

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

Health and Wellbeing Board

15 June 2017

Present: Councillor M Hall (Chair)
Councillors G Bell, K Clark, M A Green and T Mulvenna.
W Burke, North Tyneside Council
H Hudson, North Tyneside Council
J Matthews, North Tyneside Clinical Commissioning Group
J McAteer, Healthwatch North Tyneside
B Bartoli, Northumbria Healthcare NHS Trust
J Carlile, Northumberland, Tyne & Wear NHS Trust
C Swift, North East Ambulance Service
H Minney, TyneHealth
R Burrows, Safeguarding Children Board
G Hurst, Tyne & Wear Fire & Rescue Service
A Watson, North of Tyne Pharmaceutical Committee
D Titterton, Voluntary & Community Sector
Also Present
C Jordan and M Robson, North Tyneside Council
M Adams, North Tyneside Clinical Commissioning Group
G Tebbutt, North East Ambulance Service
D Campbell, Newcastle Hospitals NHS Trust
J Stonebridge, Northumbria Healthcare NHS Trust

HW01/06/17 Chair's Announcements

The Chair reported that North Tyneside Council's services for children in need of help and protection, for children looked after and for care leavers had recently been inspected by Ofsted. The inspection had judged the overall effectiveness of children's services in North Tyneside to be 'Good' with the experiences and progress of care leavers in North Tyneside to be 'Outstanding'. The Chair thanked and congratulated all those officers and partners who had been involved.

The Chair also highlighted and recognised the work of a wide range of public and community organisations who had responded to the recent tragic events in Manchester and London.

Finally the Chair reminded members of the Board's annual planning event to be held on Wednesday 28 June 2017 in the Council's Offices, Quadrant. She urged all members to share details of the event with their colleagues within their respective organisations to ensure that there was good representation at the event.

HW02/06/17 Apologies

Apologies for absence were received from J Old (North Tyneside Council), L Young-Murphy (North Tyneside CCG), P Kenrick (Healthwatch North Tyneside), D Evans (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).

HW03/06/17 Substitute Members

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

H Hudson for J Old (North Tyneside Council)

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

B Bartoli for D Evans (Northumbria Healthcare NHS Trust)

G Hurst for J Pratt (Tyne & Wear Fire & Rescue Service)

C Swift for C Armstrong (North East Ambulance Service)

HW04/06/17 Declarations of Interest and Dispensations

There were no Declarations of Interest or Dispensations reported.

HW05/06/17 Minutes

Resolved that the minutes of the meeting held on 16 March 2017 be confirmed and signed by the Chair.

HW06/06/17 The Role of the North East Ambulance Service in the Urgent Care Service

John Matthews, Chair of the North Tyneside Clinical Commissioning Group (CCG), introduced a presentation from the North East Ambulance Service outlining its contribution to the delivery of urgent and emergency care services in North Tyneside. The CCG had recently reviewed urgent care (Previous Minute HW32/11/16) which had demonstrated that the current system, together with its links to emergency care, were perceived as being confusing and difficult to access.

Clare Swift and Graham Tebbutt from the North East Ambulance Service (NEAS) explained that the service provided an emergency care service (in response to 999 calls), urgent medical help and advice (in response to 111 calls) and a patient transport service for pre-planned non-emergencies. NEAS served an area of 3,200 square miles, a population of 2.7 million people and it employed over 2,500 staff. It received 1.5 million calls every year and responded to over 1,000 incidents a day. In November 2016, NEAS had been rated as "Good" by the Care Quality Commission following an inspection.

The Board were presented with performance data which showed how NEAS had performed in terms of the time taken to respond to different categories of emergency in North Tyneside as compared to the whole region.

NEAS continued to develop its clinical assessment service including enhanced 111 triage, revalidation of ambulance calls, the introduction of welfare checks and the establishment of mental health pathway to local crisis teams. There were also plans to expand the range of pathways which could be directly accessed via NEAS including the recruitment of pharmacists, an out of hours dental pathway, clinical triage of calls from nursing homes and a 'speak to' primary care out of hours service.

There had been a clear improvement in providing care closer to home with a 20% increase between 2015/16 and 2016/17 in "hear and treat" volumes and a 3.7% reduction in patients conveyed to emergency departments.

In terms of partnership working, NEAS had been working with mental health trusts to improve patient pathways, it had been operating a co-responding trial with fire and rescue services and better links with palliative care services had been developed in conjunction with MacMillan Cancer Support and GPs.

Whilst noting NEAS's performance in responding to emergency "red" calls the Board also considered its performance in relation to those non-life threatening calls categorised as "green" which together with delays in the handover of patients in emergency departments had been the source of dissatisfaction among users. It was stated that NEAS's performance in relation to all categories of emergency was regularly and publicly reported to the CCG Board. Members of the Board also examined in more detail the pressures on the service which had occurred over the Christmas period and the steps taken to recruit and train additional clinical staff. In terms of what partners could do to assist the NEAS, it was seeking support to help minimise handover delays, develop alternative community based care pathways thereby minimising admissions to hospital and to increase NEAS's relatively low medics per population ratio.

The Chair thanked the representatives of the North East Ambulance Service for their presentation which had aided Members' understanding of the role the service played in delivering the urgent and emergency care system in North Tyneside.

HW07/06/17 Northumberland, Tyne & Wear and North Durham Sustainability and Transformation Plan (Previous Minute HW46/02/17)

Mark Adams, Chief Officer of North Tyneside CCG, gave a presentation in relation to the progress made in relation to the Northumberland, Tyne & Wear and North Durham Sustainability and Transformation Plan (STP). The Board were reminded of the geographical footprint covered by the STP, including Northumberland, Tyne & Wear and North Durham, and the three gaps to be addressed, relating to health and wellbeing, care and quality and funding and finance. Following various delays the feedback from the engagement exercise on the draft STP was due to be announced in the near future.

