

(Note: These minutes are subject to confirmation at the next meeting of the Board scheduled to be held on 15 June 2017.)

Health and Wellbeing Board

16 March 2017

Present: Councillor M Hall (Chair)
Councillors K Clark, M A Green, L Spillard and
A Waggott-Fairley
W Burke, North Tyneside Council
J Matthews, North Tyneside Clinical Commissioning Group
J Wicks, North Tyneside Clinical Commissioning Group
P Kenrick, Healthwatch North Tyneside
J McAteer, Healthwatch North Tyneside
J Reed, Northumbria Healthcare NHS Trust
V Morris, Northumberland, Tyne & Wear NHS Trust
N Bruce, Newcastle Hospitals NHS Trust
H Minney, TyneHealth
R Burrows, Safeguarding Children Board
G Hurst, Tyne & Wear Fire & Rescue Service
D Titterton, Voluntary & Community Sector

Also Present

S Meins, C Jordan and M Robson, North Tyneside Council
H Douglas, Public Health Consultant

HW51/03/17 Apologies

Apologies for absence were received from J Old and H Hudson (North Tyneside Council), C Keen (NHS England), J Soo-Chung (North Tyneside CCG), B Bartoli (Northumbria Healthcare NHS Trust), G O'Hare (Northumberland, Tyne & Wear NHS Trust), L Robson (Newcastle Hospitals NHS Trust), C Armstrong (North East Ambulance Service), J Pratt (Tyne & Wear Fire & Rescue Service) and A Caldwell (Age UK North Tyneside).

HW52/03/17 Substitute Members

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

J Wicks for J Soo-Chung (North Tyneside CCG)
V Morris for G O'Hare (Northumberland, Tyne & Wear NHS Trust)
J Reed for D Evans (Northumbria Healthcare NHS Trust)
N Bruce for L Robson (Newcastle Hospitals)
G Hurst for J Pratt (Tyne & Wear Fire & Rescue Service)

HW53/03/17 Declarations of Interest and Dispensations

Councillor K Clark declared a registerable personal interest in relation to the Director of Public Health's Annual Report (Minute HW55/03/17) because she was Director and Chief Officer of Justice Prince CIC, an organisation that delivers grant funded prevention programmes related to public health.

Councillor A Waggott-Fairley declared a registerable personal interest in relation to the North Tyneside Commitment to Carers (Minute HW56/03/17) because she was Chair of Trustees at the North Tyneside Carers Centre.

HW54/03/17 Minutes

Resolved that the minutes of the meeting held on 14 February 2017 be confirmed and signed by the Chair.

HW55/03/17 Director of Public Health's Annual Report 2015/16

The Director of Public Health, Wendy Burke, gave a presentation in which she outlined the contents, conclusions and recommendations contained in her annual report for 2015/16. During the presentation she commented that the ageing process was not the principal cause of disabling disease. Ageing was a normal biological process that in itself had relatively little significant impact until the nineties. The major influence on the ageing process was external environmental factors and much of the illness and disability all too often associated with ageing could be prevented or postponed.

The longer a person had lived, the longer they would have been exposed to lifestyle and environmental risk factors thereby increasing the chances of getting a disease or condition. It was stated that over 50% of people aged over 65 years had 2 risk factors. The most common combination of risk factors was low levels of physical activity and low consumption of fruit and vegetables. The presentation highlighted the importance of healthy behaviours and lifestyles, in particular physical activity, mental health and social activity.

The report recommended a systematic, positive and preventative approach to healthy ageing, with a focus across the life course from birth. Universal and targeted approaches to healthy lifestyle would be required, with a focus on tackling inequalities and upscaling efforts to increase physical activity levels. It was recommended that priority be given to "baby boomers", preventing deterioration for those with existing long term conditions and promoting social connectedness and the use of community assets.

Members of the Board commented that a systematic approach to healthy ageing was needed to engage with individuals through innovative interventions to enable them to come to their own conclusions about their lifestyles and behaviours. The Board highlighted the importance of public transport in allowing older people to access social activities.

A member referred to experience in Iceland where mandatory out of school activities for young people, accompanied by their parents, had had a positive impact in reducing the levels of drinking and smoking among young people. Locally, the Active North Tyneside campaign had begun to influence lifestyles and behaviours early in life but this type of preventative work needed to be upscaled with additional funding. It was reported that the prevention workstream established as part of delivery of the NHS's 5 year forward view and Sustainability and Transformation Plan had now commenced its work to consider how preventative initiatives and strategies could be upscaled and delivered.

