(Note: These minutes are subject to confirmation at the next meeting of the Board scheduled to be held on 14 February 2017)

Health and Wellbeing Board

12 January 2017

Present:Councillor M Hall (Chair)
Councillor M A Green
W Burke, North Tyneside Council
J Matthews, North Tyneside Clinical Commissioning Group
P Kenrick, Healthwatch North Tyneside
W Hodgson, Healthwatch North Tyneside
J Carlile, Northumberland, Tyne & Wear NHS Trust
H Minney, TyneHealth
M Gerrard, Tyne & Wear Fire & Rescue Service
L Hodgson, North East Ambulance Service
A Watson, North of Tyne Pharmaceutical Committee
D Titterton, Voluntary & Community SectorAlso Present
Members of the Adult Social Care, Health & Wellbeing Sub-

Committee J Wicks, North Tyneside Clinical Commissioning Group H Hudson, S Woodhouse, M Taylor and M Robson, North Tyneside Council

HW35/01/17 Apologies

Apologies for absence were received from Councillors K Clark, L Spillard and A Waggott-Fairley, J Soo-Chung (North Tyneside Clinical Commissioning Group), C Keen (NHS England), B Bartoli (Northumbria Healthcare NHS Trust), G O'Hare (Northumberland, Tyne & Wear NHS Trust), A Caldwell (Age UK North Tyneside) and J Pratt (Tyne & Wear Fire & Rescue Service).

HW36/01/17 Substitute Members

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

J Carlile for G O'Hare (Northumberland, Tyne & Wear NHS Trust) M Gerrard for J Pratt (Tyne & Wear Fire & Rescue Service)

HW37/01/17 Declarations of Interest and Dispensations

There were no Declarations of Interest or Dispensations reported.

HW38/01/17 Minutes

Resolved that the minutes of the meeting held on 17 November 2016 be confirmed and signed by the Chair.

HW39/01/17 Healthwatch North Tyneside

The Board received a report from Healthwatch North Tyneside setting out its key work areas over the past 18 months and a record of concerns relating to health and social services received from residents of North Tyneside. The report was intended to help the Board in judging the extent to which resident's views had helped shape, and been addressed by, the health, wellbeing and social care commissioning intentions for 2017/18.

Healthwatch's focus was to understand the needs, experiences and concerns of people of all ages who use services and ensure that local decision makers and health and care services put the experiences of people at the heart of their agenda. The Board were presented with a detailed list of concerns received from residents of North Tyneside during the past 18 months together with a summary of the concerns as they related to the priorities set out in the Joint Health & Wellbeing Strategy.

Members of the Board explored in more detail how Healthwatch referred feedback, both positive and negative, to service commissioners and providers and how Healthwatch engaged young people. Particular consideration was given to those areas of concern that had emerged during the past year, including those in relation to mental health, support for carers and services for Attention Deficit Hyperactivity Disorder (ADHD). Northumberland, Tyne & Wear NHS Trust undertook to work as partners within the health economy of North Tyneside to take account of the views and comments of users in shaping service delivery.

Resolved that the report from Healthwatch North Tyneside setting out the concerns of residents of North Tyneside relating to health and social services be noted.

HW40/01/17 Health, Wellbeing and Social Care Commissioning Intentions 2017/18

The Board received a joint presentation from officers of the Council and North Tyneside Clinical Commissioning Group (CCG) in relation to their commissioning intentions for health, social care and wellbeing in 2017/18. In order to avoid duplication, the intentions were presented and considered jointly with the Council's Adult Social Care, Health & Wellbeing Sub-Committee. (Minute ASCHW46/01/17)

The Board were presented with details of the current drivers for the CCG and Council in terms of commissioning health, wellbeing and care services. These included the objectives and priorities contained in the Joint Health & Wellbeing Strategy, financial pressures, increasing demands on services and greater emphasis on planning and delivery within the NHS across the Northumberland, Tyne & Wear footprint.

Within this context, officers provided an overview of the Council and CCG's priorities, budget and service changes planned for 2017 / 2018 in relation to adult social care, children, young people and family services, public health and the NHS locally. These were presented with reference to how they contributed to the delivery of the priorities contained within the Joint Health and Wellbeing Strategy.

The commissioning intentions would be subject to further consultation, refinement and approval by the Council and the CCG. Over the course of the next year the Joint Health and Wellbeing Strategy and integrated working arrangements would be reviewed with a view to developing a more integrated approach to commissioning intentions for January 2018.

In examining the commissioning intentions the Board discussed the:

- a) need to recruit sufficient general practitioners to ensure that primary care had the necessary capacity to reduce reliance on hospital based services;
- b) effectiveness of the NHS 111 telephone service in directing callers to the most appropriate urgent or emergency care service;
- c) potential for the role of pharmacies to be enhanced and promoted to help relieve the pressures on primary care appointments;
- d) the strand of work to be undertaken as part of the Tripartite Primary Care Strategy to improve access to care;
- e) importance of working in schools to prevent young people from smoking;
- f) challenges faced by partners in reducing the harm caused by alcohol;
- g) the benefits of early intervention in treating mental health issues in terms of minimising the longer term consequences for both users and services;
- h) desirability of future commissioning intentions being clearly referenced to integrated key performance indicators and quality standards;
- i) absence of reference to the needs of carers in the presentation; and
- j) opportunities for co-production, to give a greater commitment to work with service users to find solutions to the challenges facing the health and social care system.

Resolved that the Health, Wellbeing and Social Care Commissioning Intentions for 2017/18 be noted.