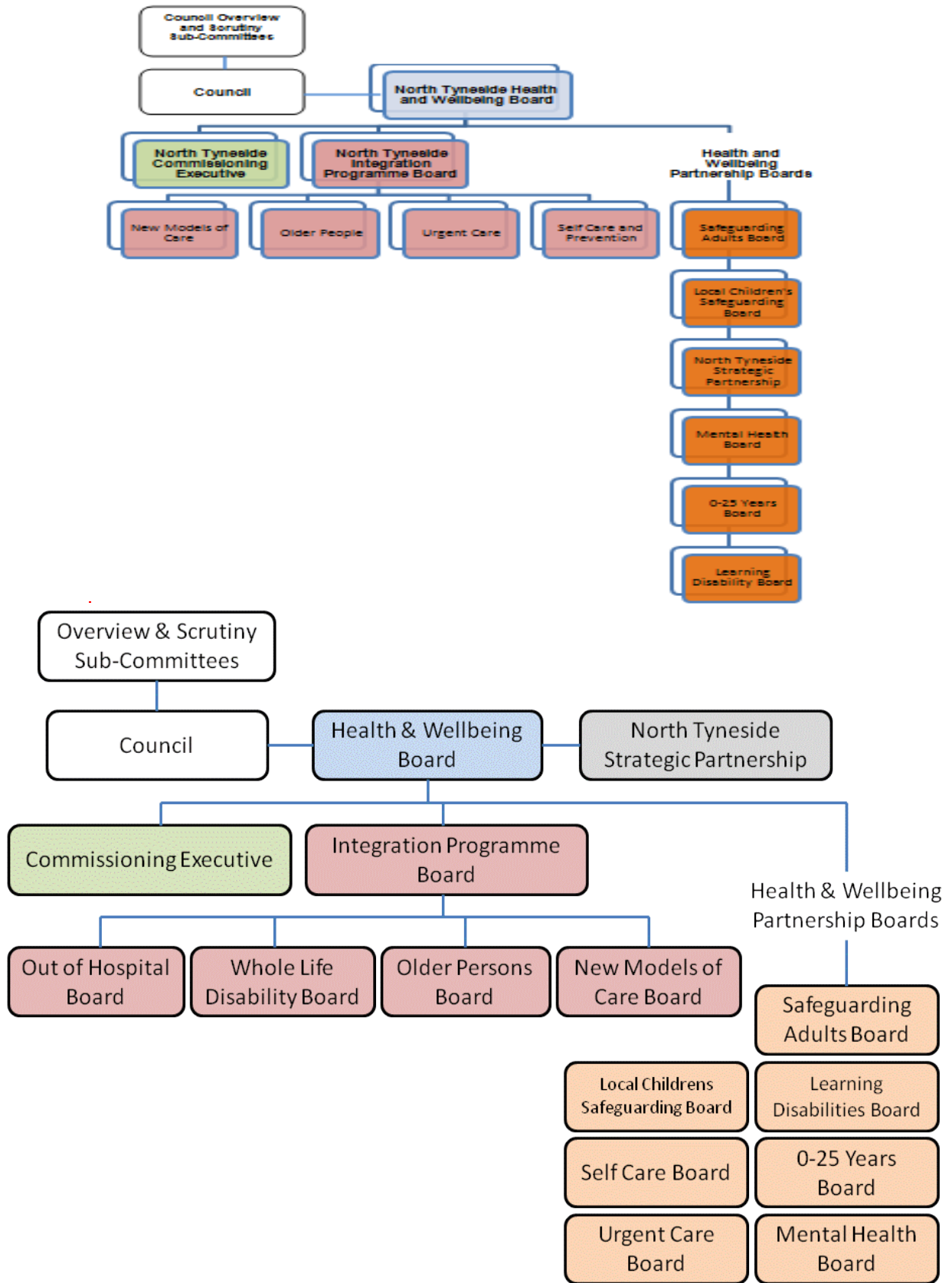


Figure 1 North Tyneside Health and Wellbeing Partnership Structure

- 6.2 Work will continue in 2015/16 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 work streams. The Health and Social Care Integration Programme Board will routinely report in progress at all Board meetings.
- 6.3 The Board also recognises the role of the North Tyneside Strategic Partnership (NTSP) in providing an overarching partnership board to take on a strategic overview for the borough. NTSP prepares the Our North Tyneside plan to be the overarching plan for all partners within the borough, as well as the plan for the Council. The Board is committed to delivering the broad aims of the Our North Tyneside plan through the Joint Health & Wellbeing Strategy.