The Director of Public Health thanked Heidi Douglas, a public health consultant, and officers who had undertaken a great deal of work to prepare the annual report.

Resolved that the Director of Public Health's presentation be noted.

HW56/03/17 North Tyneside Commitment to Carers

In November 2015 the Council, in conjunction with partners, had launched the North Tyneside's Commitment to Carers, which sought to improve the health and wellbeing of all carers living in North Tyneside, and support them to have a life outside of caring. The commitment was based upon the following priorities:

1. Earlier identification of carers and the provision of quality information;
2. Improved communication;
3. Improved carer health, wellbeing and support;
4. Support that enables carers to go to/continue to work or in education;
5. Carers have access to emotional support; and
6. Smooth transition of support from children's to adult services.

An action plan had accompanied the commitment and collectively the Council, the CCG and North Tyneside Carers' Centre had been progressing the actions contained within it. The Board were presented with the action plan which had been updated in November 2016 and cross referenced with the recommendations made by an overview and scrutiny committee following a review of Carers Support and Respite Provision.

Susan Meins outlined details of progress made in delivering the action plan including a pilot scheme to change how carers are supported from their first contact, a new carer training package for staff, a carers in employment project, a signposting mobile app and a process for identifying and assessing young carers. North Tyneside CCG had completed a Commissioning for Carers self-assessment and on the basis of comments gathered from stakeholders an improvement plan had been developed. The Board were presented with those areas that would be subject to further action in 2017/18, which would have to take into account the new National Carers Strategy due to be launched in the summer of 2017.

Whilst the Board noted the action taken a member queried whether the report assured the Board that progress had been made and whether those carers in need were receiving the service they were entitled to, particularly where authorities were under a statutory obligation to provide them. It was suggested that a further report be submitted to the Board to address these points in September 2017.

The Board discussed the challenge in identifying and supporting carers, when some, who supported other family members, did not identify themselves as being carers nor recognise the effect it was having on their own quality of life. The Board were interested to receive more information in relation to the number of referrals to respite care as a result of carer assessments and whether the costs of respite care had had an impact on the take up of the service. Finally members considered the role of General Practitioners in identifying carers and practices were encouraged to undertake a survey developed by the Carers Centre.

Resolved that (1) the progress made to date on the actions identified in the North Tyneside Commitment to Carers be noted; and
(2) a further report be submitted to the Board in September 2017 to provide assurance that progress is being made in improving the health and wellbeing of all carers living in North Tyneside, and in supporting them to have a life outside of caring, and that carers in need are receiving the service they are entitled to, particularly where authorities were under a statutory obligation to provide them.

HW57/03/17 Pharmacy Regulations and Pharmaceutical Needs Assessment

It was the responsibility of the Board to assess the needs for pharmaceutical services in North Tyneside and for publishing a Pharmaceutical Needs Assessment (PNA). The purpose of a PNA was to determine if there were enough community pharmacies to meet the needs of the population and to act as a commissioning guide for services which could be delivered by community pharmacies to meet the identified health needs of the population. The current PNA had been published on 1 April 2015 and it now had to be reviewed, updated and published by 1 April 2018.

NHS England recommended that Health and Wellbeing Boards seek specific expertise to offer advice and support in producing a revised PNA. The draft refreshed PNA would be subject to a minimum of 60 days consultation with stakeholders and members of the public. Following consultation a final draft would need to be prepared, considered and approved by the Board before publication by 1 April 2018.

It was also reported that to encourage mergers or consolidations of closely located, surplus pharmacies, new regulations had been introduced that allowed two pharmacies to make an application to merge and provide services from one of the two current premises. The regulations provided the Board with two new statutory duties:

- a) NHS England would notify the Chair of the Board in relation to any applications to consolidate two pharmacies. The Board was then required to make a statement or representation back to NHS England within 45 days stating whether the consolidation would or would not create a gap in pharmaceutical services provision based on the information held within the PNA. NHS England would then convene a panel to consider the application and any statement or representation; and
- b) Once NHS England had made a determination on the application to consolidate two pharmacies, it would inform the Chair of the Board. The Board then had to publish a supplementary statement saying that removal of the pharmacy which is to close, from the pharmaceutical list will not create a gap in pharmaceutical services.

