



**North Tyneside Council**

4 September 2019

# Health & Wellbeing Board

A meeting of the Health & Wellbeing Board will be held:-

on **Thursday 12 September 2019**

at **2.00pm**

in **Room 0.02, the Council's offices, Quadrant, The Silverlink North, Cobalt Business Park, North Tyneside, NE27 0BY**

## Agenda Item

Page(s)

1. **Chair's Announcements**

2. **Apologies for Absence**

To receive apologies for absence from the meeting.

3. **Appointment of Substitute Members**

To receive a report on the appointment of Substitute Members.

Any Member of the Board who is unable to attend the meeting may appoint a substitute member. The Contact Officer named below must be notified prior to the commencement of the meeting.

**Continued overleaf**

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<b>Item</b>		<b>Page(s)</b>
4.	<p><b>To Receive any Declarations of Interest and Dispensations</b></p> <p>Voting Members of the Board are invited to declare any registerable and/or non-registerable interests in matters appearing on the agenda, and the nature of that interest. They are also invited to disclose any dispensation in relation to any registerable and/or non-registerable interests that have been granted in respect of any matters appearing on the agenda.</p> <p>Non voting members are invited to declare any conflicts of interest in matters appearing on the agenda and the nature of that interest.</p> <p>Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.</p>	
5.	<p><b>Minutes</b></p> <p>To confirm the minutes of the meeting held on 13 June 2019.</p>	4
6.	<p><b>Advancing our health: Prevention in the 2020s</b></p> <p>To receive a presentation on the Government's prevention green paper. The consultation paper is available at <a href="https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s">https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s</a> and a copy of the executive summary is attached.</p>	9
7.	<p><b>Strategic Objective No. 3 “To tackle obesity across the life course”</b></p> <p>To receive an update on delivery of the Board's strategic objective to tackle obesity across the life course in North Tyneside.</p>	14
8.	<p><b>Multi Agency Safeguarding Arrangements</b></p> <p>To advise the Board of the proposals to create new Multi-Agency Safeguarding Arrangements (MASA) in North Tyneside.</p>	42
9.	<p><b>Better Care Fund Plan 2019/20</b></p> <p>To consider a proposed plan for the Better Care Fund covering the financial year 2019/20.</p>	60
10.	<p><b>Future Care Programme</b></p> <p>To receive a presentation outlining the work of the Future Care Programme Board and its relationship with the Integrated Care System and the Health &amp; Wellbeing Board.</p>	-

**Members of the Health and Wellbeing Board:-**

Councillor Margaret Hall (Chair)  
Councillor Muriel Green (Deputy Chair)  
Councillor Matt Wilson  
Councillor Tommy Mulvenna  
Councillor Karen Clark  
Wendy Burke, Director of Public Health  
Jacqui Old, Head of Health, Education, Care and Safeguarding  
Richard Scott, North Tyneside NHS Clinical Commissioning Group  
Lesley Young-Murphy, North Tyneside NHS Clinical Commissioning Group  
Judy Scott, Healthwatch North Tyneside  
Paul Jones, Healthwatch North Tyneside  
Christine Briggs, NHS England  
Kate Simpson, Newcastle Hospitals NHS Foundation Trust  
Claire Riley, Northumbria Healthcare NHS Foundation Trust  
Kedar Kale, Northumberland, Tyne & Wear NHS Foundation Trust  
Paul Stanley, TyneHealth  
Craig Armstrong, North East Ambulance Service  
Lynsey McVay, Tyne & Wear Fire & Rescue Service  
Dawn McNally, Age UK  
Andy Watson, North Tyne Pharmaceutical Committee  
Richard Burrows, North Tyneside Safeguarding Children Board  
Vacancy, Voluntary and Community Sector Chief Officers  
Dean Titterton, YMCA North Tyneside

(Note: These minutes are subject to confirmation at the next meeting of the Board scheduled to be held on 12 September 2019.)

## **Health and Wellbeing Board**

**13 June 2019**

Present: Councillor M Hall (Chair)  
Councillors T Brady, M A Green, T Mulvenna and K Clark  
W Burke, North Tyneside Council  
H Hudson, North Tyneside Council  
R Scott, North Tyneside CCG  
L Young-Murphy, North Tyneside CCG  
I Kitt, Healthwatch North Tyneside  
P Jones, Healthwatch North Tyneside  
N Bruce, Newcastle Hospitals  
J Coe, Northumbria Healthcare  
K Kale, NTW Trust  
S Thompson, TyneHealth  
K Soady, Tyne and Wear Fire and Rescue  
D McNally, Age UK North Tyneside  
A Watson, Pharmaceutical Committee  
R Burrows, Safeguarding Children Board  
D Titterton YMCA North Tyneside

Also Present:

J Holmes, North Tyneside Council  
R Nicholson, North Tyneside Council  
S Meins, North Tyneside Council  
A Paradis, North Tyneside CCG

### **HW01/06/19 Apologies**

Apologies for absence were received from Councillor M Wilson and Catherine Hearne (Voluntary and Community Sector).

### **HW02/06/19 Substitute Members**

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

Councillor T Brady for Councillor M Wilson  
S Thompson for P Stanley (Tynehealth)  
J Coe for C Riley (Northumbria Healthcare)  
N Bruce for K Simpson (Newcastle Hospitals)  
K Soady for L McVay (Tyne and Wear Fire and Rescue)

### **HW03/06/19 Declarations of Interest and Dispensations**

There were no declarations of interest or dispensations reported.

## **HW04/06/19 Minutes**

In relation to the last meeting on 11 April 2019, It was noted that Professor Burns had made reference to prevention and early intervention. It was suggested that organisations can have different understandings and approaches to prevention and it may be helpful to receive a future presentation on these different approaches.

**Resolved** that the minutes of the meeting held on 11 April 2019 be confirmed and signed by the Chair.

### **HW03/06/19 Report on the Board's Strategic Objectives No.s 4 and 7 'Comprehensive support for people with dementia' and 'To improve the mental and emotional resilience of the North Tyneside Population'**

#### **1. Children and Young People**

The Board considered the information contained in the report in relation to the Children and Young People's Mental Health and Emotional Wellbeing Strategy 2016-21.

It was noted that the three strategic priorities are:

- Promoting Resilience, Prevention and Early Intervention;
- Improving Access to Support
- Services for High Risk and Vulnerable Groups

In relation to promoting resilience, prevention and early intervention there has been a focus on the schools agenda. In support of this a trailblazer application has been submitted to NHS England in relation to funding for Mental Health Support Teams in schools.

There was some discussion about the CAMHS service and it was acknowledged that there are pressures on the service and increased waiting times, particularly in relation to neurodevelopmental assessments. This is believed to be linked with increasing awareness of AHAD and Autism and an increase in numbers coming forward for assessment. There has been some additional investment by the CCG through the Helios team aimed at reducing wait times through the introduction of core CAMHS assessment and interventions using an online/Skype type model of delivery.

It was noted that a peer review process was working with CAMHS to understand what can be done better and what other services could be provided to reduce the pressure on CAMHS. It was acknowledged that CAMHS may not always be the answer, but is often seen as the only service available to refer to. Members requested that an update report/presentation on CAMHS should be provided to the Board in 6 months time.

The Director of Public Health highlighted that the majority of young people do enjoy good mental health and well-being. But it is important to work hard across the system to support those who don't, and developing capacity in schools is a big part of this. It was also highlighted that universal services are important, in addition to the commissioning of specialist services.

#### **2. Working Age Adults**

The Board considered the update on the Joint Mental Health and Wellbeing Strategy 2016-21 Working Age Adults.

It was noted that this is a multi-agency strategy across the Local Authority and the NHS and is supported by partner agencies and organisations. The strategy highlights six achievements linked to the overarching objective of improving the mental health and emotional resilience of the working age population in North Tyneside.

The Board noted progress in relation to early intervention and prevention aimed at reducing the pressure on secondary mental health services.

The Board was interested to note that, as part of the recommendation from the Crisis review carried out by North Tyneside Healthwatch, the CCG has commissioned a new service called Together in a Crisis. This is a non-clinical response to people identified as being in crisis but who don't meet the threshold for statutory crisis provision.

The Board noted the update in relation to suicide prevention, including the suicide prevention work being carried out across the Integrated Care System and noted that 440K of funding has been awarded by NHS England to support this work.

In relation to reducing mortality in people with serious mental illness, there was some discussion about the target for carrying out a comprehensive physical health check. The national target is 50% but is rising to 60% next year. North Tyneside is currently achieving 46.2% which is in the top 15% nationally but below the standard. CCG is developing a scheme to address this with primary care practitioners. It was suggested that a report should be provided to a future meeting to show progress in this area.

There was some discussion about the work to reduce the suicide rate in North Tyneside and the impact this has had. It was noted that numbers are small and fluctuate and often those at risk are not known to mental health services. Although trends are not increasing, they are also not decreasing, and the rate in North Tyneside remains above the national average. In relation to training in this area, officers agreed to look to facilitate something with the third sector in North Tyneside if this would be useful.

### 3. Mental Wellbeing in Later Life Strategy 2018-23

It was noted that the Mental Wellbeing in Later Life Strategy is aimed at ensuring the needs of older people are properly considered and to improve mental health and dementia services and support for older people and carers.

It was noted that a new Mental Wellbeing in Later Life Board was set up in June 2018 to oversee the actions identified in the strategy. There had been some delay in establishing the Board, but members have now been identified and actions are underway to identify priorities and avoid any duplication with other areas of work.

There was a discussion about some of the areas of work that had been undertaken including consultation with residential and nursing homes, support to train staff in care homes so they are better able to deal with mental health issues, and the mental health transport service.

There was a discussion about 'Dementia Friendly Communities'. It was suggested that developments in this area have not been maintained over the last year and more resources are needed. Members of the Board expressed their support for North Tyneside to be registered as a Dementia Friendly Community and it was suggested that a small group of officers should be convened to scope out this work and bring a report back to the next meeting. Age UK stated that they would like to be involved in this group.

The Chair thanked officers for the comprehensive report.

**Resolved** that (1) the Board agreed progress to date and future work outlined in this report in respect of:

- Children and Young People's Strategy
- Join Mental Health and Wellbeing Strategy
- Mental Wellbeing in Later Life Strategy

(2) an update report on CAMHS should be presented to the Board in 6 months time;

(3) a report on progress against the target for carrying out physical health checks for those with a severe mental illness be presented to a future meeting of the Board; and

(4) North Tyneside should work towards being registered as a Dementia Friendly Community and that a report be brought back to the next meeting on this.

## **HW04/06/19 Healthwatch North Tyneside**

The Board considered the report from Healthwatch North Tyneside which provided a progress update on the work of Healthwatch North Tyneside (HWNT), set out identified priorities for 2019/20 and provided an overview of feedback received.

It was noted that Healthwatch North Tyneside had conducted their first annual survey which had been successful and had received 531 responses. This was a high response rate and included responses from groups who don't usually respond to health surveys, including men. This was proving a useful basis to feed back to health services and also for setting priorities going forward.

The following service priorities have been identified for 2019/20:

- Cancer Services
- Older People's Mental Health
- Access to GP and Primary Care
- NHS 111

It was noted that Healthwatch has been commissioned by NHS England to undertake some work in relation to the NHS Ten Year Plan.

The Chair thanked Healthwatch North Tyneside for the report.

## **HW05/06/19 Primary Care Networks**

Dr Richard Scott provided a presentation on Primary Care Networks.

It was noted that Primary Care Networks (PCNs) formed part of the developments around place based future care. This is focussed on providers working together, strengthening primary/community services and hospital by exception. The NHS Long Term Plan confirmed a £4.5 billion uplift to primary medical and community health services with the objective of improving out-of-hospital care. In addition, all of England will be covered by integrated care systems (ICSs) by April 2021 and key responsibilities placed on PCNs.

It was noted that PCNs will be formed by groups of GP practices commissioned to provide primary care services to scale. They will typically cover 30-50,000 patients and will be delivered and funded via a contract. It was noted that PCNs in North Tyneside would be based around four established GP localities: North West, Whitley Bay, North Shields and Wallsend.

It was noted that the PCNs will go live in July 2019 and that the contract covers the following three specific areas in the first year: Extended Hours Access; Clinical Pharmacy; and Social Prescribing. PCNs will be led by a Clinical Director in each locality.

There was some discussion about how the governance of the networks will work and where public accountability and the patient voice would fit into the structure. The Board was advised that PCNs are not intended to be organisational structures but more a way of working across groups of practices. The PCNs will be working under a contract with the CCG.

Members of the Board raised some questions about the involvement of other health organisations within the partnership area, and it was highlighted that GPs form only one part of the primary care picture. It was noted that PCNs are partnerships of GP practices, but it is not clear if this could develop further over time.

A specific issue was raised about the role of community pharmacies within the partnerships. It was noted that community pharmacies did not form part of the PCN contract but that this is something that could be discussed further outside of the meeting.

There was some discussion about the role of Physician Associates, which was one of the additional roles highlighted in the presentation as forming part of the workforce of PCNs in 2020/21. It was noted that these are doctor assistant roles that could be rolled out in the future, and was a role that was used in the US system.

At the end of the discussion an issue was highlighted about changes to child safeguarding arrangements which will come into effect in October 2019 with responsibility passing to the local authority, police and CCG on an equal footing. It was noted that an update on this would be available in September 2019.

The Chair thanked Dr Scott for the presentation.

**Resolved** that the Board should receive a further report on progress with PCNs once they have been in operation for a year.





HM Government

# **Advancing our health: prevention in the 2020s**

Published July 2019

# Executive summary

## 1. Opportunities

The 2020s will be the decade of proactive, predictive, and personalised prevention. This means:

- targeted support
- tailored lifestyle advice
- personalised care
- greater protection against future threats

New technologies such as genomics and artificial intelligence will help us create a new prevention model that means the NHS will be there for people even before they are born. For example, if a child had inherited a rare disease we might be able to diagnose and start treatment while they are still in the womb, so they are born healthy.

Using data held by the NHS, and generated by smart devices worn by individuals, we will be able to usher in a new wave of intelligent public health where everyone has access to their health information and many more health interventions are personalised.

In the 2020s, people will not be passive recipients of care. They will be co-creators of their own health. The challenge is to equip them with the skills, knowledge and confidence they need to help themselves.

### **We are:**

- **Embedding genomics in routine healthcare** and making the UK the home of the genomic revolution
- **Reviewing the NHS Health Check** and setting out a bold future vision for NHS screening
- **Launching phase 1 of a Predictive Prevention** work programme from Public Health England

## 2. Challenges

Over the decades, traditional public health interventions have led to significant improvements in the nation's health.

Thanks to our concerted efforts on smoking, we now have one of the lowest smoking rates in Europe with fewer than 1 in 6 adults smoking. Yet, for the 14% of adults who still smoke, it's the main risk to health. Smokers are disproportionately located in areas of high deprivation. In Blackpool, 1 in 4 pregnant women smoke. In Westminster, it's 1 in 50.