The governance arrangements for the STP were presented which were now to incorporate a joint overview and scrutiny committee established by the local authorities in the area. Thirteen transformation delivery groups had been established to deliver different aspects of the plan including a prevention workstream.

Wendy Burke, Director of Public Health, reported that in response to very similar issues being identified in both the Northumberland, Tyne & Wear and North Durham and Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby STP footprints, a single prevention workstream had been created across both footprints. The aim of the group would be to provide leadership to each of the identified prevention priorities of the STP programmes that will close the health and wellbeing gap. The group would ensure that a suitably detailed case for change be made and specific work plans for each priority with identified outcomes and monitoring arrangements would be put in place.

Wendy Burke outlined the identified prevention priorities which included reducing the rate of smoking attributable admissions and smoking prevalence. It was stated that in North Tyneside 16.4% of the population smoked which equated to 26,000 people. This figure multiplied by the number of local authority areas included in the workstream illustrated the scale of the task and the benefits of tackling the issue on a region wide basis.

The Board considered the broader issues of individual choice, poverty and community empowerment and their impact on inequalities in health. The Board were reminded that the STP was about how the NHS's resources could best be utilised to begin to treat issues such as smoking in the same way as it currently treat cancer.

The Chair thanked Mark Adams and Wendy Burke for their presentation and she anticipated that as the STP process progressed the Board would continue to receive regular reports.

HW08/06/17 Alcohol Strategic Partnership Update Report (Previous Minute

Following the Board's Alcohol Action Day in September 2015, key stakeholders and agencies from the NHS, public health, housing, employment, social care, children services, safeguarding and criminal justice had formed an Alcohol Strategic Partnership with the aim of developing a plan to tackle alcohol misuse across North Tyneside. The Board received a progress report on the development an action plan and the key achievements to date.

The Board also received the partnership's work programme for the forthcoming year which included a self-assessment, training to promote clear pathways to specialist assessment for those who may be dependent and participation in the Sustainability and Transformation Plan prevention workstream to upscale action on alcohol in the NHS setting across the North East.

In considering the progress report, the Board paid particular attention to:

- a) the role of the local authority in licensing the sale of alcohol and the opportunities to work with license holders;
- b) the need to establish shared pathways across different agencies for those most serious cases, including links with mental health services;
- c) the capacity of agencies to identify geographical areas of concern which may be addressed through the licensing regime;
- d) the evidence from the reducing number of alcohol related admissions to hospital that the work of the partnership was having a positive impact.

Officers undertook to provide members of the Board with supplementary information relating to the harm caused by alcohol.

Resolved that (1) the development of the Alcohol Strategic Partnership's action plan and its key achievements to date be noted; and
(2) the Partnership's work programme for the forthcoming year be approved.

HW01/06/17 Healthwatch North Tyneside

Jenny McAteer, Director of Healthwatch North Tyneside, gave a presentation in which she summarised the feedback received from residents of North Tyneside about health and social care services and the key areas of work Healthwatch had undertaken during the period from October 2016 to March 2017. The Board heard about the range of complaints and complements received regarding hospitals, GPs, services for carers, mental health services and urgent care, what Healthwatch had done in terms of amplifying users views and concerns by making reports and recommendations and what it had planned for the future.

In response to the issues raised by Healthwatch's work the Board were presented with details of ongoing work to enhance services for carers, including a new signposting website mycare.gov.uk, and to deal with a significant increase in demand for mental health services. The Board also considered how the information gathered by Healthwatch could be analysed together with data from the individual complaints systems within each NHS organisation to help identify any trends or early warning signs.

Resolved that the concerns gathered from residents of North Tyneside and the progress made by Healthwatch North Tyneside in addressing its priorities be noted.

HW08/06/17 Pharmacy Regulations and Pharmaceutical Needs Assessment (Previous Minute HW57/03/17)

The Board considered proposals as to how it would discharge its statutory responsibilities to publish a Pharmaceutical Needs Assessment (PNA) and to consider applications from pharmacies to merge and provide services from one of the two current premises.

The Council's Director of Public Health and the Chief Operating Officer of the Clinical Commissioning Group (CCG) had agreed that they would be jointly responsible for ensuring that the PNA was reviewed, updated and published by 1 April 2018. An implementation plan had been developed and was submitted to the Board. A steering group would be formed comprising key partners from the CCG, TyneHealth, NHS England, North of Tyne Local Pharmaceutical Committee, Healthwatch North Tyneside and the Council.

It was noted that a representative of the local pharmaceutical committee would serve on the steering group to enable input from that sector. The review of the PNA would include consideration of whether to include provision for the urgent supply of medicine out of hours and the impact of proposed future housing developments contained within the Council's Local Plan.

The Board were also presented with a proposed process to deal with any applications for the merger of two pharmacies. The process would involve applications being received by the Chair of the Board and all members of the Board having an opportunity to consider any applications and make comments. Members of the Board would be provided with relevant advice and guidance to enable them to make informed comments in relation to any applications. The Director of Public Health, in consultation with the Chair of the Board, would be authorised to decide on whether to make representations to NHS England, in the light of any comments from Board members.

Resolved that (1) the proposed process for reviewing, updating and publishing the Pharmaceutical Needs Assessment be approved;
(2) the proposed process for dealing with applications for the merger of two pharmacies be approved, including the Director of Public Health, in consultation with the Chair of the Board, being authorised to decide on whether to make representations to NHS England; and
(3) the terms of reference of the Board be amended in light of the new responsibilities under the Pharmaceutical Regulations.

(Reason for decision: To enable the Board to fulfil its statutory obligations.)