~~6.3 The Board have identified the following priorities for 2015/16. Where possible these have been mapped against the known plans and priorities of the other partnerships and boards in Figure 2 below.~~

<del>Priorities Identified</del>	<del>Existing Links to Other Boards</del>
<del>Prevention—keeping people out of services</del>	<del>• Self Care and Prevention Board— advice and information only</del>
<del>Prevention—effectiveness of interventions and what works and what does not</del>	
<del>Reducing hospital admissions</del>	<del>• Urgent Care Board • Older People Board • New Models of Care Board</del>
<del>Developing good community services to keep people out of hospital</del>	<del>• Older People Board</del>
<del>Reducing social isolation</del>	
<del>Engagement and views and experiences of people who use services</del>	
<del>Older people—increasing demand</del>	<del>• Older People— hospital admissions, intermediate care</del>
<del>Meaningful integration of health and social care</del>	<del>• Integration Programme X-4</del>
<del>Children and young people</del>	<del>• Children and Young People Board</del>
<del>Improving mental health and wellbeing— all ages</del>	
<del>Resilient and involved communities</del>	<del>• Older People Board—volunteering</del>

~~**Figure 2 Mapping Priorities against Other Partnerships and Boards**~~



~~6.4 From this mapping it is proposed that there are 3 themes 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.~~

~~6.2 Having undertaken an exercise to take stock of the Board's status following a peer review undertaken in 2015 and to determine its priorities and methods of working for the forthcoming year, the Board identified the following areas for action:-~~

- ~~a) Strategy – to refresh the Health & Wellbeing Strategy, identifying priorities or a local priority and drive concerted action to address them with progress reports to monitor progress.~~
- ~~b) Governance – to consider the role of the Board within a placed based healthcare system and encourage shared leadership of the Board.~~
- ~~c) Engagement – to ensure local people's voices are heard in influencing priorities and monitoring peoples experience of services as an indicator of success or challenge across system.~~
- ~~d) Accountable Care Organisation – to influence and agree outcomes for ACO and provide assurance/governance role in the future.~~
- ~~e) Collaboration – to consider possible collaboration with Northumberland and across NECA region in relation to the ACO, STP and devolution.~~

~~6.3 On the basis of these action areas, the Board have agreed that:-~~

- ~~a) the Board should prioritise one topic for particular attention this year;~~
- ~~b) that topic should be healthy weight (selected from a list of suggestions put forward by the Director of Public Health);~~
- ~~c) three "actions days" be arranged throughout the year, two to be focussed on the topic of healthy weight and the third to contribute toward the review and refresh the Health & Wellbeing Strategy;~~
- ~~d) the aim of the action days will be to enable the Board to reach out to residents, communities and services to help the Board understand the topic in greater detail and to agree where collective action is required; and~~
- ~~e) the engagement teams of the Council, Northumbria Healthcare Trust and Healthwatch North Tyneside each be asked to take collective responsibility for arranging the three actions days.~~

~~6.5 The Board will operate a mix of formal meetings and action days throughout 2015/16.~~

~~6.6 The Board will also continue to~~ meet formally in community locations to increase transparency and enable residents to see how the Board operates. Board meetings will focus on the following areas:

- Refresh of the Joint Health and Wellbeing Strategy (JHWBS)

- Refresh of the Joint Strategic Needs Assessment
- Statutory services commissioning intentions.
- Health and social care integration – including updates from Vanguard Integration Board
- Prevention and reducing / delaying demand on care and support services
- Relevant feedback / escalation of relevant NTSP partnerships
- Escalation issues from any other Board.

~~6.7 Action days will enable the Board to reach out to residents, communities and services to help them understand specific topics in greater detail. 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 to refresh the JHWBS.~~

~~6.8 The Board will carry out follow-up work with the LGA in the first quarter of 2016 / 2017 to assess progress made following the Peer Review. This will coincide with Board planning and development for the year.~~