Obesity is a major health challenge that we've been less successful in tackling. And clean air will continue to be challenging for the next decade. On mental health, we've improved access to services. In the 2020s, we need to work towards 'parity of esteem' not just for how conditions are treated, but also for how they are prevented. On dementia, we know 'what's good for your heart is also good for your head'. A timely diagnosis also enables people with dementia to access the advice, information, care and support that can help them to live well with the condition, and to remain independent for as long as possible.

The new personalised prevention model offers the opportunity to build on the success of traditional public health interventions and rise to these new challenges.

The NHS is also doing more on prevention. The Long Term Plan contained a whole chapter on prevention, and set out a package of new measures, including:

- all smokers who are admitted to hospital being offered support to stop smoking
- doubling the Diabetes Prevention Programme
- establishing alcohol care teams in more areas
- almost 1 million people benefiting from social prescribing by 2023 to 2024

These measures will help to shift the health system away from just treating illness, and towards preventing problems in the first place.

### We are:

– **Announcing a smoke-free 2030 ambition**, including options for revenue raising to support action on smoking cessation.

– **Publishing Chapter 3 of the Childhood Obesity Strategy**, including bold action on: infant feeding, clear labelling, food reformulation improving the nutritional content of foods, and support for individuals to achieve and maintain a healthier weight. In addition, driving forward policies in Chapter 2, including ending the sale of energy drinks to children.

– **Launching a mental health prevention package**, including the national launch of [Every Mind Matters](#).

### 3. Strong foundations

When our health is good, we take it for granted. When it's bad, we expect the NHS to do their best to fix it. We need to view health as an asset to invest in throughout our lives, and not just a problem to fix when it goes wrong. Everybody in this country should have a solid foundation on which to build their health.

This is particularly important in the early years of life. Most children are born into safe and loving homes that help them develop and thrive. But this is not always the case. We must help all children get a good start in life.

This 'asset-based approach' should then follow through to other stages of life, including adulthood and later life. It's difficult to live a fulfilling life if you're worried about money, live in cold or damp conditions, or feel cut-off from those around you.

At national level, we will lay the foundations for good health by pushing for a stronger focus on prevention across all areas of government policy. At local level, we expect different organisations to be working together on prevention. This means moving from dealing with the consequences of poor health to promoting the conditions for good health and designing services around user need, not just the way we've done things in the past.

#### **We will:**

– **Launch a new health index** to help us track the health of the nation, alongside other top-level indicators like GDP

– **Modernise the Healthy Child Programme**

– **Consult on a new school toothbrushing scheme, and support water fluoridation**

### Conclusion

The commitments outlined in this green paper signal a new approach for the health and care system. It will mean the government, both local and national, working with the health and care system, to put prevention at the centre of all our decision-making. But for it to succeed, and for us to transform the NHS and improve the nation's health over the next decade, individuals and communities must play their part too. Health is a shared

responsibility and only by working together can we achieve our vision of healthier and happier lives for everyone.

To respond to this consultation, visit <http://www.gov.uk>. Alternatively, if you're reading the HTML version, just click the questions themselves, which will take you through to the consultation webpage.

# North Tyneside Health & Wellbeing Board Report Date: 12 September 2019

## ITEM 7

**Title: Tackling Obesity  
across the Life Course –  
Progress Report**

**Report from :** North Tyneside Council: Public Health Team

**Report Author:** Heidi Douglas (Tel: 0191 643 2120)

**Relevant Partnership Board:** North Tyneside Healthy Weight Alliance

### 1. Purpose:

The purpose of this report is to provide an update on progress in relation to the Health and Wellbeing Board's priority to tackle obesity across the life course in North Tyneside.

### 2. Recommendation(s):

The Board is recommended to:

- a) note the content of the report;
- b) acknowledge the trends and current data on obesity in North Tyneside; and
- c) approve the North Tyneside Healthy Weight Alliance Action Plan.

### 3. Policy Framework

The Joint Health and Wellbeing Strategy 2013-23 has a priority to address premature mortality and reduce the life expectancy gap. Obesity as an independent risk factor is associated with cancer, cardiovascular disease and type 2 diabetes; reducing the prevalence of obesity in North Tyneside will contribute to reducing the gap in life expectancy and addressing premature mortality.

This item also relates to objective 3 in the Joint Health and Wellbeing Board work plan, with specific reference to Tackling Obesity across the Life Course.

Key national policy to address obesity includes:

- Childhood Obesity Plan Chapter 1 and Chapter 2: A Plan for Action
- Making obesity everybody's business – a whole systems approach to obesity

These policy documents provide the context and describe the local action to be taken by Local Authorities.

## 4. Information:

### 4.1 Introduction

The issue of obesity is challenging; its causes are complex and include behaviour, environment, biology and physiology as well as culture. Obesity is a major determinant of premature mortality and avoidable ill health. The impact of obesity; socially, economically and physically are pervasive and need to be understood from a breadth of perspectives in order to be adequately addressed. Obesogenic environments, poor diet combined with sedentary lifestyles have resulted in a high prevalence of adults who are overweight and obese. It's estimated that the NHS spent £6.1 billion on overweight and obesity-related ill-health in 2014 to 2015<sup>1</sup>.

It is now well understood that the food we eat plays a significant contribution to the national and global obesity epidemic. Decades of change to the global food system along with bad dietary habits is now acknowledged to contribute to the obesity epidemic however this represents the tip of the iceberg in relation to adverse health consequences of a poor diet<sup>2</sup>.

Childhood obesity is a good indicator of adult obesity. Children who are obese or overweight are more likely to experience bullying, low-esteem and a lower quality of life and they are highly likely to go on to become overweight adults at risk of cancer, heart and liver disease<sup>3</sup>. It is estimated that 70% - 80% of obese children will remain obese throughout their adulthood<sup>4</sup>.

At a national level there is a strong recognition that it will be a considerable number of years before the current trend for increasing levels of obesity across the life course will be reversed and this is reflected in the national ambition to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030<sup>5</sup>.

The pattern of childhood obesity is strongly associated with deprivation; however the association between obesity and deprivation in adults is not as strong.

Approximately two thirds of all adults aged over 16 are either overweight or obese; this means that the majority of adults are either overweight or obese. Prevalence increases with age in 2017 in England 78% of men aged 45-74 years were obese or overweight, compared to 33% of men aged 16-24, this pattern is replicated for women however women tend to have lower rates compared to men; this is illustrated in figure 1 below<sup>6</sup>.

The scale of the challenge should not be underestimated in 2017 the majority of adults in England were overweight or obese (64.3%), with only 34% having a healthy weight<sup>6</sup>. The proportion of adults by weight classification is presented in figure 2 below.

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<sup>1</sup> <https://publichealthmatters.blog.gov.uk/2017/03/31/health-matters-obesity-and-the-food-environment/>

<sup>2</sup> It is time to bust the myth of physical inactivity and obesity: you cannot outrun a bad diet – British Journal of Sports Medicine <https://bjsm.bmj.com/content/49/15/967>

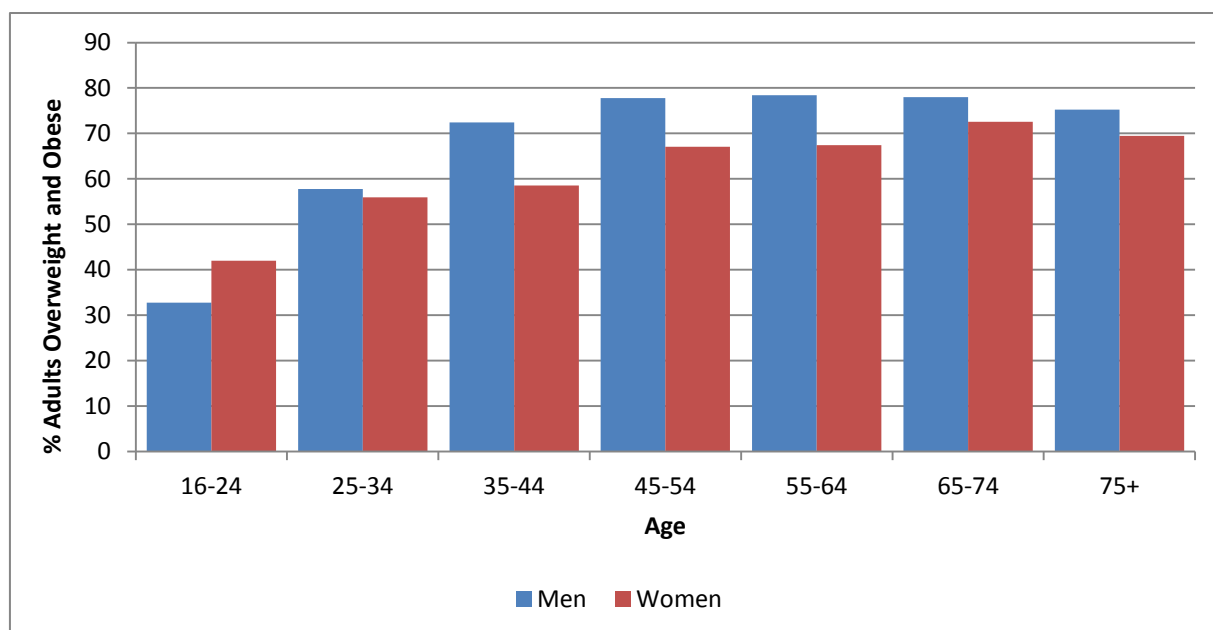
<sup>3</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/718903/childhood-obesity-a-plan-for-action-chapter-2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/718903/childhood-obesity-a-plan-for-action-chapter-2.pdf)

<sup>4</sup> [http://eprints.whiterose.ac.uk/94942/1/Simmonds\\_et\\_al\\_2015\\_Obesity\\_Reviews.pdf](http://eprints.whiterose.ac.uk/94942/1/Simmonds_et_al_2015_Obesity_Reviews.pdf)

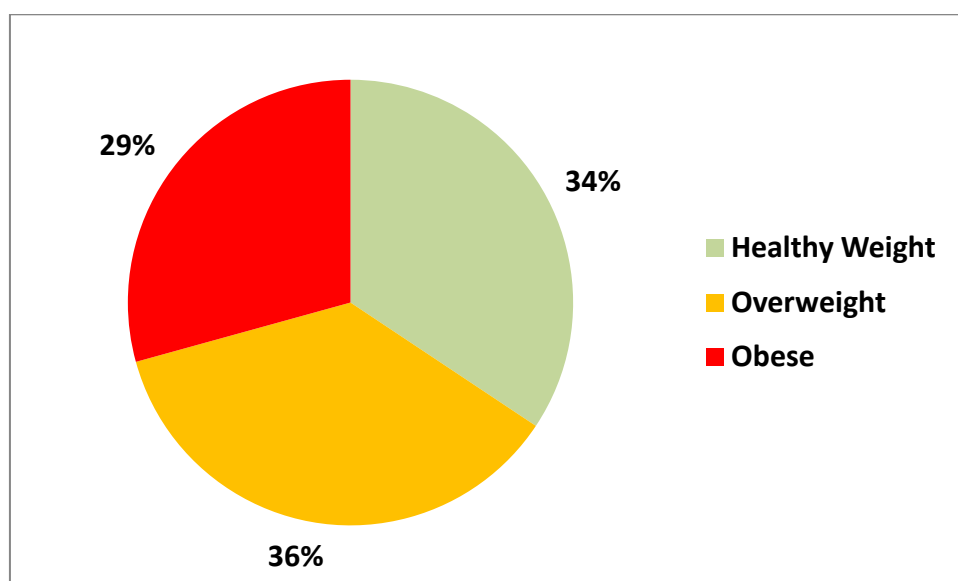
<sup>5</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/718903/childhood-obesity-a-plan-for-action-chapter-2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/718903/childhood-obesity-a-plan-for-action-chapter-2.pdf)

<sup>6</sup> Health Survey for England 2017 available at: <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017>

**Figure 1: Prevalence - Adults Obese and Overweight by Age Group - England 2017**



**Figure 2: Adult (aged 16+) classification of weight 2017<sup>6</sup>**



## 4.2 How are we doing in North Tyneside

Given that North Tyneside has similar overweight and obesity prevalence rates to England it is estimated that in North Tyneside each year around **400** young people will start their adulthood as an obese adult and **300** of these will remain obese through adulthood. There are **61,500** adults that are overweight and a further **49,500** that are obese<sup>7</sup>.

<sup>7</sup> Based upon ONS 2019 population estimates available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2>



The trend data for the National Child Measurement Programme in North Tyneside shows that there has been a reduction in the prevalence of excess weight (overweight and obese) for children in both reception and year 6. However the prevalence of obesity in year 6 pupils has not reduced. North Tyneside has similar rates of obesity as England and lower rates than many other authorities in the North East.

Trend data for adults shows that North Tyneside has similar rates of obesity as England.

A detailed analysis of local data for North Tyneside on obesity for children and adults is presented in appendix 1.

### **4.3 What action are we taking in North Tyneside?**

It is important to highlight that high prevalence of obesity is a reflection of, and is an entirely normal response to the environment (social, economic, commercial) that many people find themselves in and not about individuals who "lack willpower"<sup>8</sup>. However the evidence base and available interventions have traditionally focussed on changing individual behaviour. The scale of the challenge in tackling both childhood and adult obesity requires the whole system to work together.

Tackling obesity across the life course is a key priority for the North Tyneside Joint Health and Wellbeing Board and a Healthy Weight Alliance has been established to develop a whole systems approach to addressing obesity and develop shared programmes of work. A key objective of the programme is to identify synergies and win-wins across local authority departments, with the contribution of other partner organisations.

Embedded in the whole systems approach in North Tyneside is the learning from the discovery phase of the National Childhood Obesity Trailblazer Programme. Although North Tyneside was not successful in the second round, the learning from the work undertaken has informed the local delivery plan and has also raised issues at a national level regarding the school food environment. As a result of participation in the National Childhood Obesity Trailblazer Programme in North Tyneside we identified two key policy areas for further work:

- Developing a North Tyneside School Food Environment Policy
- Optimising the closure of schools streets to cars as a means to increase active transport

The Healthy Weight Alliance has developed a whole system map that captures the root causes, drivers and influences on obesity; from this a delivery plan for the alliance has been developed (appendix 2). This plan describes the actions, measures and anticipated outcomes required to reduce the prevalence of childhood and adult obesity as well as preventing obesity.

