

(Note: These minutes are subject to confirmation at the next meeting of the Board scheduled to be held on 12 January 2017)

Health and Wellbeing Board

17 November 2016

Present: Councillor M Hall (Chair)
Councillors K Clark, M A Green, J O'Shea and
A Waggott-Fairley
W Burke, North Tyneside Council
H Hudson, North Tyneside Council
J Matthews, North Tyneside Clinical Commissioning Group
J Wicks, North Tyneside Clinical Commissioning Group
P Kenrick, Healthwatch North Tyneside
W Hodgson, Healthwatch North Tyneside
D Evans, Northumbria Healthcare NHS Trust
K Simpson, Newcastle Hospitals NHS Trust
J Carlile, Northumberland, Tyne & Wear NHS Trust
H Minney, TyneHealth
M Gerrard, Tyne & Wear Fire & Rescue Service
L Hodgson, North East Ambulance Service
A Caldwell, Age UK North Tyneside
S Blackman, North of Tyne Pharmaceutical Committee
P Robinson, Safeguarding Adults Board

Also Present

A Richardson, Northumbria Healthcare NHS Trust
M Crowther, North Tyneside Clinical Commissioning Group
J Lawler, Public Health England
C Jordan and M Robson, North Tyneside Council

HW24/11/16 Chair's Announcements

The Chair paid tribute to Pat Robinson who was attending her last meeting of the Board as she was to stand down from her position as Chair of the Safeguarding Adults Board in December 2016. The Chair also reported that the second action day on healthy weight had been held on 20 October 2016. Not all partners had been represented at the event which had been disappointing as the purpose of day had been to bring all parties together and to draw on their different perspectives.

HW25/11/16 Apologies

Apologies for absence were received from Councillor L Spillard, J Old (North Tyneside Council), J Soo-Chung (North Tyneside Clinical Commissioning Group), B Bartoli (Northumbria Healthcare NHS Trust), L Robson (Newcastle Hospitals NHS Trust), G O'Hare (Northumberland, Tyne & Wear NHS Trust), J Pratt (Tyne & Wear Fire & Rescue Service), A Watson (North of Tyne Pharmaceutical Committee) and D Titterton (Voluntary & Community Sector).

HW26/11/16 Substitute Members

Pursuant to the Council's Constitution, the appointment of the following substitute members was reported:

Councillor J O'Shea for Councillor L Spillard

H Hudson for J Old (North Tyneside Council)

J Wicks for J Soo-Chung (North Tyneside Clinical Commissioning Group)

J Carlile for G O'Hare (Northumberland, Tyne & Wear NHS Trust)

K Simpson for L Robson (Newcastle Hospitals NHS Trust)

M Gerrard for J Pratt (Tyne & Wear Fire & Rescue Service)

S Blackman for A Watson (North of Tyne Pharmaceutical Committee)

HW27/11/16 Declarations of Interest and Dispensations

There were no Declarations of Interest or Dispensations reported.

HW28/11/16 Minutes

Resolved that the minutes of the meeting held on 15 September 2016 be confirmed and signed by the Chair.

HW29/11/16 Health and Wealth – Closing the Gap in the North East: Report of the North East Commission for Health and Social Care Integration

The Board considered the findings to emerge from the North East Commission for Health and Social Care Integration. The Commission had been established as part of the proposed devolution deal between the North East Combined Authority (NECA) and central government to establish the scope and basis for greater integration, collaboration and devolution to improve outcomes and reduce inequalities.

The Commission's report set out a vision for transforming the health and wellbeing of North East residents. It contained 10 recommendations which:

- a) set out a clear agenda for shifting the priority and resources from response to prevention across the health and social care system and wider determinants of health and it suggested how the resources shifted to prevention could be invested to deliver improved health and wellbeing;
- b) called for a much greater focus on supporting people with health conditions to secure and remain in employment, contributing to their own and the region's prosperity and hence to the wellbeing of future generations; and
- c) it challenged leaders to be bold, working in new ways to break down organisational barriers and work for the health and wellbeing of the people of the NECA area.