The Board was asked to give consideration to how it would agree a process to fulfil its new statutory duties and how the PNA would be reviewed and updated. Members expressed concern that the Board had been provided with statutory responsibilities with financial implications but without a dedicated budget to meet the costs, nor any clear direction as to which statutory organisation was responsible for meeting the associated costs. The Board considered a range of options for reviewing the PNA, including involvement by the North of England Commissioning Support Unit, NHS England, North of Tyne Local Pharmaceutical Committee. The Board also gave consideration to how any applications for the merger of two pharmacies might be considered in the period before the adoption of an agreed process.

Resolved that (1) the Director of Public Health and the Chief Officer of the North Tyneside Clinical Commissioning Group (subject to clarification being sought regarding which organisation has responsibility for funding the preparation of PNA's), in consultation with the Chair of the Board, consider options and formulate a proposed process for the review of the Pharmaceutical Needs Assessment and to fulfil the Board's duties in relation to applications for the merger of two pharmacies and report their proposals to the next meeting of the Board; and
(2) in the meantime, the Director of Public Health, in consultation with the Chair of the Board, be granted delegated authority fulfil the Board's duties should any applications for the merger of two pharmacies be received from NHS England.

(Reason for decision: To enable further consideration to be given as to how the Board can fulfil and fund its statutory obligations.)

HW58/03/17 Council Motion on the Reduction of NHS Services and the Implications of the Sustainability and Transformation Plan in North Tyneside

In January 2017, the Council had agreed the following a motion: “Residents are concerned at the reduction in NHS services in the Borough and the outcome of the Sustainability and Transformation Plan (STP). The Council requests the Mayor and Cabinet to consider conducting an urgent review on the reduction in NHS services and the implications of the STP on North Tyneside. The outcome of the review to be reported to the next ordinary council meeting.”

In response to the motion, a report had been prepared for consideration by the Council’s Cabinet held on 13 March 2017. The Chair of the Board presented a copy of this report to the Board. The review had concluded that:

- There had been a number of changes in NHS services in North Tyneside, and these were set out in the report;
- There were examples of where NHS services had been reduced and would be reduced further in the coming year, the impact upon residents is not fully understood;
- The process of developing STPs had raised concern nationally;
- More locally the process of developing the Northumberland, Tyne, Wear and North Durham plan had raised concerns around engagement with local authorities;
- There was no assurance currently that the plan will deliver the necessary changes to address the gaps identified;
- The priorities identified in current CCG operational plan could go further in addressing the wider prevention and early intervention aspects of the STP;
- The detailed CCG operational plan should be shared with the Health and Wellbeing Board; and
- There was concern about the financial impact of the plans on the Council.

The Cabinet had agreed that the Head of Health, Education, Care and Safeguarding and the Chair of the Health and Wellbeing Board seek more detail on the plans for the NHS and monitor the progress of the STP in North Tyneside on behalf of Cabinet, and where there is likely to be any significant impact for the Borough or the Authority to report back to Cabinet.

In considering the report the Board discussed the impact of changes to urgent and emergency care, social prescribing, the memory service and mental health services.

It was reported that the procurement of an urgent care unit was due to be reported to the CCG’s Board on 28 March 2017. The Board repeated its request to be provided with a copy of a report and action plan arising from a review of the Northumbria Specialist Emergency Care Hospital (NSECH). In the light of these reviews, and the formulation of a Primary Care Strategy it was suggested that the Board take a lead in bringing the different strands of emergency and urgent care planning together to formulate a clear set of recommendations to minimise confusion among the public as to how they should access emergency and urgent care services.

Resolved that the outcome of the Council’s urgent review on the reduction in NHS services and the implications of the Sustainability and Transformation Plan on North Tyneside be noted.

HW59/02/17 Health & Social Care Integration Programme Board Update (Previous Minute HW50/02/17)

The Board received a progress report from the Health and Social Care Integration Programme Board in relation to progress made by two of the four work streams that made up the Integration Programme, New Models of Care and Older People.

The Chair of the Programme Board, Peter Kenrick, explained that the Board had received clarity regarding the results of the review of the Intermediate Care Service and had considered changes in the way the Care Plus pilot service was being developed. A review of the Integration Programme had commenced and this would involve discussions with the chairs of the four integration programme boards.

Resolved that the progress report from the Health and Social Care Integration Programme Board be noted.