The Healthy Weight Alliance Delivery Plan has seven priority areas which are:

1. Pregnancy and Early Years
2. School Aged Children and the Whole School Environment
3. Improving Access to Services for Target Groups
4. Providing Support for Healthy Weight in the NHS

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<sup>8</sup> Greg Fell: 12<sup>th</sup> October 2018: <https://twitter.com/felly500/status/1050854961607831552>

5. Promoting Healthy Weight Environments
6. Building Capacity and Engaging Communities
7. Marketing and Public Health Campaigns

The plan has been informed by evidence of what works, national guidance and includes the collective actions from a range of partners across North Tyneside. The plan incorporates and builds upon the work of Active North Tyneside, which provides targeted interventions to improve healthy weight and increase access to physical activity. A summary of activity from 2018-19 is detailed in appendix 3.

## **5. Decision options:**

There are two recommendations for the Board to consider:

- Acknowledge the trends and current data on obesity in North Tyneside
- Approve the North Tyneside Healthy Weight Alliance action plan

Option 1: The Board accepts both recommendations.

Option 2: Alternatively, the Board may not accept the recommendations and ask Officers to review the information further and represent at a later date.

Option 1 is the preferred option.

## **6. Reasons for recommended option:**

This will allow Officers from the Authority and other partner Organisations to progress the North Tyneside Healthy Weight Alliance Delivery plan and address the priorities that the Health and Wellbeing Board has set for 2018/20.

## **7. Appendices:**

Appendix 1: Childhood and Adult Obesity Data Set: North Tyneside

Appendix 2: North Tyneside Healthy Weight Alliance Delivery Plan 2019 – 2021

Appendix 3: Active North Tyneside Annual Report: Executive Summary 2018-19

## **8. Contact officers:**

Heidi Douglas: Consultant in Public Health, North Tyneside Council (0191 643 2120)

## **9. Background information:**

The following background documents have been used in the compilation of this report and are available from the author:-

[National Childhood Measurement Programme and Childhood Obesity Profiles](#)

[Health Survey for England 2017](#)

[PHE Fingertips](#)

[Whole System's Approach to Obesity](#)

[National Childhood Obesity Action Plan \(Chapter 1\)](#)

[National Childhood Obesity Action Plan \(Chapter 2\)](#)

## COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

### 10 Finance and other resources

The North Tyneside Healthy Weight Alliance Delivery Plan should not have any expected financial implications as any actions identified will be managed within current budgets.

### 11 Legal

There are no direct legal implications arising from this report.

### 12 Consultation/community engagement

The discovery phase of the National Childhood Obesity Trailblazer Programme involved consultation with key stakeholders and engagement of children, young people and families. The results from this informed the second phase application and have also informed the North Tyneside Healthy Weight Alliance Delivery Plan.

### 13 Human rights

There are no human rights implications directly arising from this report.

### 14 Equalities and diversity

There are no equalities and diversity implications directly arising from this report.

### 15 Risk management

Each partner organisation will be required to undertake its own risk assessment relating to any actions delivered as outlined in the North Tyneside Healthy Weight Alliance Delivery Plan.

### 16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

## SIGN OFF

Chair/Deputy Chair of the Board	<input checked="" type="checkbox"/>
Director of Public Health	<input checked="" type="checkbox"/>
Director of Children's and Adult Services	<input checked="" type="checkbox"/>
Director of Healthwatch North Tyneside	<input checked="" type="checkbox"/>
CCG Chief Officer	<input checked="" type="checkbox"/>
Chief Finance Officer	<input checked="" type="checkbox"/>
Head of Law & Governance	<input checked="" type="checkbox"/>

## **North Tyneside Childhood and Adult Obesity Data Set**

### **1. Prevalence of Childhood Obesity: National and Local Data**

- 1.1. The National Childhood Measurement Programme (NCMP) has collected data on children's weight since 2004 and the programme is a key element of the Government's approach to tackling childhood obesity by annually measuring over one million children in reception (aged 4–5 years) and year 6 (aged 10–11 years) in mainstream state-maintained schools in England.
- 1.2. The NCMP figures for 2017/18 confirm the overall scale of childhood obesity in England. The data has told a similar story for several years now which is, by the time children get to Year 6 the rate of obese children almost doubles, from 1 in 10 children in Reception to 2 in 10 children in Year 6<sup>1</sup>. Table 1 and 2 below presents data from the most recent NCMP (2017/18).

**Table 1: NCMP Reception (2017/18)**

	% Overweight (including very overweight/severe obesity)	% Very Overweight	% Severe Obesity
<b>England</b>	22.3	7.1	2.4
<b>North East</b>	25.0	8.1	2.8
<b>North Tyneside</b>	24.5	7.8	2.0

**Table 2: NCMP Year 6 (2017/18)**

	% Overweight (including very overweight/severe obesity)	% Very Overweight	% Severe Obesity
<b>England</b>	34.3	15.9	4.2
<b>North East</b>	37.5	17.6	5.2
<b>North Tyneside</b>	33.9	17.0	3.9

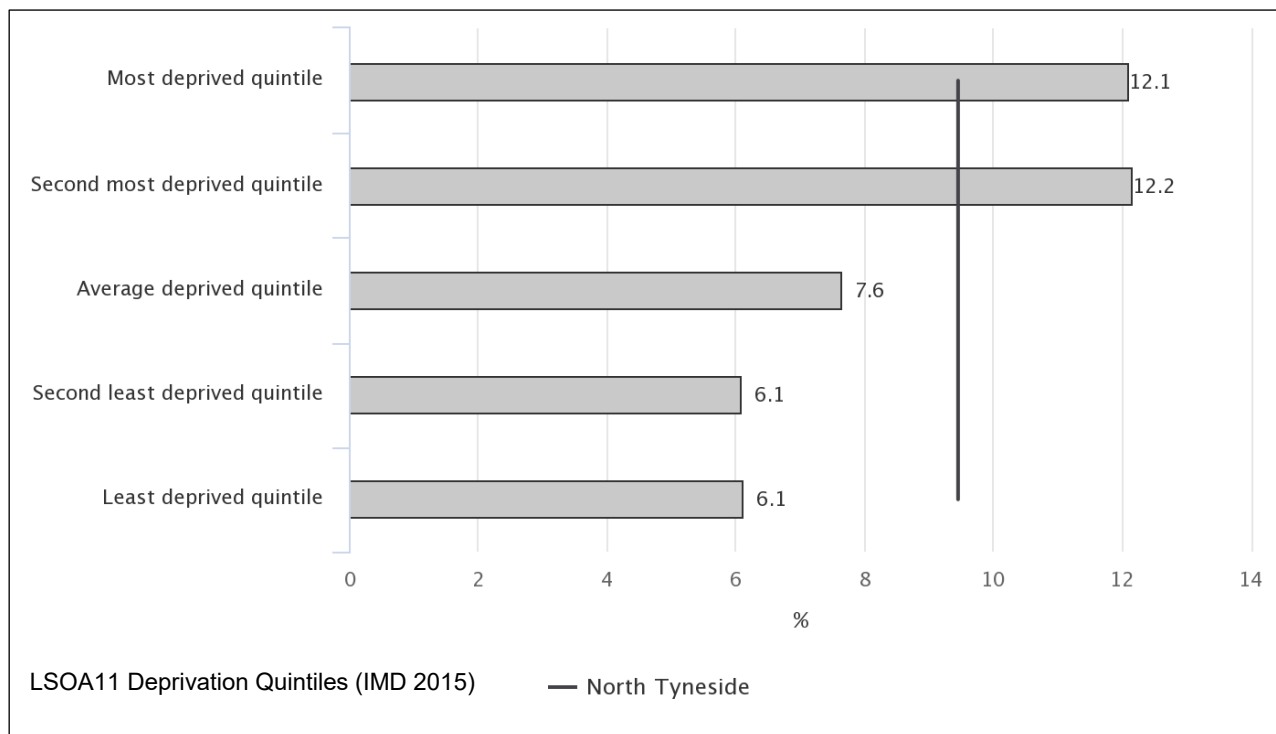
  

	England Rate		Worse than England		Similar to England
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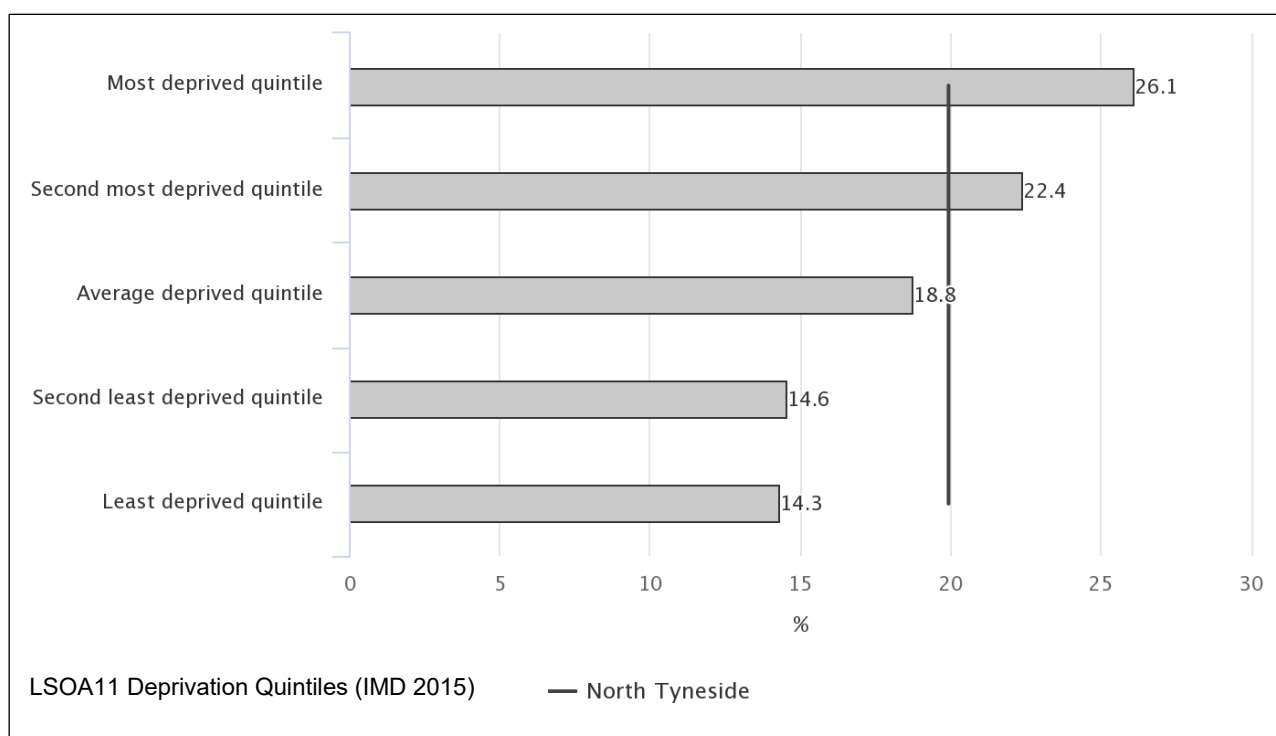
- 1.3. In North Tyneside the proportion of reception aged children that are overweight is higher than the England average; however North Tyneside has similar rates to England for Year 6 (10/11 year olds).
- 1.4. In line with the national data the distribution of overweight, obese and severely obese children is spread unequally throughout the borough. Children living in our more deprived neighbourhoods are disproportionately affected as illustrated in figures 1 and 2, which highlights that in reception there is a two-fold increase in prevalence of very overweight (including severe obesity) between the most and least deprived quintiles and whilst the gap narrows in year 6, however there still remains a 45% increase in those in the most deprived quintile compare to the least deprived quintile.

<sup>1</sup> <https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/0/gid/8000011/pat/6/par/E12000001/ati/102/are/E08000022>

***Figure 1 Prevalence of Very Overweight (Reception) and Deprivation Quintile (2013-18)<sup>2</sup>***



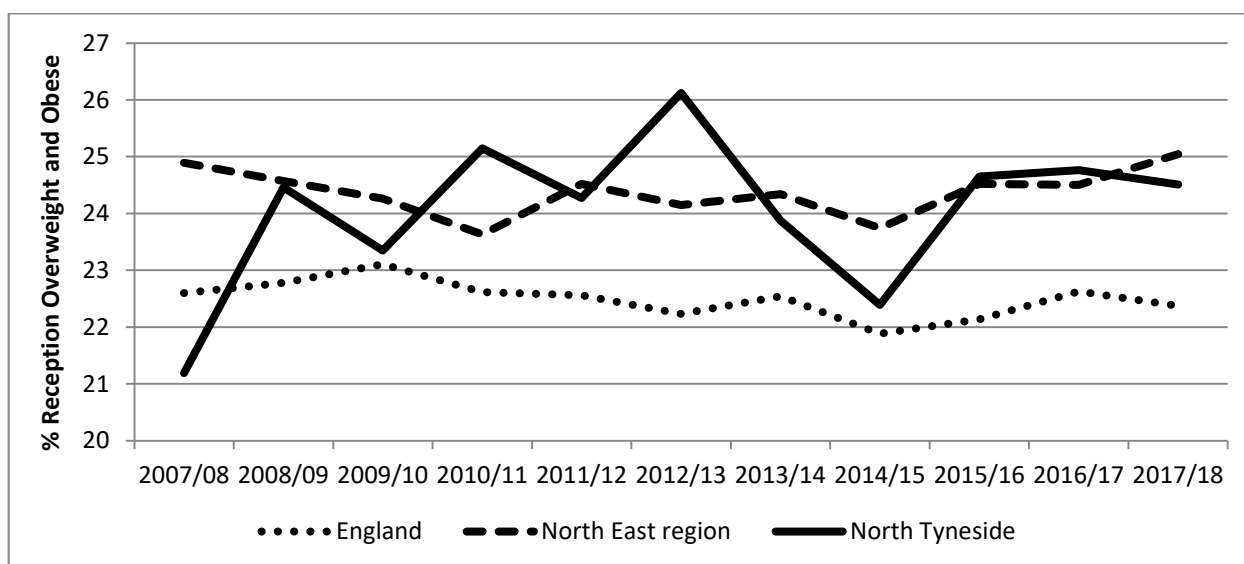
***Figure 2 Prevalence of Very Overweight and Deprivation Quintile (Year 6) (2013-18)<sup>2</sup>***



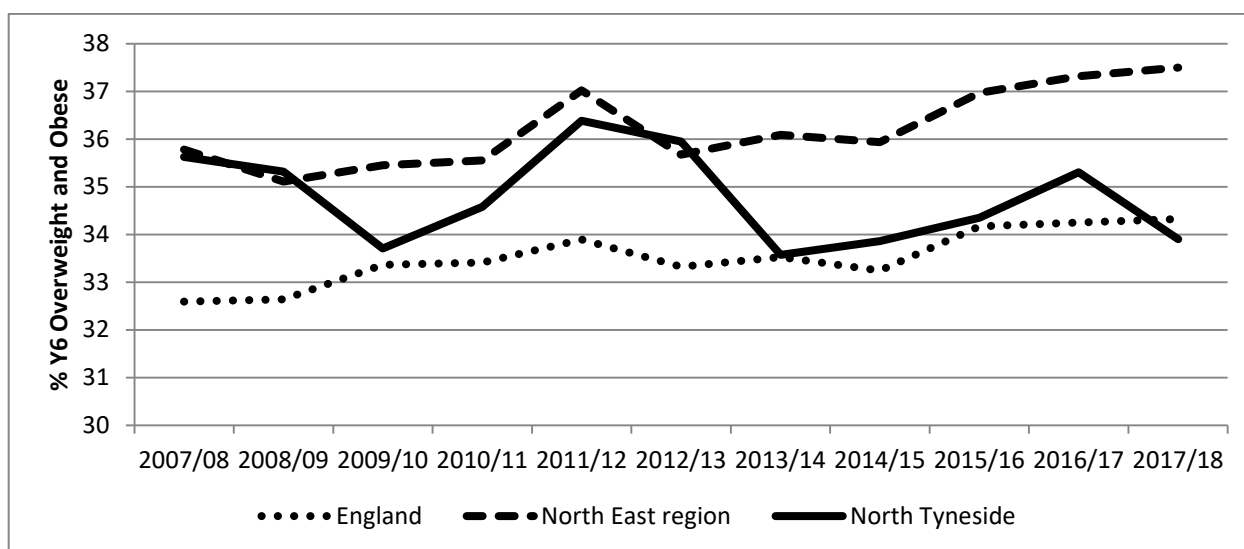
<sup>2</sup> Source: <https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/7/gid/8000011/pat/6/par/E12000001/ati/102/are/E08000022/iid/92026/age/200/sex/4>  
Source: <https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/7/qid/8000011/pat/6/par/E12000001/ati/102/are/E08000022/iid/92033/age/201/sex/4>

1.5. Trend data for North Tyneside for both Reception and Year 6 shows that in 2011/13 the prevalence of overweight and obese children peaked at an all-time high of 26% (Reception) and 36% (Year 6). Whereas England and the North East Region have seen an increases in prevalence of overweight and obese children for the same period in North Tyneside there has been a reduction of 6% (Reception) and 7% (Year 6). This data is presented in figures 3 and 4 below<sup>3</sup>.