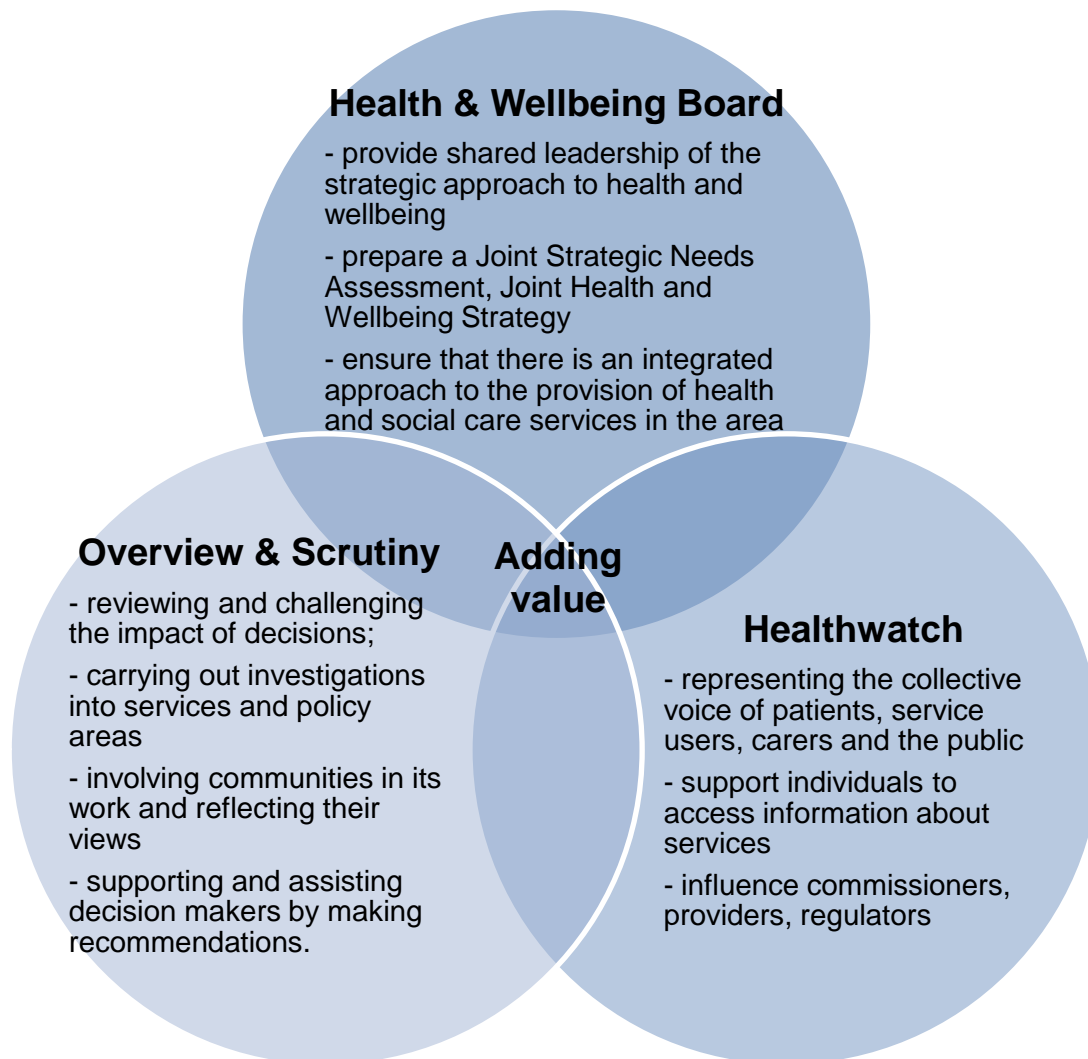
6.9 A communications plan will be developed to support the work of the Board and its key partnerships.

## **7. Roles and Responsibilities**

7.1 For the purposes of clarity and understanding a description of the respective roles and responsibilities of the organisations represented on the Board and other relevant bodies are set out in Appendix A.

## **8. Working with Overview and Scrutiny and Healthwatch**

8.1 The Health and Wellbeing Board, Healthwatch North Tyneside and the Council's overview and scrutiny committees all recognise that they have a major role to play in the way that local services are planned and delivered. Furthermore, they recognise that their individual effectiveness, in terms of influencing and adding value to outcomes for local people and communities, will be dependent on how they interact with each other. The respective roles of these three bodies are illustrated below.



8.2 The Board, Healthwatch North Tyneside and the Council's overview and scrutiny committees therefore agree to adhere to the following key principles and actions:

- a) There will be regular and timely sharing of relevant information, including the sharing of work programmes, minutes, progress reports and outcomes;
- b) There will be liaison between the three bodies in relation to the preparation of their respective work programmes, to provide an opportunity to complement each others work and to avoid duplication;
- c) Where appropriate, taking into account the statutory powers and functions of each body, any body may refer a specific matter to another body for further consideration;

- c) Representatives of each body will be invited to attend each others meetings, as necessary. This will provide an opportunity to share knowledge and experience on specific topics, in the spirit of partnership working. However care must be taken to be clear and transparent about the role, responsibilities and purpose of guests attending different meetings;
- d) The chairs of the relevant overview and scrutiny committees will be invited to attend all meetings of the Health & Wellbeing Board as observers.