The Board welcomed the report, particularly its findings in relation to addressing mental health and shifting priority and resources to prevention. However, the Board queried who would take ownership of the agenda in the light of; a) there being no reference within the report to the role of central government, b) NECA deciding not to proceed with the proposed devolution deal and c) the Commission's acknowledgement that the Sustainability and Transformation Plan (STP) process alone would not be sufficient to deliver the recommended change. Whilst it was acknowledged that the report and recommendations of the Commission would be incorporated into the STP process, the Chair urged all partners in the local health

economy to give due consideration to the recommendations so that the Commission's sound thinking and vision could be absorbed into their future planning of services.

Resolved that (1) the report and recommendations of the North East Commission for Health and Social Care Integration be endorsed;
 (2) partner organisations represented on the Board be requested to commit to progressing those recommendations that can be taken forward at an individual organisation level; and
 (3) partner organisations represented on the Board will commit to work together in partnership to implement the recommendations and that this work should be guided by the Sustainability and Transformation Planning process.

(Reason for decision: The Board considered the actions set out above to be an appropriate response to the Commission's recommendations.)

HW30/11/16 Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan (Previous Minute HW21/09/16)

The Board received a presentation in relation to the development of the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan (STP). The STP was one of 44 such plans being developed across the country in response to NHS England's Five Year Forward View, a national plan that set out a vision for a better NHS. The STP described how the vision could be delivered locally by 2021.

The STP was built on lots of work that had already begun across the area. Strong health and social care services were already in place but the health and wellbeing gap compared to other parts of the country remained stubbornly high. The STP described how, if action wasn't taken to reduce that gap, the burden on local services would be too high in the future for services to continue to be safe and sustainable. The STP proposed to address three main gaps in relation to: a) health and wellbeing, b) care and quality, and c) funding. It sought to do this by scaling up work on ill health prevention, by improving the quality and experience of care through increasing collaboration between organisations that provide out of hospital care and making the best use of acute or hospital based services and by closing the gap in local finances which could be as large as £641m by 2021.

The Board explored how the STP sought to create greater collaboration between NHS organisations that had previously been very successful in working towards their own priorities. Whilst services would continue to be commissioned in accordance with the procurement rules laid down in law, the concept of a placed based system would place greater emphasis on collaboration ensuring decisions regarding the use of resources were based on the benefits for the whole system and influenced less by competition.

The Board considered how the Board, partners and the public would be engaged in the STP process. It was noted that the draft plan was a high level strategic document formulated by the area for submission to NHS England and it had yet to be signed off by any NHS organisation. The draft plan had been published and partners and the public were able to submit comments up until 20 January 2017. The purpose of this engagement was to provide information, allow others to sense check its contents and to receive feedback which would help shape the next version of the STP. The draft plan was seen as a starting point for future discussions. Any subsequent potential proposals to make major changes to NHS services would be subject to a programme of formal public engagement and consultation in the future.

A Northumberland and North Tyneside Board had been established with senior representation from foundation trusts, CCGs and local authorities to consider and contribute to the development of the local health economy's response to the STP. The Board envisaged that it too had a role to play in considering the specific plans for the health economy in North Tyneside in response to the STP. It was suggested that the Board might seek to draw together relevant stakeholders at a future meeting or event for this purpose early in the new year to coincide with the end of the engagement period.

The Board also discussed the importance of protecting investment in preventative services, the role of pharmacies in the future local health economy, the principle of place based commissioning and the potential to deliver it through an accountable care organisation and the governance of the STP.

Resolved that (1) the development of the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan (STP) be noted; and (2) the Board give further detailed consideration to the specific plans for the health economy in North Tyneside in response to the STP at a future meeting or event for this purpose.

(Reasons for decision: The Board considered it has a role to play in considering the specific plans for the health economy in North Tyneside in response to the STP.)

HW31/11/16 Workplace Health and Wellbeing

The Board was presented with information collated by the Self Care and Prevention Integration Board relating to the promotion of workplace health and wellbeing in North Tyneside. The North East Commission for Health and Social Care Integration had highlighted the key role of employers in maintaining and improving the mental and physical health and wellbeing of their workforce and supporting those with health conditions to remain in the workforce.