***Figure 3: Prevalence of Overweight and Obese Reception Age Children (2007-2018)***



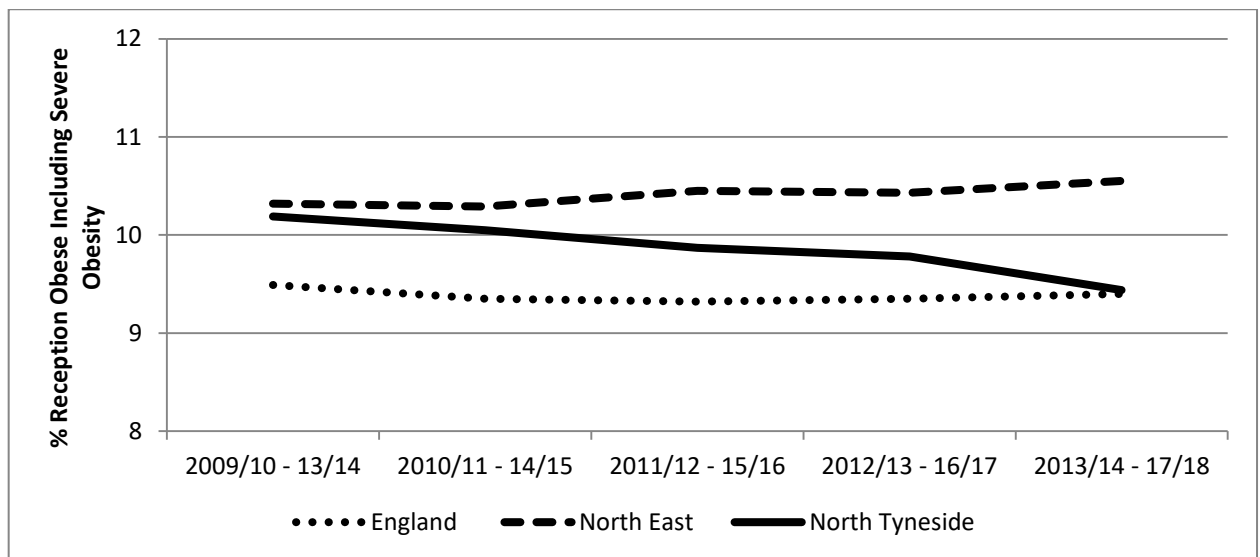
***Figure 4: Prevalence of Overweight and Obese Year 6 Children (2007-2018)***



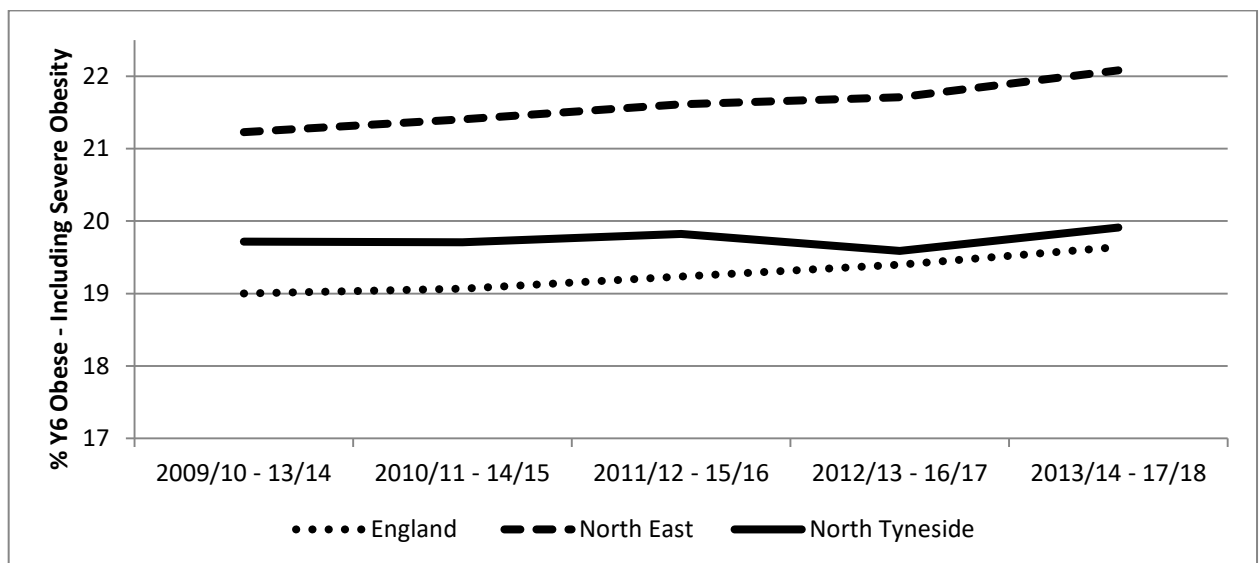
1.6. The reduction in prevalence of overweight and obese children is positive; analysis of the prevalence of obesity (including severe obesity) highlights that at Reception age there has been a 7% reduction in North Tyneside between 2009-2018 (England 1% decrease and North East 4% increase). However there has been a slight increase 1% at Year 6 in North Tyneside and a 3% and 4% increase for England and the North East. This data is presented in figures 5 and 6 below<sup>2</sup>.

<sup>3</sup> Source: NHS Digital, National Child Measurement Programme available at <https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/0/gid/8000011/pat/6/par/E12000001/ati/102/are/E08000022>

**Figure 5: Prevalence Obesity – Including Severe Obesity Reception (5 year pooled data 2009-2018)**



**Figure 6: Prevalence Obesity – Including Severe Obesity Year 6 (5 year pooled data 2009-2018)**



1.7. In summary the trend data in North Tyneside for Reception and Year 6 shows that there has been a reduction in prevalence of overweight and obese children and North Tyneside. However levels of obesity at Year 6 have not reduced. This trend is reflected both nationally and regionally. Figures 7 and 8 below highlight that in 2017/18 North Tyneside has similar rates to England with the exception of prevalence of overweight (including obesity) at Reception age<sup>4</sup> and in the context of the North East Region; North Tyneside has lower rates than most other local authorities.

<sup>4</sup> Source: NHS Digital, National Child Measurement Programme available at <https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/0/gid/8000011/pat/6/par/E12000001/ati/102/are/E08000022>

Figure 7:

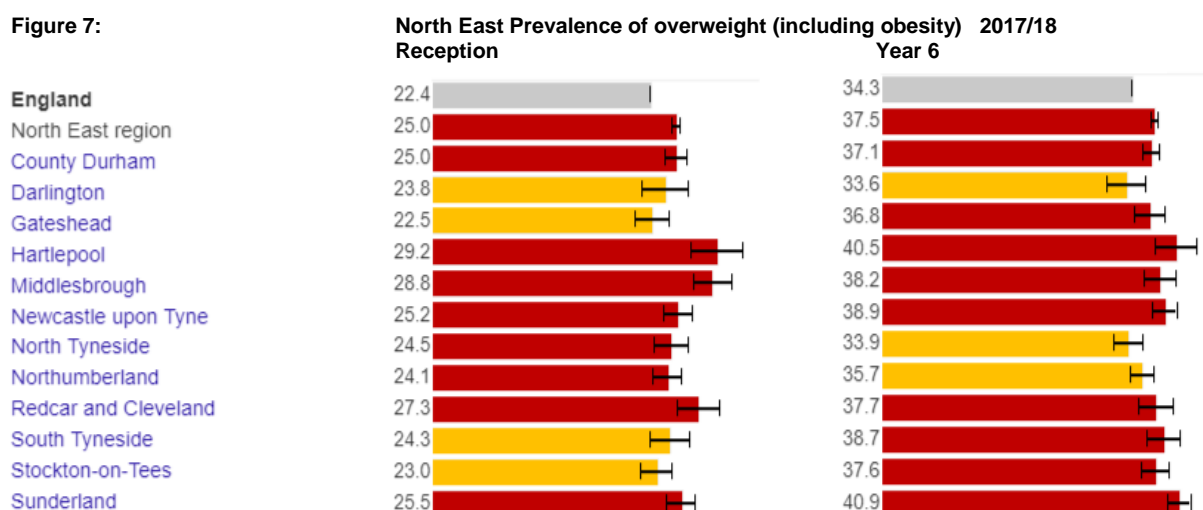
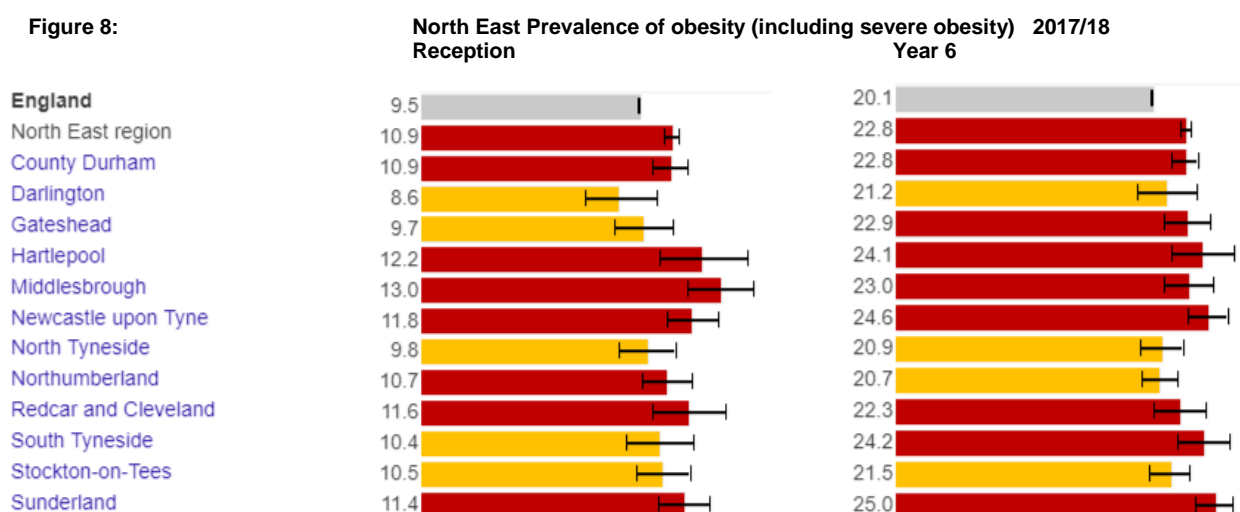


Figure 8:



## 2. Prevalence of Adult Obesity: National and Local Data Trends

- 2.1. 64.9% of all adults (18 years +) in North Tyneside are reported to be either overweight or obese and this figure is comparable to the England average of 62% and that of the North East (66.5%). There has been a reduction in the estimated prevalence of adult obesity since 2015/16 from 69.6% to 64.9% (2017/18)<sup>4</sup>.
- 2.2. The relationship between deprivation and obesity is less pronounced in adults as it is in children. Comparing the most deprived and least deprived quintiles in England there is a 13% increase in the proportion of adults that are overweight compared to their more affluent counterparts.
- 2.3. Men are at greater risk of being overweight or obese compared to women. In England it is estimated that 68.3% of men were overweight or obese compared to 55.5% of women (2017/18)<sup>4</sup>.
- 2.4. Being overweight or obese is the main modifiable risk factor for type 2 diabetes. In England, obese adults are five times more likely to be diagnosed with type 2 diabetes than adults of a healthy weight. Currently 90% of adults with type 2 diabetes are overweight or obese<sup>5</sup>.

<sup>5</sup> Source: Public Health England (based on Active Lives survey, Sport England) available at <https://fingertips.phe.org.uk/search/obesity#page/4/gid/1/pat/6/par/E12000001/ati/102/are/E08000022/iid/93088/age/168/sex/4>



**Table 3: Percentage of adults (aged 18+) classified as overweight or obese**

	2015/16	2016/17	2017/18
England	61.3	61.3	62.0
North East	66.3	66.1	66.5
North Tyneside	69.6	62.2	64.9

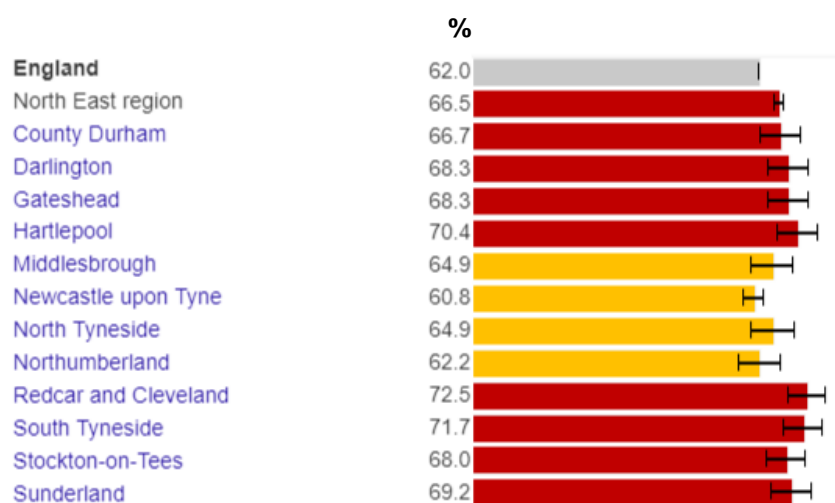
	England Rate		Worse than England		Similar to England
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2.5. Trend data for adults classified as overweight or obese is limited to the time period presented in table 3 (2015-2018) this shows that North Tyneside has consistently had similar rates to England.