## **9. Safeguarding Boards**

- 9.1 The Local Child Safeguarding Board (LSCB) exists to co-ordinate local work to safeguard and promote the well-being of children and to ensure the effectiveness of that work. In doing so it scrutinises and challenges the work of agencies both individually and collectively. The LSCB is not operationally responsible for managers and staff in constituent agencies.
- 9.2 The role of the Safeguarding Adults Board is to ensure effective safeguarding arrangements are in place in the commissioning and provision of services to vulnerable adults by individual agencies, to investigate allegations of abuse, neglect or acts of omission and to ensure the effective inter-agency working in respect of both.
- 9.3 Safeguarding is everyone's business. As such, all key strategic plans whether they be formulated by individual agencies or by partnership forums should include safeguarding as a cross-cutting theme, to ensure that existing strategies and service delivery as well as emerging plans for change and improvement include effective safeguarding arrangements that ensure that all people of North Tyneside are safe, and their well-being is protected.
- 9.4 As the Health and Wellbeing Strategy becomes a key commissioning strategy for the delivery of services to children and adults across North Tyneside, it is critical that in drawing up, delivering and evaluating the strategy there is effective interchange between the Health and Wellbeing Board and the two Safeguarding Boards. Consequently the Board have adopted a separate protocol to describe the formal interfaces between the Health and Wellbeing Board and the Safeguarding Boards.

## **10 Substantial Variations or Developments in Health Services**

- 10.1 NHS bodies are required to consult overview and scrutiny on any proposals for substantial variations or developments of health services. The Board may also wish to receive reports in relation to such proposals. There is no standard definition of "substantial", however the key feature relates to whether there is a major change to the patient experience of services. NHS bodies are encouraged to share details of any proposals with the Chair and Deputy Chair of the Board at an early stage to establish whether it would be appropriate to report the matter to the Board. Consideration can

then be given to co-ordinating reporting arrangements with overview and scrutiny and, if necessary, neighbouring Health and Wellbeing Boards.

## 11 Approval

This revised protocol was approved by the Board at its meeting on ~~29 October~~15 September 2015~~6~~.

### Roles and Responsibilities of Partners represented on the Board

Set out below is a description of the respective roles and responsibilities of the organisations represented on the Board and other relevant bodies.

#### A. North Tyneside Council

- i) North Tyneside Council is the local authority for the area. It provides the majority of local government services in North Tyneside including the provision or commissioning of adult social care, children's services and public health services. The Council is also responsible for housing, environmental services, leisure and cultural services, planning and regeneration. The Council is made up of 60 councillors and a directly Elected Mayor. The Elected Mayor and the Cabinet, appointed by the Mayor, are responsible for making key decisions and implementing the policies and budget approved by the Council.
- ii) The Council's public health team has overall responsibility for improving and protecting the health of the local population and addressing health inequalities to reduce the difference in life expectancy between the most deprived and least deprived areas of the borough. They do this through borough-wide planning for improved health, reduced health inequalities, and the better integration of health and social care, achieved through evidence based commissioning, cost effective delivery and responsive service development. The local authority can also choose to deliver a range of other public health services in order to meet the needs of the population.
- iii) The Council's Adult Social Care Service aims to promote and protect the independence and well-being of adults living in North Tyneside. The ambition is for as many people as possible to stay healthy and actively involved in their communities and delay or avoid the need for more specialist services. Those however who do need such help, including many people at the end of life, should have maximum control over this, with the information, means (financial and practical) and confidence to make it a reality. Adult Social Care commissions a range of services including, housing related support, services which help people to live independently, assessment and support planning, and protection and safety.
- iv) The Council also provides a range of services for children and young people including the strategic planning and support of schools, early years and post 16 education, safeguarding children from harm; assessing the needs of children with learning difficulties and disabilities and creating access to appropriate education, care and employability services; improving outcomes for vulnerable children and promoting social mobility; young peoples service and acting as an advocate for the rights of parents, families and children.

## **B. North Tyneside Clinical Commissioning Group**

- i) North Tyneside Clinical Commissioning Group brings together all 29 GP practices in North Tyneside with the aim of giving GPs and other clinicians the power to influence commissioning decisions for their patients. The CCG works with patients and healthcare professionals and in partnership with local communities and local authorities to develop and plan healthcare services. The CCG commissions healthcare services including:
  - Elective hospital care
  - Rehabilitation care
  - Urgent and emergency care
  - Most community health services
  - Mental health and learning disability services
- ii) The CCG has a constitution and is run by its governing body. Every GP practice is represented and the governing body meets every other month to review decisions and formally approve plans.