The North East Better Health at Work Award had been established to raise awareness of health and wellbeing issues in the workplace in order to combat poor health in the region. It was based on a partnership of local authorities, the NHS and the Northern Trades Union Congress. The award recognised the efforts of employers in addressing health issues within the workplace. The award was open to all employers in the North East, regardless of size, location or type of business. The award supported organisations in a structured way to promote health and wellbeing in the work place with the aim of having a healthy workforce. A total of 345 employers across the North East, with a potential reach of 197,399 employees, had been supported to achieve the five award levels beginning at bronze and progressing to continuing excellence plus.

In North Tyneside, Northumbria Healthcare Trust had been contracted to provide a local lead to support businesses and promote the scheme. 31 businesses had been supported through the awards process representing 5% of the eligible 605 businesses, with a reach of 27,732 employees across North Tyneside. The Board was presented with a list of those business and provided with details of the commitment shown towards the scheme by partners represented on the Board including the Council, Northumbria Healthcare, Newcastle Hospitals Trust, Northumberland Tyne and Wear Trust and the North East Ambulance Service.

The Board welcomed the scheme as it contributed to the development of preventative services and it had the potential to harness resources within the private sector which would otherwise not be available to combat poor health in the region.

Resolved that (1) the continued work of promoting health and wellbeing in the workplace in North Tyneside be endorsed; and
(2) the Better Health at Work Award scheme, its extension across organisations in North Tyneside and the incorporation of health at work in the commissioning of services as part of organisation's commitment to social value be supported and promoted.

(Reasons for decision: The Better Health at Work Award scheme was the North East Commission for Health and Social Care Integration's preferred approach for employers to improve workplace wellbeing, it contributes to the Board's priority to shifting investment to focus on evidence based prevention and early intervention wherever possible and it has the potential to harness resources within the private sector which would otherwise not be available.)

HW32/11/16 Right Care, Time and Place: A Review of Urgent Care Services in North Tyneside and Primary Care Strategy (Previous Minute HW32/01/16)

The Board received a report on the outcome of the North Tyneside Clinical Commissioning Group's (CCG) Review of Urgent Care Services "Right Care, Time & Place" and its linkages with "The Future of Healthcare in North Tyneside: A Primary Care Strategy."

The CCG had made a commitment to review urgent and emergency care as part of a five year commissioning strategy. It had been demonstrated that the current system was perceived as being confusing and difficult to access, was inefficient with multiple services offering overlapping access to treatment and was financially unsustainable. The CCG had therefore embarked on a formal public consultation which was based around four future scenarios.

The main points to emerge from the consultation were:

- accessibility and location were perceived as being the single most important issues;
- respondents generally favoured a system with fewer access points that were easy to identify and use;
- the public favoured a more directive system which did not require them to understand the differences between different levels of care;
- respondents queried whether a single unit at Rake Lane or Battle Hill would do anything to increase the accessibility for residents living in the north-west locality; and
- most respondents expressed a preference for a single urgent care centre based at North Tyneside General Hospital.

On this basis the CCG had developed a clinical model based on the concept of a single Urgent Care Centre offering integrated access to urgent care around the clock. The CCG had agreed to commission a single integrated Urgent Care Centre for North Tyneside from 1st October 2017 and to decommission the existing urgent care services at North Tyneside General Hospital, Battle Hill Health Centre, Shiremoor Health Centre and the GP Out of Hours service. The new service would be commissioned on a block contract arrangement for 3 years at a maximum cost of £3.3m to be procured via a competitive tendering process. As North Tyneside General Hospital had been identified as the public's preferred choice of site for the new Urgent Care Centre, the CCG had approached Northumbria Healthcare to ask whether they would be willing to allow the competitive procurement of a service based on those premises. Northumbria Healthcare had declined to do this and consequently the CCG had to allow providers to nominate suitable alternative sites which the service could be provided from.