2.6. Within the context of the North East Region; North Tyneside is one of four local authorities that have similar rates to the England average, this is presented in figure 9 below. However the challenge still remains that almost 2/3 of adults in England and North Tyneside are either overweight or obese.

2.7. Given that North Tyneside has similar overweight and obesity prevalence rates to England it is estimated that in North Tyneside there are 61,500 adults that are overweight and a further 49,500 that are obese<sup>6</sup>.

**Figure 9: Percentage of adults (aged 18+) classified as overweight or obese 2017/18 Local Authorities in the North East Region**



<sup>6</sup> Based upon ONS 2019 population estimates available at:

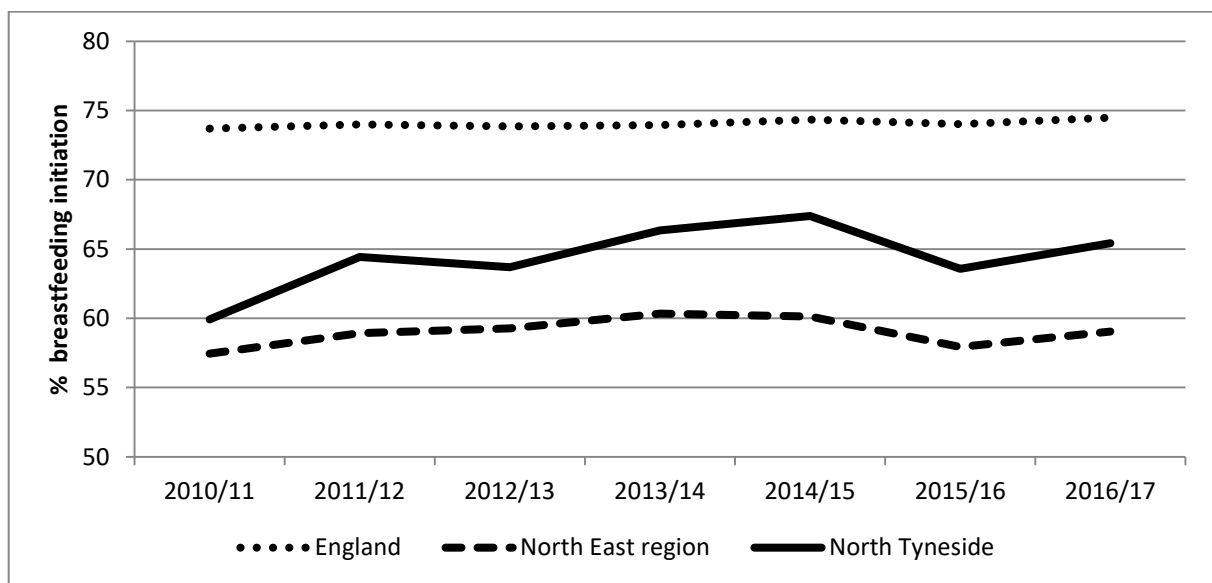
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2>

### 3. Contributory Factors to Obesity

3.1. The root causes of obesity are complex and addressing this requires a set of equally complex solutions that involves reducing excess daily calorie consumption and increasing daily physical activity. This section presents available data on the contributory factors that are known to affect healthy weight and other measures that can be used to assess progress.

3.2. **Breastfeeding:** Research suggests that breastfeeding may help protect mothers against developing diabetes and some cancers as well as helping to lose weight. Breastfeeding also has huge benefits for children too, including preventing childhood obesity<sup>7</sup>

**Figure 10: Breastfeed Initiation 2010-17**



3.3. North Tyneside has lower breastfeeding initiation rates compared to the England average, however higher than the North East. This pattern is replicated at the 6-8 week prevalence rates for breastfeeding after birth; 38% for North Tyneside (North East 31% and England 43%)<sup>8</sup>. The trend in North Tyneside is an upward one and this is positive.

3.4. **Physical Activity:** Physical activity has an important role to play in obesity prevention for both children and adults. Physical activity also has other health benefits which include preventing cardio-vascular disease and treating depression and anxiety. The Chief Medical Officers of the UK recommend that children aged 5-18 should be engaged in 60 minutes of physical activity each day and for adults the recommended level is 150 minutes per week<sup>9</sup>.

**Table 4: Percentage of Adults Active (aged 16+)<sup>10</sup>**

	2015/16	2016/17	2017/18
England	66.1	66.0	66.3
North East	64.0	64.0	62.7
North Tyneside	69.3	60.9	62.3

<sup>7</sup> Breastfeeding as Obesity Prevention: <https://jamanetwork.com/journals/jamapediatrics/fullarticle/1107563>

<sup>8</sup> Source: Public Health England National Child and Maternal Health Intelligence Network available at: <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/4/gid/1938133228/pat/6/par/E12000001/ati/102/are/E08000022/iid/92517/age/170/sex/4>  
<sup>9</sup> <https://www.gov.uk/government/publications/start-active-stay-active-infographics-on-physical-activity>

<sup>10</sup> Source: Public Health England (based on Active Lives, Sport England): available at <https://fingertips.phe.org.uk/profile/physical-activity/data#page/3/gid/1938132899/pat/6/par/E12000001/ati/102/are/E08000022/iid/93014/age/298/sex/4>

**Table 5: Active Transport Adults (aged 16+) 2014/15<sup>11</sup>**

	Active transport: Walking and Cycling for travel	
	% walking	% Cycling
England	22.8	3.3
North East	20.4	1.9
North Tyneside	24.2	2.9

**Table 6: Active Lives Children and Young People (aged 5-16) 2017/18<sup>12</sup>**

	% Active Every Day - 60 mins per day	% Active less than 30 mins per day
England	17.5	32.9
North East	17.1	34.5
North Tyneside	17.3	38.3
England Rate	Worse than England	Similar to England

3.5. North Tyneside has similar rates to England and better rates than the North East Region for all of the physical activity related metrics, with the exception of the proportion of children that are active for less than 30 minutes per day.

3.6. **Consumption of fruit and vegetables (5 portions per day):** Fruit and vegetables are important components of a healthy diet, and their sufficient daily consumption could help prevent major diseases, such as cardiovascular diseases, certain cancers and obesity<sup>13</sup>.

**Table 7: Proportion of adult population meeting recommended '5-a-day' on a usual day 2015-18<sup>14</sup>**

	2015/16	2016/17	2017/18
England	56.8	57.4	54.8
North East	57.1	56.5	52.9
North Tyneside	57.9	62.5	47.2
England Rate	Better than England	Worse than England	Similar to England

3.7. Increasing the number of adults consuming '5-a-day' portions of fruit and vegetables is important as recent data has shown a decline.

3.8. **Fast Food Outlets:** There is consistent evidence which links the number and density of hot food outlets and deprivation. The Foresight report found that obesity levels and density of hot food outlets tend to be higher in deprived areas than in wealthy areas<sup>15</sup>.

<sup>11</sup> Source: Public Health England (based on Active Lives, Sport England): available at <https://fingertips.phe.org.uk/profile/physical-activity/data#page/3/gid/1938132899/pat/6/par/E12000001/ati/102/are/E08000022/iid/93014/age/298/sex/4>

<sup>12</sup> <https://www.sportengland.org/activeliveschildren/>

<sup>13</sup> WHO: <https://www.who.int/dietphysicalactivity/fruit/en/>

<sup>14</sup> Source: Public Health England (based on Active Lives, Sport England) available at:

<https://fingertips.phe.org.uk/search/5%20day#page/4/gid/1/pat/6/par/E12000001/ati/102/are/E08000022/iid/93077/age/164/sex/4>

<sup>15</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/287937/07-1184x-tackling-obesity-future-choices-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesity-future-choices-report.pdf)

**Table 8: Density of fast food outlets per 100,000 population 2014<sup>16</sup>**

England	North East	North Tyneside
88.2	102.4	103.6

England Rate	Worse than England	Similar to England
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3.9. The North East and North Tyneside have a higher concentration of fast food outlets compared to England. It is important to note that the data is based upon a snap-shot taken in 2014 and this was prior to the introduction of the adoption of local planning supplementary document (policy DM3.7<sup>17</sup>) which prevents the development of A5 use within a 400m radius of any middle and secondary school in North Tyneside.

3.10. **Type 2 Diabetes:** Obesity is believed to account for 80-85% of the risk of developing type 2 diabetes, while recent research suggests that obese people are up to 80 times more likely to develop type 2 diabetes than those with a BMI of less than 22<sup>18</sup>. North Tyneside has a similar estimated prevalence of type 2 diabetes as England - 2017 (8.4% and 8.5% respectively)<sup>19</sup>.

3.11. **Non-diabetic Hyperglycaemia:** Identification of people with non-diabetic hyperglycaemia (pre diabetic) is a national priority. The national diabetes prevention programme works with people with non-diabetic hyperglycaemia on weight management in order to prevent onset of type 2 diabetes. In North Tyneside there is an estimated prevalence of non-diabetic hyperglycaemia of 11.6%, this is similar to England 11.4% (2015)<sup>20</sup>. The national diabetes prevention programme 'Healthier You' commenced in North Tyneside May 2018.

#### 4. A Whole-Systems Approach to Tackling Obesity

4.1. To achieve our shared vision to tackle obesity across the life-course requires a whole system approach which addresses the complexity of the root causes of obesity. This needs to include interventions which address both the obesogenic environment in which we all live in as well as supporting individuals. There is a commitment from partners and across the sector to take the actions required to address obesity at a population level and this is evidenced in the North Tyneside Healthy Weight Alliance delivery plan.

<sup>16</sup> Source: Numerator: PointX. Points of Interest Denominator: ONS mid-year estimates of population:

<https://fingertips.phe.org.uk/search/fast%20food#page/4/gid/1/pat/6/par/E12000001/ati/102/are/E08000022/iid/92937/age/-1/sex/-1>

<sup>17</sup> North Tyneside Local Plan: <https://my.northtyneside.gov.uk/sites/default/files/web-page-related-files/North%20Tyneside%20Local%20Plan%202017-2032.pdf>

<sup>18</sup> Diabetes UK: <https://www.diabetes.co.uk/diabetes-and-obesity.html>

<sup>19</sup> Source: Health Surveys for England 2012, 2103 and 2014. Available at: <https://fingertips.phe.org.uk/profile-group/cardiovascular-disease-diabetes-kidney-disease/profile/diabetes-ft/data#page/4/gid/1938133138/pat/46/par/E39000047/ati/154/are/E38000127/iid/92952/age/164/sex/4>

<sup>20</sup> Source: National Cardiovascular Intelligence Network, Public Health England. Available at: <https://fingertips.phe.org.uk/profile-group/cardiovascular-disease-diabetes-kidney-disease/profile/diabetes-ft/data#page/4/gid/1938133138/pat/46/par/E39000047/ati/154/are/E38000127/iid/92998/age/164/sex/4>

## North Tyneside's Healthy Weight Alliance: Delivery Plan 2019 – 2021

Tackling Obesity is a key priority of the Health and Wellbeing Board in North Tyneside and to have a significant impact on obesity everyone needs to get involved. This Delivery plan will highlight activity across the whole system to ensure that we:-

- Develop connections and relationships between people, teams, organisations and communities
- Maximise all of the assets in the local system bringing in valuable insights and creating additional resource
- Develop co-ordinated approaches at different levels and avoid the negative and unintended consequences of individual actions
- Develop workforce skills and capacity on systems thinking and complex issues

The delivery plan has been informed by evidence of what works, national guidance and includes the collective actions from a range of partners across North Tyneside and the North East Region. In addition the plan reflects the priorities of North Tyneside Health and Wellbeing Board for Tackling Obesity across the Lifecourse and key actions will be Specific, Measurable, Achievable, Realistic and Time bound.

**The Delivery Plan is divided into 7 Priority areas:-**

1. Pregnancy and Early Years
2. School Aged Children and the Whole School Environment
3. Improving Access to Services for Target Groups
4. Providing Support for Healthy Weight in the NHS
5. Promoting Healthy Weight Environments
6. Building Capacity and Engaging Communities
7. Marketing and Public Health Campaigns

**The Healthy Weight Delivery plan will be updated TWICE per year and will report to the Healthy Weight Alliance in the first instance.**

	GOAL	Performance Indicator / Data Source	ACTIONS	LEAD OFFICER
<b>-1- Pregnancy and Early Years</b>  <b>*** Lead Officer Jo Connolly</b>	<b>Increase Breastfeeding Initiation</b>	% of mothers who give their babies breast milk in the first 48 hours after delivery. Public Health Outcomes Framework - (NHS England published data quarterly)	1.1 Implement NICE guidelines in relation to a good maternal diet and physical activity during pregnancy via the Midwifery Team in North Tyneside	J Stonebridge
			1.2 Deliver breastfeeding and weaning groups in target communities and promote feed finder (breastfeeding friendly venues) app to parents	S Mann
	<b>Increase breastfeeding at 6-8 weeks</b>	% of infants that are totally or partially breastfed at age 6-8 weeks. Public Health England National Child and Maternal Health Intelligence Network (Annual)	1.3 Promote Healthy family eating (Weaning) and reduced sugar consumption in early years and throughout childhood - targeted interventions via Health Visiting Service	S Mann
			1.4 Achieve UNICEF baby friendly standards within maternity services	J Stonebridge
	<b>Increase physical literacy in young children</b>	% of children at or above expected level of development in gross motor skills at 2 – 2.5 yrs Public Health Profiles ASQ3	1.5 Promote Healthy Start and increase the number of households accessing the national voucher scheme	R Nicholson
			1.6 Demonstrate and maintain baby friendly UNICEF standards in the 0-19 service	S Mann
			1.7 Deliver an Oral Health Promotion Programme of interventions in Wallsend combined with Healthy Eating Messages	E Peak/ V Hetherington