## **C. NHS England**

- i) NHS England oversees the budget, planning, delivery and day-to-day operation of the NHS in England. It manages primary care commissioning, including holding the NHS contracts for GP practices.

## **D. North Tyneside Healthwatch**

- i) Healthwatch is the independent consumer champion for both health and social care. It exists in two distinct forms, local Healthwatch and Healthwatch England.
- ii) The national vision for local Healthwatch is that it will:
  - a) Act as local consumer champion representing the collective voice of adults, children and young people as patients, service users, carers and the public;
  - b) Support individuals to access information about services;
  - c) Provide or signpost people to independent advocacy if they need help to complain about NHS services; and
  - d) Have real influence with commissioners, providers, regulators and Healthwatch England through the use of the using their knowledge of what matters to local people.

- iii) Local Healthwatch, known locally as Healthwatch North Tyneside, represents the views and experiences of the diverse communities in the Borough, and actively engages and reaches out to ensure that the voices of vulnerable people and hidden communities are heard. It gathers intelligence from people and shares intelligence from its information hub to inform decisions about services, including highlighting where there are problems and where things are working well.
- iv) Using local engagement mechanisms, Healthwatch North Tyneside strengthens the collective voice of local people across health and social care, inputting into and influencing, the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy by:
  - a) Using good public engagement to demonstrate “real-time” experiences of people who use services;
  - b) Highlighting concerns about services to the Council’s overview and scrutiny committees and gathering and presenting evidence and information to support overview and scrutiny reviews; and
  - c) Providing information to and signposting people who use services and the public about services that are available; and
  - d) Refer information and recommendations to Healthwatch England and the Care Quality Commission, particularly where there are safeguarding concerns.

## **E. Other Health and Wellbeing Board Members**

- i) Commissioners of health and social care services are statutory members of the Health and Wellbeing Board. The Board itself has committed to the inclusion of health and social care providers and representatives of the voluntary and community sector in recognition of the significant contribution they bring to local partnership working and making positive impacts on the wellbeing of people living in the borough.
- ii) In acting in their capacity as members of the board, representatives from the health and social care providers and the voluntary and community sector will recognise their role at the Board is different than merely representing their own organisational priorities. Their commitment to the Board is to work together with all Board members to deliver system wide improvements that focus on health and wellbeing improvements that benefit residents of North Tyneside.
- iii) Representatives from the health and social care providers and the voluntary and community sector will declare any conflicts of interest and the nature of their interest at meetings of the Board.



## **F Overview and Scrutiny**

- i) North Tyneside Council appoints a series of committees and sub-committees to perform its overview and scrutiny function. Overview and scrutiny involves councillors of all political parties, as leaders of their communities, examining the delivery of services and influencing decision makers to ensure that they meet the needs, and improve the lives, of people in North Tyneside.
- ii) It does this by:
  - a) reviewing and challenging the impact of decisions and actions taken by the Elected Mayor, Cabinet and partner organisations;
  - b) carrying out investigations into services and policy areas of interest and concern to communities in North Tyneside;
  - c) involving communities in its work and reflecting their views and concerns; and
  - d) supporting and assisting the Elected Mayor, Cabinet and partner organisations in the formulation of their future plans, strategies and their decision making by making evidence based recommendations to them on how services can be improved.
- iii) The Adult Social Care, Health and Wellbeing Sub-Committee has particular responsibility for reviewing and scrutinising matters in relation to adult social care, health and wellbeing, including mental health, healthy lifestyles, older people, access to health services, independent living and public health.
- iv) The sub-committee, on behalf of the Council, also exercises specific powers contained in the Health & Social Care Act 2012 to scrutinise matters relating to the planning, provision and operation of the health service in North Tyneside. These powers enable the sub-committee to require health service bodies to provide information, to attend meetings and to respond to any reports and recommendations. Health service bodies are also required to consult the sub-committee on proposals for substantial developments or variations of health services and, in certain circumstances, to refer proposals to the Secretary of State.
- v) The terms of reference of the Children Education and Skills Sub-Committee include responsibility for reviewing and scrutinising matters relating to children's health and wellbeing, safeguarding children, child protection, substance misuse services and childrens centres. The Children Education and Skills Sub-Committee does not exercise the health scrutiny powers contained in the Health & Social Care Act 2012.