The CCG also reported that it had developed a strategy for primary care in conjunction with Newcastle Local Medical Committee and TyneHealth which consisted of four major workstreams: the redesign of access to primary care, extending the primary care team, integrating specialist support and prevention and self-management. The strategy provided a high-level vision for the future development of urgent primary care services in North Tyneside. The exact form and function of these services was still to be determined but this work would be co-ordinated with the recommendations set out in the Right Care, Time & Place business case and informed by the Tyne & Wear Sustainability & Transformation Plan (STP). The Board were presented with examples of how the Strategy might complement the urgent care review, including improved access to urgent primary care appointments which would help reduce pressure on the urgent care centres and accident and emergency departments and the introduction of electronic triage and streaming system.

The Board considered the challenges in terms of communicating the outcome of the review to respondents to the consultation who had expressed a preference for a single unit at North Tyneside General Hospital. Members also referred to the complex system of urgent and emergency care services and the need for effective joint communications to inform user's access to services. In response it was stated that the feedback received during the consultation had shaped the development a simpler and directive clinical model with links to emergency and primary care. Experience in the NHS had demonstrated that system design was more effective than communications in improving access to services.

In considering the Primary Care Strategy it was suggested that the Board should focus its attention on the expected health outcomes from the strategy and how these would be achieved. It was therefore proposed that the Board give further consideration to the action plan which was being formulated for the delivery of the strategy at a future meeting.

Resolved that (1) Right Care, Time & Place – A Review of Urgent Care Services and The Future of Healthcare in North Tyneside: A Primary Care Strategy be noted; (2) the Board give further consideration to the Primary Care Strategy to examine in more detail the action plan for its delivery and the expected health outcomes.

HW33/11/16 Health Protection Assurance Report

Public Health England were responsible for ensuring there were effective arrangements in place nationally and locally for preparing, planning and responding to health protection concerns and emergencies and for immunisation and screening. Since 2013, the Council also had a duty, exercised by the Director of Public Health, for planning for, and responding to, emergencies involving a risk to public health. Wendy Burke, the Director of Public Health presented a report for the purpose of assuring the Board that there were adequate health protection plans in place across the Borough. She was accompanied by John Lawler from Public Health England who presented examples of the health protection work undertaken in North Tyneside.

Effective health protection required collaboration among many different organisations including the local authority, acute and mental health trusts, Public Health England, NHS England, clinical commissioning groups, primary care and a range of other agencies. The success of health protection in the North East reflected the effective partnership working between all the agencies involved.

The scope of health protection was wide ranging from infectious diseases to emerging threats, such as a bio-terrorist attack. The key areas of health protection included emergency preparedness, resilience and response, communicable diseases management, surveillance, alerting and tracking of infections in the community, screening and immunisation. The nature of the responsibilities and arrangements were inherently complex and there were numerous programmes and strands of work across a multitude of commissioners and providers.

The Board were presented with details of the current arrangements for health protection across the region and in North Tyneside. The North Tyneside Health Protection Group was formed in 2013 to provide the Director of Public Health with assurance internally within the Council that mandatory health responsibilities were being fulfilled. The Board were presented with examples of how these responsibilities had been discharged when reference was made to the sophisticated surveillance systems that were in place and how agencies had responded to incidents involving norovirus, E. coli and tuberculosis.

Resolved that the health protection arrangements in place in North Tyneside be noted and endorsed.

HW34/11/16 Health & Social Care Integration Programme Board: Update (Previous Minute HW22/09/16)

The Board received a progress report from the Health and Social Care Integration Programme Board on the four work streams that made up the Integration Programme, namely; SEND Whole Life Disability, New Models of Care, Older People and Mental Health.

The Chair of the Programme Board, Peter Kenrick, highlighted a number of key points from the report. Progress had been made in establishing the Care Point Service and the new Royal Quays Intermediate Care Service. The number of referrals to the Care Plus pilot had shown a small but steady increase and there had been a 28% reduction in admissions attributable to the pilot. However there were concerns regarding there being sufficient referrals through the pilot to demonstrate that the benefits of the model were significant. The Programme Board had acknowledged the risks relating to the decommissioning of the falls prevention programme and had agreed to monitor the situation in 2017.

Resolved that the progress report from the Health and Social Care Integration Programme Board on its four Integration Programme work streams be noted.