	GOAL	Performance Indicator / Data Source	ACTIONS	LEAD OFFICER
<b>-2- School Aged Children and the Whole School Environment</b>  <b>*** Lead Officer Elaine Robson</b>	<b>Deliver the NCMP and share the data wisely with partners In areas where improvement is required</b>	Percentage of Schools engaged with the NCMP - NTC Policy and Performance (Annual)	2.1 Raise awareness of support opportunities to schools with high prevalence of childhood obesity in the Target Areas of Riverside, Chirton, Howdon and Wallsend	R Smith and E Robson
	<b>Increase the number of families engaged with the Healthy4life programme from Riverside, Chirton, Wallsend and Howdon</b>	% increase from baseline (2018) of families from Riverside, Chirton, Wallsend and Howdon engaged with H4L – Active North Tyneside (each programme)	2.2 Identify barriers to success on the H4L programme	B Smith /H Fenwick
			2.3 Promote the teaching of cookery skills in schools and evaluate use of cookery equipment distributed via the Capital fund	E Robson
			2.4 Facilitate Healthy Schools Training to support schools to achieve Healthy Schools Award	E Robson
	<b>Support a whole school approach to healthy eating through the Healthy Schools Programme eg</b>	% of Schools engaged in the new Healthy School Rating Scheme 2019	2.5 Promote school food standards and ensure that healthy eating is embedded in the curriculum, school premises, teachers' professional development	E Robson

	<b>Raise standards in the delivery of Physical Activity and Sport in Schools</b>	% of schools engaged with school games  % Increase the number of pupils participating in Bikeability Level 1 training by 5%	2.6 Deliver the school games programme and local initiatives such as dance festival, swimming galas and trail and challenge activities	R Smith / L Reid
	<b>GOAL</b>	<b>Performance Indicator / Data Source</b>	<b>ACTIONS</b>	<b>LEAD OFFICER</b>
<b>-3- Improving Access to Weight Management Support for Target Groups</b>  <b>*** Lead Officer Bev</b>	<b>Increase access to Weight Management Support for people experiencing Mental Health Issues &amp; people with Disabilities</b>	% of people reporting MH issues registered with Active North Tyneside Healthy Lifestyle programmes eg Weight Worries/ G.Y.M. (Quarterly)	3.1 Develop Support Materials for Learning Disabilities across Weight Worries and Healthy4life	B Smith
			3.2 Review Good Youth Moves service and develop an evaluation framework	B Smith
			3.3 Promote the Healthy Connections Programme (LDNE) across other services in North Tyneside	J Redpath
		% of people reporting disability registered with Active North Tyneside Healthy Lifestyle programmes eg H4L /	3.4 Deliver 4 programmes of SIGN and PLAY for pre-school Children of all abilities	J Redpath / B Smith
			3.5 Ensure registration forms request service-user data which can be anonymised, aggregated and analysed to measure equity of access to services.	B Smith / G Adams



<b>Smith</b>		Weight Worries - Active North Tyneside (Quarterly)	3.6 Explore training opportunities to develop workforce capacity in leisure services to better support people with Mental Health and people with disabilities	B Smith/J Redpath
	GOAL	Performance Indicator / Data Source	ACTIONS	LEAD OFFICER
<b>-4- Provide Healthy Weight Support in the NHS *** Judith Stonebridge</b>	<b>Increase staff awareness of Health Harms from Overweight and Obesity</b>	% of NHCT Staff trained in MECC from Pre operative assessment pathways – Linked to national CQUIN  % of primary care practitioners trained in Brief Advice	4.1 Promote Weight Management Brief Advice to clinicians in primary care (PHE Publication + infographic)	H Douglas
			4.2 Develop the National Diabetes prevention programme across North Tyneside	E Roycroft - CCG
			4.3 Deliver an innovative Weight Management Project in Primary Care (12 weeks) and evaluate effectiveness – (Bewicke Practice)	D Fellows
			4.4 Recruit a public health midwife to identify and utilise opportunities to embed prevention assessment and intervention (including diet and physical activity) along the maternal care pathway	J Stonebridge
			4.5 Embed a model of Making Every Contact Count (MECC) into pre-operative assessment pathway which includes a focus on healthy weight	J Stonebridge

			4.6 Pilot a prehab offer (Getting fit for surgery) within the colorectal cancer pathway	J Stonebridge
			4.7 Develop a checklist for Primary Care around appropriate access to Bariatric Surgery	E Royecroft / Heidi Douglas
			4.8 Review the Adult Weight Management Pathway	E Royecroft / Heidi Douglas
	GOAL	Performance Indicator / Data Source	ACTIONS	LEAD OFFICER
<b>-5- Promoting Healthy Weight Environments</b>  <b>***</b>  <b>Lead Officer Heidi Douglas</b>	<b>Increase the number of Volunteers in Parks across North Tyneside</b>	% increase in volunteers in North Tyneside Parks	5.1 Develop knowledge and skills of growing vegetables with target groups via Grow and Eat programme	J Dronsfield
	<b>Increase the availability of healthy food across North Tyneside</b>	% of Commissioned residential care homes working towards GBSF NTC Commissioning Team (Adults)	5.2 Ensure that food products in Leisure vending machines are a healthier option (lower fat/sugar and salt options)	B Smith / B Milsom
			5.3 Implement the Government Buying Standards for Food and Catering Services across North Tyneside	Scott Woodhouse
			5.4 Develop calorie labelling scheme with North Tyneside Council to help individuals make more informed and healthy choices for themselves as detailed in NTC Food Law Plan .	J Lee /C Smith/ H Douglas
			5.5 Deliver a pilot project with the out of home dining industry (eg	J Lee / C Smith / H

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			fast food takeaway) to increase the availability of a healthy food options in the community	Douglas
			5.6 Provide a FakeAway service to families living in Howdon community	L Crosby
			5.7 Provide Nutritional Healthy Breakfasts 5 mornings a week to families in Howdon	L Crosby
			5.8 Recruit 5 Health Champions in partnership with Active North Tyneside to support the Family Gateway Sport England programme	L Crosby
			5.9 Complete Action plan/checklist to ensure robust collaboration between Public Health and North Tyneside Councils Planning Department. EG Health and Environmental impact assessment <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/629207/Health_and_environmental_impact_assessment.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/629207/Health_and_environmental_impact_assessment.pdf</a>	C Dobinson Booth/Heidi Douglas
			5.10 Provide support to Workplaces in North Tyneside to support achievement of the Better Health at Work Award	R Nicholson
	Create low traffic neighbourhoods around schools via the Go Smarter Programme of interventions	% of Target schools participating in the Go-smarter programme (Active Travel) Transport team Annual	5.11 Deliver a range of interventions to promote active travel via go smarter programme. An action plan will be available with demonstrable links to the Healthy School rating scheme	Paul Adams
	GOAL	Performance Indicator / Data Source	ACTIONS	LEAD OFFICER
<b>-6- Building Capacity and</b>	<b>Increase opportunities for residents in Target communities to have healthy lifestyle</b>	Number of practitioners trained in MECC from the community workforce	6.1 Provide MECC training to Third Sector providers and Early Years Providers in target communities such as Wallsend, Howdon, Riverside and Chirton	N Garner and V Hetherington
			6.2 Provide seed corn funding for community groups who wish to develop healthy lifestyle interventions	B Smith

<b>Engaging Communities</b> *** <b>Lead Officer Felicity Shoesmith</b>	<b>conversations</b>	Workforce Development Team (Annual)	6.3 Promote key messages about Diabetes prevention to the community and voluntary sector and recruit diabetes Champions	F Shoesmith
<b>-7- Marketing and Public Health Campaigns</b> *** <b>Lead Officer Angela Melvin</b>	<b>Utilise social marketing materials to promote healthy eating and physical activity</b>	Number of Marketing Campaigns promoted in North Tyneside per year  % of HWA organisations engaged in marketing activity  One You Sign ups for North Tyneside	7.1 Deliver Change4life Healthy Eating campaign/ Sugar Reduction across North Tyneside in partnership with members of the Alliance	ALL
			7.2 Deliver change4life and One you Physical Activity Campaign across North Tyneside	B Smith /A Melvin
			7.3 Promote a summer of cycling marketing campaign	L Reid
			7.4 Ensure the SIGN database identifies those services that are suitable for people with disabilities	L Reid / R Battey
			7.5 Deliver an alcohol awareness campaign to workplace with clear links to Calorie content using PHE resources (infograph)	A Melvin
			7.6 Develop a breastfeeding awareness campaign World Breastfeeding Week: 1-7 August) with community members (co-production). Eg Howdon Wallsend parents	S Mann



# Annual Report Year 5 2018 - 2019





## **Executive Summary**

### **Background and context**

A wealth of evidence demonstrates that an active life is essential for physical and mental health. Regular physical activity can guard against conditions like obesity, hypertension, depression, cancer and diabetes. Being active at any age increases quality of life and life expectancy.

Results from the Active Lives Survey commissioned by Sport England and delivered by Ipsos Mori paint an interesting picture of physical activity and volunteering in North Tyneside. Although 58.2% of people reported achieving the Chief Medical Officer Guidelines of exercising for 150 minutes per week in 2018 this is 7% less than the baseline (65.2% in 2016). The percentage of people who report being inactive (achieving less than 30 minutes per week) has also increased from 23.2% in 2016 to 33.1% in 2018. The Resident Survey (2018) paints a slight different picture of activity in the borough.

The primary purpose of Active North Tyneside is to improve the health and wellbeing of residents and to impact on health inequalities across the borough. Programmes are designed to increase levels of physical activity, increase levels of healthy weight in and support good mental health. The programmes also aim to enable residents and staff to support their friends, peers and families to make lifestyle changes which will impact on their health.

All the programmes are driven by the 'Our North Tyneside Plan' 2018 – 2021' which sets out bold ambitions for making North Tyneside an even greater place to live, work and visit by 2021. It focuses on 3 themes: - Our People, Our Places and Our Economy. In terms of Our People, the vision is to ensure our residents are healthy, with the right skills and opportunities to maintain good health. It is also to encourage independence and active community involvement. Active North Tyneside reflects these themes and is funded through public health and delivered by the sport and leisure service. This report details outcomes in the fifth year of operation.

### **Attendances, impact and outcomes**

In total there have been just over 44,400 visits to universal and targeted physical activity programmes in 2018/19, impacting on over 7000 individuals. This has slightly increased from last year, mainly due to more people attending the free swimming sessions, health walks, post natal programmes and community sessions delivered by the Newcastle United Foundation and the Newcastle Eagles. The number of Community Health Champions recruited has also increased. We recruited 88 Champions last year and have recruited 107 new Champions during 2018-19.

Attendances at the No Limits programmes which target young people aged 8 – 13 and include free swimming sessions and weekly multi sport and activity sessions have remained strong. Over 3000 young people are attending these programmes and an excellent addition has been the introduction of a No Limits Disability session at The Parks Sports Centre. This needs led session was developed in consultation with the Parent Carer Forum and all the family can participate. Activities include team games and trampolining and taster cycling sessions on adapted bikes.

The partnerships with the Newcastle United Foundation Trust and the Eagles Basketball team continue to flourish. In particular the school based programmes have had excellent feedback and

help to spread wider public health messages around smoking, hydration and healthy teeth. Over half of the children attending the drop in 'Kicks' football sessions are from the 0 – 20% most deprived neighbourhoods and 7 participants have been selected to represent the region on the 'Kicks' steering group which shapes the development of these programmes. All the young people actively took part in an anti-bullying campaign and 7 also attended a knife crime workshop recognised by the Home Office.

The health walk programme also remains strong with a new annual event, Stride Out to the Lighthouse introduced into the programme. This 10k walk led by the Elected Mayor took place in September. Collections along the route were made for Young Carers over half the participants came along as families. The beginners running programme saw 209 people taking part which is less than last year, however, more were recruited from target neighbourhoods and for those who completed the programme, 76% improved their self-esteem and 86% their levels of physical activity. Partnership work with England Athletics has also influenced them to run additional courses to support 'guide' leaders following the recruitment of a visually impaired runner to the programme.

In last year's report we identified the challenges and the time required to motivate people to make changes, in particular families who may have complex needs. This is especially illustrated through the work to develop the post natal programme (buggy bootcamp). We met with health visitor teams and communities at Howdon Children's Centre, Meadow Well Connected and The Cedarwood Trust. This work has led to mums developing their own activities, us being able to recruit some fantastic Community Health Champions from these areas and also supported these residents accessing mainstream sessions. But, the time taken to listen and understand before even talking about activity at the start was critical.

Direct work with vulnerable young men and women has continued through the Club1 and Girlz programme. The results are very positive on an individual basis especially for increasing levels of physical activity. With regards to mental health, these scores can fluctuate and represent some of the difficulties these young men and women face in their everyday lives. With regards to employment, 2 new participants have joined the Phoenix Detached Youth Project construction scheme and 16 young men previously through the programme have also engaged in this project. 4 of the participants are also volunteering for Walking With, supporting asylum seekers in Wallsend.

### **Healthy Weight**

The programmes that specifically target weight management have also seen success again this year, although recruitment to the child weight management programme, Healthy4 Life was more difficult. The team had 150 referrals this year- around 30 less than last year. They delivered 6 interventions. The team hit all targets with the exception of pre-assessments completed (118 out of a target of 120). 80 started a programme and 62 completed, a retention rate of 77%. Of the children completing the programme, 74% reduced their BMI. As always, physical activity levels increased and there was also an impressive reduction in screen time. The team also supported the research which formed part of a bid to the Childhood Obesity Trailblazer fund. The research teased out a number of issues impacting on healthy weight including a lack of structure at mealtimes and the negative impact that computer tablets have at the table. Given this insight, a

reduction in screen time is an important outcome for the programme. This programme is very impactful and evaluation has highlighted the difficulty maintaining changes on the longer term. This continues to be a focus for the team.

The adult weight management programme, Weight Worries, saw 341 people register. Of these 298 started the programme and 194 completed – a retention of 65%. For those who do complete, 84% reduced their BMI by programme end and 75% increased their self-esteem. The team have continued to adapt the programme based on feedback. One really powerful element has been bringing previous participants into the programme at the mid-way point to share their personal experiences and achievements. They have been excellent advocates. The team have also done some great work with LD North East. In consultation with us their team have developed a new accessible workbook for the programme to support people with learning disabilities.

The results for both the child and adult programme mirror previous years. Both are powerful interventions with proven success for those who complete. The challenges still lie in how we best recruit to the programme and how we support long term change. The adult programme is looking to secure some additional hours specifically for this role as part of the existing budget envelope.

### **Strengthening Communities**

Just over £4000 has been issued to community organisations to support their own health initiatives. Money has gone to fund a treadmill at the Pearey House Centre in North Shields (working with visually impaired people) and equipment like indoor 'ladder' golf for older residents in the Meadow Well estate. Other recipients have included The Cedarwood Trust, Newcastle Roller Girls (delivering in North Tyneside), North Tyneside Community Treatment Team and Changing Lives, working in partnership with Northumbria Community Rehabilitation Company.

The Community Health Champions programme has bloomed this year. Last year we reported the programme was gaining momentum, particularly in relation to recruiting women. This has snowballed over the last 12 months with the inclusion of a young person's programme. 107 new Champions have been recruited, 33 of these are women specifically supporting the 'This Girl Can' ethos. 33 of these were also young people. The team have engaged with partner organisations like Family Gateway, Meadow Well Connected and The Cedarwood Trust. This engagement has brought us to the point where Cedarwood have got a team of Champions recruited and Family Gateway has held a recruitment event. These Champions are so important to spreading the joy of activity and positive health messages across communities.

### **Health Inequalities**

Postcode data has again been collected for people attending key programmes and indicates we are positively targeting areas of deprivation. However, cross referencing our customer data with Mosaic software has given us much more valuable insight. Mosaic Public Sector is a sophisticated marketing segmentation tool provided by Experien LTD which provides a detailed view of each household's location, demographics, lifestyles and behaviours. Analysis against this data has demonstrated that just under half of our customers are in the least affluent profiles. The top two customer profiles are Families on a Budget and Economical Families, both of which have



lower household incomes; are more likely to be in poorer health and less likely to take part in activity. These results are encouraging and demonstrate the success of our targeting strategies.

### **Healthy Conversations**

Healthy conversations are embedded across the service. We have also systematically collected data around smoking and alcohol interventions in the gym. At the point of induction, all customers are asked if they smoke and whether they would like to stop. This provides an opening to give brief advice including the benefits of stopping and signposting to the nearest stop smoking advisor. 15% (395) of the total customers asked (2587) were smokers and out of these 32% indicated they wanted to stop so received brief advice. The team also ask customers about their alcohol intake and test awareness of the recommended guidelines for drinking alcohol (14 units per week). Of all the customers asked about alcohol consumption (in total 2101 people), 31% did not drink alcohol. Interestingly, overall 54% of people also said they were aware of the recommendations and were correct regarding the number of units per week. We did not expect this to be as high but is a proxy indicator of the positive impact of recent public health campaigns.

### **Added Value**

One of the objectives of Active North Tyneside is to reduce health inequalities and target those most in need. The service also provides a number of offers to target groups including Looked After Children; Troubled Families; Young Carers and Foster Carers. These offers are generally for free or greatly reduced cost activities across the sport and leisure service. There is also a programme of activities specifically for disabled customers including swimming, trampolining and archery. Although not directly funded through the programme these offers fit perfectly with the Active North Tyneside agenda and offer another element of support. They have also fostered excellent internal relationships with colleagues.

### **Recommendations and Conclusions**

Key recommendations include; staying focussed on marketing through tools such as social media; ensuring we are using the right imagery and language to resonate with customers; keeping strong relationships with partners and most importantly listening and engaging with existing and potential customers so we can ensure whatever we do can make a difference. Making change at times has taken longer than anticipated and the evidence we have collected demonstrates how difficult it is to initially get people on board. However, once engaged, the programmes are really impactful and we confident we are attracting a good proportion of target customers - as illustrated through the Mosaic profiling. We are delivering on the vision of the Our North Tyneside Plan to help residents stay healthy and independent. We want to continue to listen to and understand our residents' needs to ensure we serve them in the best way possible.

# North Tyneside Health & Wellbeing Board Report Date: 12<sup>th</sup> September 2019

## ITEM 8

### Multi-Agency Safeguarding Arrangements

<b>Report from:</b>	North Tyneside Council, North Tyneside CCG and Northumbria Police	
<b>Report Author:</b>	Julie Firth, Assistant Director Children's Services	☎ 0191 643 5943
<b>Relevant Partnership Board:</b>	North Tyneside Local Safeguarding Childrens Board & North Tyneside Children, Young People and Learning Partnership Board	

#### 1. Purpose:

To advise the North Tyneside Health & Wellbeing Board of the proposals to create new Multi-Agency Safeguarding Arrangements (MASA) in North Tyneside.

#### 2. Recommendation(s):

The Board is recommended to:-

- a) Agree to the intention to integrate the existing Local Safeguarding Children Board (LSCB) and Children and Young People's Partnership governance as part of the new Multi-Agency Safeguarding Arrangements, under the North Tyneside Strategic Partnership governance structure;
- b) Endorse the proposed next steps outlined within section 4 of this report and section 8 of the appended plan; and
- c) Agree to receive further reports regarding implementation of the new arrangements between September 2019 and 2020, and regular quarterly update reports following full implementation

#### 3. Policy Framework

This item relates to all priorities within the Joint Health and Wellbeing Strategy 2013-23 but most notably the objective to ensure that 'communities will experience greater positive wellbeing and resilience, particularly those who are most vulnerable and those living in the most deprived areas in the borough.'

#### 4. Information

On Monday 24<sup>th</sup> June, North Tyneside published its plan to implement new Multi-Agency Safeguarding Arrangements (MASA), as required by the Working Together to Safeguard Children 2018 national guidance.

Each local authority area, with its two statutory safeguarding partners (the clinical commissioning group and police force), was required to publish a plan by the end of June 2019 to set out how it would implement the new MASA.

The new MASA are required to come into effect from 29<sup>th</sup> September 2019, although this can be a phased approach. The new MASA must replace the existing Local Safeguarding Children Board (LSCB) arrangements, although there is no requirement to replicate any of the existing LSCB governance or structure and there is significantly greater freedom for local areas to determine the best arrangements to meet local need and priorities.

The published plan, which is appended to this report, sets out the proposed new structure of the MASA, the vision and guiding principles of the arrangements. In North Tyneside, the aspiration has been to take the opportunity of developing new Multi-Agency Safeguarding Arrangements to further align safeguarding partnership governance with strategic partnership governance for children and young people, recognising that keeping children safe is intrinsically linked to improving outcomes more broadly. Therefore, the plan describes the intention to integrate the existing LSCB and Children, Young People and Learning Partnership governance under the North Tyneside Strategic Partnership. This also provides an opportunity to further join up partnership scrutiny, oversight and developments across other key forums, such as the Health and Wellbeing Board, Safer North Tyneside Partnership, and the Safeguarding Adults Board.

Alongside the development of individual local area MASA plans, work has been ongoing at a North and South of Tyne level to explore the potential to develop sub-regional safeguarding arrangements across that wider footprint. This will build on existing collaboration at this level, in relation to the development of joint policies and procedures, and explore where sub-regional working could be beneficial in relation to areas such as peer review and challenge, performance analysis, and shared learning. Whilst this work is developing, the safeguarding partners in North Tyneside have committed to contributing to this agenda, where beneficial.

As part of the implementation planning, the partnership will agree appropriate governance arrangements to deliver the priorities set out within the draft Children and Young People's Plan, whilst ensuring that key mechanisms continue to be in place to provide assurance about quality of practice and the ability to learn and continually develop practice. With a specific focus on safeguarding, the plan describes an intention to create two new standing groups, which will replace the existing range of sub-groups in the LSCB governance: a Quality of Practice Group; and a Quality of Learning Group.

The key focus for the MASA will be ensuring that there is a strong connection between strategic priorities and frontline practice, and being able to clearly demonstrate impact on the quality of practice as a result of the new arrangements within the first 12 months.

The appended plan sets out the key milestones for the phased implementation of the new MASA, with the intention for the new arrangements to be launched from September 2019 and fully in place from January 2020. Over the next two months, a series of workshops and development sessions will take place to agree the:

- Broader governance, linked to the priorities within the CYP Plan
- Approach to involving children and young people in the new arrangements
- Approach to understanding local need and performance management
- Interface with wider sub-regional safeguarding governance arrangements
- Communications plan for the new governance arrangements

- Funding and support required to implement and manage the new arrangements

**5. Contact officers:**

Julie Firth, Assistant Director Children's Services  
Tel: 0191 643 5943

**6. Appendices**

Appendix 1 - Multi-Agency Safeguarding Arrangements Governance Structure  
Appendix 2 - North Tyneside Multi-Agency Safeguarding Arrangements

**7. Background information:**

Working Together to Safeguard Children 2018  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/779401/Working\\_Together\\_to\\_Safeguard-Children.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf)

**8. Finance and other resources**

A key aspect of the implementation plan for the new Multi-Agency Safeguarding Arrangements will be agreeing partnership funding for the MASA and how this will be used to ensure appropriate support is in place to ensure the smooth operation of the governance structure.

**9. Legal**

The proposals contained within this report and the appended plan will ensure that the three safeguarding partners in North Tyneside comply with their obligations, as set out in Working Together to Safeguard Children 2018.

**10. Consultation/community engagement**

In developing the proposals contained within this report and the appended plan, the three statutory safeguarding partners have engaged with key stakeholders across a range of existing governance forums. The implementation plan will include further engagement, including agreeing appropriate mechanisms to ensure the participation and engagement of children and young people in the new governance arrangements.

**11. Human rights**

There are no human rights implications directly arising from this report.

**12. Equalities and diversity**

There are no equalities and diversity implications directly arising from this report.

**13. Risk management**

The implementation plan for the new arrangements will ensure that the change in governance will not present any additional risk to vulnerable children and young people in North Tyneside.

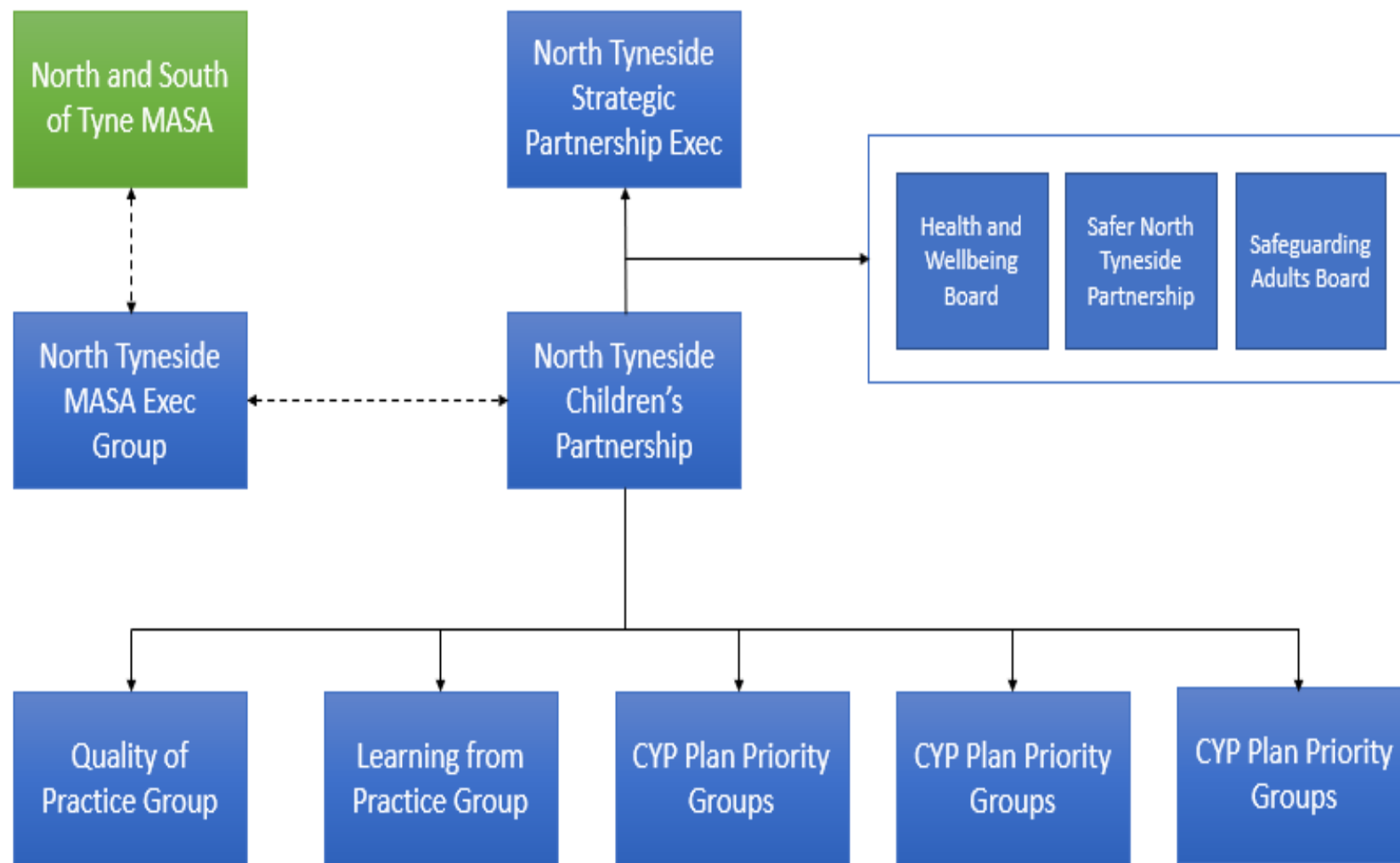
#### 14. Crime and disorder

There are no crime and disorder implications directly arising from this report.

#### SIGN OFF

Chair/Deputy Chair of the Board	<input checked="" type="checkbox"/>
Director of Public Health	<input checked="" type="checkbox"/>
Director of Children's and Adult Services	<input checked="" type="checkbox"/>
Director of Healthwatch North Tyneside	<input checked="" type="checkbox"/>
CCG Chief Officer	<input checked="" type="checkbox"/>
Chief Finance Officer	<input checked="" type="checkbox"/>
Head of Law & Governance	<input checked="" type="checkbox"/>

## Multi-Agency Safeguarding Arrangements Governance Structure





North Tyneside Council



**NORTHUMBRIA  
POLICE**  
*Proud to Protect*



**North Tyneside**  
Clinical Commissioning Group

# North Tyneside Multi-Agency Safeguarding Arrangements



June 2019

## Contents

Foreword

1. Introduction and Context
2. Vision and Guiding Principles
3. Regional Collaboration
4. Partnership Structure
5. Child Safeguarding Practice Reviews
6. Child Death Reviews
7. Scrutiny, Learning and Assurance
8. Implementation Timeline



## Foreword


Welcome to the North Tyneside multi-agency safeguarding arrangements for children and young people.

North Tyneside has had a strong and effective Local Safeguarding Children Board (LSCB) for a number of years. In developing our Multi-Agency Safeguarding Arrangements (MASA), we have started from a position of strength and have sought to build on this. Whilst we believe our MASA plan is innovative and will deliver a step-change in our partnership arrangements, we are mindful to ensure there is a degree of continuity in the way we work together.

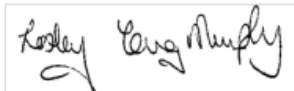
We will continue to lead and promote an inclusive approach, as we know that effective safeguarding relies on everyone playing their part, within a shared approach and common understanding of how things work, what's expected of them and what they can expect from others. We will continue to respect and support the different roles people play, whilst recognising that these continue to change, as we develop more effective early help and different ways of responding to need and risk.

Our new arrangements will place a greater focus on the credibility of scrutiny and learning to inform and challenge partnership practice. We remain committed to supporting a culture and practice that listens to and acts proportionally, collectively and accountably, to what children and young people tell us either directly or through their actions. We are equally committed to listening to frontline staff, and bringing our arrangements closer to the frontline, so that we are learning from those who know best what the challenges are and what works.

In developing our plan, we have looked at what other areas are doing and considered the emerging opportunities arising out of the North and South of Tyne approach to MASA. This plan articulates the first stage in the development of our MASA, and we will continue to develop our approach, integrate with other existing partnerships, and collaborate with regional colleagues.



Jacqui Old  
Director of Children's and  
Adult's Services  
North Tyneside Council



Lesley Young-Murphy  
Executive Director of  
Nursing and Transformation  
North Tyneside Clinical  
Commissioning Group



Scott Hall  
Chief Superintendent  
Northumbria Police

## 1. Introduction

### 1.1 Strategic Intent

This first plan outlines the way in which the three safeguarding partners will work together, and with other agencies, to deliver the new arrangements.

The new Multi-Agency Safeguarding Arrangements described in this plan cover the municipal area of North Tyneside. This corresponds with that of the North Tyneside Clinical Commissioning Group. Northumbria Police covers the North Tyneside local authority area and five other local authority areas.

The intention is not to simply replicate the existing Local Safeguarding Children Board (LSCB) governance and structure in North Tyneside but to recognise the positives of our existing approach, build on them, and develop our approach to integrate much more with other key partnerships in the borough.

In doing this, we will ensure that our arrangements incorporate a strategic understanding of need, risk and vulnerabilities in the borough, whilst having an acute focus on multi-agency practice, and a small number of key priorities where we can make a real and tangible difference to the lives of children and young people in North Tyneside.

Our focus on multi-agency practice will ensure we can be responsive to learning, and ensure that our strategic leadership and priorities are focused on outcomes that result in a swift and proportionate response to vulnerability, risk and needs. Whilst maintaining this focus on practice, we will work towards a strategic approach to safeguarding, prevention and early intervention across adults, children and young people as represented by a “Think Family and Community” approach.

To be effective, these arrangements will link to other strategic partnership work happening locally to support children and families, as governed by the Health and Wellbeing Board, Safeguarding Adults Board, Community Safety Partnership, the Local Family Justice Board and Multi-Agency Public Protection Arrangements.



### 1.2 Legislative Context

Working Together to Safeguard Children 2018 provides the legislative and policy framework through which this Multi-Agency Safeguarding Arrangements plan has been developed.

It clarifies that the three safeguarding partners in relation to a local authority area; as defined under the Children Act 2004 (as amended by the Children and Social Work Act 2017) are:

- The local authority
- A clinical commissioning group for an area, any part of which falls within the local authority area
- The chief officer of police for an area, any part of which falls within the local authority area

In North Tyneside, the lead responsibilities associated with the safeguarding partners have been delegated as follows:

Safeguarding Partner	Local Agency	Lead Representatives
The local authority	North Tyneside Council	Director of Children's and Adult's Services
A clinical commissioning group for an area any part of which falls within the local authority area	North Tyneside Clinical Commissioning Group	Executive Director of Nursing and Transformation
The chief officer of police for an area any part of which falls within the local authority area	Northumbria Police	Chief Superintendent

All three safeguarding partners have an equal and joint responsibility for the effective delivery of local safeguarding arrangements, including ensuring full participation of relevant agencies within the arrangements – that is, those whose involvement may be required to safeguard and promote the welfare of children – and they must set out how they will secure this. They also have the responsibility for ensuring equitable and proportionate funding, including through any contributions from relevant agencies.

The purpose of the local arrangements is to support and enable local organisations and agencies to work together in a system where:

- children are safeguarded and their welfare promoted
- partner organisations and agencies collaborate and own the vision for how to achieve improved outcomes for vulnerable children
- organisations and agencies challenge appropriately and hold one another to account effectively
- learning is promoted and embedded in a way that local services for children and families can become more reflective and implement changes to practice
- information is shared effectively to facilitate more accurate and timely decision making for children and families
- local data from all agencies is developed to strategically identify and respond to the underlying conditions and factors that lead to the need for help and protection



## 2. Vision and Guiding Principles

### 2.1 Vision

Our vision is that children live in safe, healthy and resilient family networks. This is underpinned by the three pledges to children and young people in North Tyneside:

1. We will intervene early, with evidence-based, family-focused services
2. We will work in partnership to keep children in school
3. We will keep children safe at home, healthy and connected to their local communities

Whilst maintaining highly effective strategic oversight, and an acute focus on quality of practice, we will agree a small number of core priorities and ambitions that we will particularly focus on each year, driving the partnership collectively to make a real and tangible difference to practice, quality and outcomes.

We want our partnership arrangements to be of the highest quality, with practice that continues to improve and evolve to reflect need and learning. Our new arrangements will be led by a focus on

- Quality and standards
- Learning that results in assurance
- Scrutiny of strategy, priorities, practice and outcomes

We intend to develop a different approach that builds on our previous learning. This will include:

- The provision of events and opportunities to focus at a local level on current developments and learning in and from safeguarding
- Consultation and engagement from practitioners and children and young people
- Participation in scrutiny and review activities to inform and to act on learning.
- The collation and coordination of “evidence” to allow for the forming of hypotheses that will proportionally test the effectiveness of joint working practice and arrangements

### 2.2 Guiding Principles

As a partnership, we have developed a set of principles that will guide us in all the work we do through our new Multi-Agency Safeguarding Arrangements.

They are:

- ✓ Seeing things through the eyes of children and young people, practitioners and partners
- ✓ Listening to what people, practitioners and partners tell us
- ✓ Streamlining and integrating partnership arrangements, where appropriate
- ✓ Inclusive approach to scrutiny, assurance and learning
- ✓ Supporting and informing wider multi-agency and regional activity
- ✓ An approach based on better understanding of needs, vulnerabilities and risks
- ✓ A transparent, inclusive and accountable approach to partnership working

### 3. Regional Collaboration

Whilst our primary focus is clearly on delivering effective North Tyneside Multi-Agency Safeguarding Arrangements, we are also committed to pursuing a regional arrangement that would provide strategic leadership and direction. Many issues that keep children and young people safe from harm are not restricted by geographic and organisational boundaries and a regional approach will ensure that children and young people are kept safe and protected by strong regional approaches to complex safeguarding issues that cover more than one Partnership or Local Authority area of responsibility.

The North and South of Tyne Strategic Safeguarding Forum was set up in 2017, originally to consider the learning from Operation Sanctuary. Membership comprises the statutory safeguarding partners from the 6 Local Authorities, 5 Clinical Commissioning Groups and 1 Police Force that cover the geographical area, north and south of the River Tyne. The area covers a footprint of approximately 2144 square miles with a population of 1.5 million, 270,000 being under 18 years.

The Forum made a successful bid for government Early Adopters funding which was available to support partnerships in developing new arrangements. The focus of the work was how system leaders could collaborate on a wider regional footprint to reduce barriers and develop a more effective and joined up prevention, early intervention and safeguarding response. It has been agreed this regional work will continue and it will form a key part of the new safeguarding arrangements for children and young people, and the commitment to identify and implement the opportunities presented by the new national guidance.



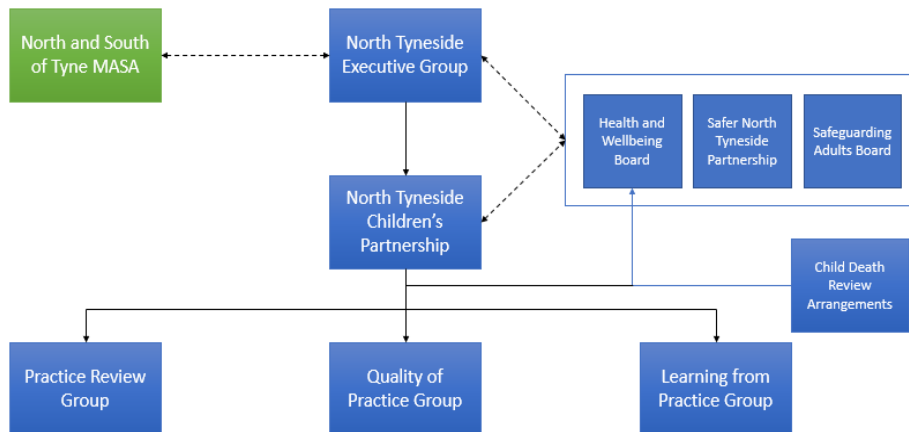
We are committed to supporting the development of a “one footprint” approach. The Terms of Reference for the regional arrangements have yet to be finalised, yet we have designed our arrangements with this in mind. We particularly see opportunities for collaboration at a North and South of Tyne level in relation to:

- Joint policies and procedures – with a balance of focus on contextual and family-focused safeguarding in North Tyneside, we have already committed to developing regional safeguarding procedures at a North and South of Tyne level
- Performance information and analysis – at a strategic level, we believe value can be added by a North and South of Tyne approach to analysis of a core set of indicators, whilst maintaining a tailored and specific focus in North Tyneside
- Peer review and challenge – in line with our intent to maximise the role and impact of independent scrutiny, learning and assurance, we would welcome the opportunity to participate in a North and South of Tyne programme of peer review and challenge
- Benchmarking and shared learning – whilst the commissioning of safeguarding practice reviews is a local matter, we would welcome a collaborative approach to commissioning arrangements and any other moves which provide for effective benchmarking and shared learning.

## 4. The Partnership Structure

### 4.1 Executive Group

We will form an Executive Group comprising senior leaders from each of the named Statutory Safeguarding Partners. The Executive Group membership will also include a Head Teacher representative, in recognition of the value and importance that the Statutory Safeguarding Partners place on the role of education in the agenda.



The Executive Group is the key decision making body of the MASA. It will meet quarterly in the first year and agree the independent scrutiny arrangements and delegations; set the budget; agree priorities for the year, linked to the Children and Young People's Plan; monitor progress against the plan; and approve the annual report. This group will provide leadership to promote a culture of learning and will also ensure that other local area leaders promote these arrangements.

The Executive Group will:

- Set, agree and review the plan for the new arrangements
- Provide strategic leadership for all who work together to safeguard children and young people
- Identify priorities and themes for scrutiny
- Ensure that the "relevant agencies/partners" are able to meet their obligations
- Provide the resources required to ensure that objectives are met
- Commission appropriately experienced and high quality independent advisory capacity
- Be responsible for everyone knowing how arrangements work

### 4.2 Relevant Agencies

The strength of local partnership working is dependent on safeguarding partners working collaboratively together with relevant agencies – i.e. those whose involvement the safeguarding partners consider is required to safeguard and promote the welfare of children. We will engage local organisations and agencies to collaborate and provide targeted support to children and families.

The Partnership will ensure the arrangements allow for the following key partners in the local area to be fully engaged:

- Schools
- Colleges

- Other education providers
- Youth Justice services
- Services for Looked After Children and care leavers
- Primary, secondary and tertiary health services
- Public Health

In supporting its working principles, public health exists as both a function to the Partnership and as a commissioning partner with relevant agencies to improving health and wellbeing outcomes for children. A public health approach will promote and encourage the Partnership to maintain those working principles by remaining outcome focused, maximising prevention, promoting greater integration of services and utilising intelligence, research or evidence to support planning and decision making.

Where a relevant agency has a national remit, such as Cafcass or NHS England the safeguarding partners will collaborate and take account of that agency's individual responsibilities and potential contributions towards a number of local safeguarding children arrangements. The safeguarding partners have secured the clinical expertise of designated health professionals for safeguarding within their arrangements.

### 4.3 Children and Young People's Partnership

The Children, Young People and Learning (CYPL) Partnership Board is the strategic group that brings partners together to improve outcomes for children and young people in the borough. It oversees the delivery of the Children and Young People's Plan and supports the statutory duties of the Health and Wellbeing Board.

Our new arrangements will maintain a focus on the importance of making sure senior representatives from what are now called "relevant agencies", have the opportunity to come together on a regular basis and this will be as part of the **North Tyneside Children and Young People's Partnership Board**. This Group will have a wide strategic membership of other stakeholders and 'relevant agencies', including schools, probation services, public health, health providers and the Cabinet Member for Children, Young People and Learning. This will focus on the priorities embodied in the **North Tyneside Children and Young Peoples Plan**, which in turn reflects on the wider strategic arrangements to address the health, wellbeing and economic prosperity of people who live in North Tyneside.

The partnership will

- Provide one place where partners can consider the agreed strategic priorities that are intended to impact on and improve outcomes for children and young people in North Tyneside
- Develop and apply approaches to scrutiny, learning and assurance that result in more effective joint working and successful outcomes
- Have a system wide overview that helps to ensure that areas of concern or unforeseen risks are identified and explored
- Support a wider community focused approach that enables local people to play their part and have confidence in how things work.

In the longer term there may also be further opportunities to align and integrate areas of common interest with other partnerships such as Safer North Tyneside and the Northumberland/North Tyneside Adult Safeguarding Board.



## 4.4 Standing Groups

Two standing groups will be established:

- **Quality of Practice Group** – this will not replicate quality assurance standards or activity that has already been undertaken in single agencies. The purpose of this group will be to bring together a multi-agency dataset; a planned series of ‘deep dives’; listening to a range of people and qualitative information obtained through audits, case reviews and other methods including Section 11 assessments. This work will be used to identify areas for practice and procedural improvement and to demonstrate impact on the outcomes for children and young people. The group will also review procedures to ensure they remain up to date and reflect changing needs, government legislation, partnership reviews and inspection findings.
- **Quality of Learning Group** - the purpose of this group will be to learn from every opportunity and ensure we have a skilled workforce who has access to up to date, relevant information to help them to keep children safe. The arrangements ensure that there is a direct link between safeguarding effectiveness and workforce development. In Year 1 we will maintain our commitment to multi agency training whilst exploring opportunities to join up on shared courses over a regional footprint. Opportunities for practitioners to develop knowledge and skills will be varied and include training courses, newsletters, briefings, espresso events, social media and the Partnership website.

This will replace the former requirement to have frameworks for

- Performance Management & Quality Assurance
- Learning and Improvement

For the first 12 months both groups will be chaired by an independent advisor. The advisor will be able to provide support, challenge and oversight and coordinate the programme of scrutiny and learning.

## 4.5 Sections 11 and 157 of the 2004 Children Act

We recognise that this will continue to provide the basis of a shared approach and accountability. The new arrangements will continue to invest in an approach that utilizes self-assessment, focused on standards as one of the foundations of effective safeguarding practice and arrangements. We are committed to making sure that our balance between process and outcomes, results in effective dialogue and commitments from all concerned.



This means that our structure will be as efficient as possible. Our plan, approach and agenda will be as focused as possible on key themes and issues across the contextual and family based safeguarding continuum and our focus as now will be on how we can be assured that early help and the arrangements for statutory interventions are joined up. We will place a new emphasis on how the learning from this can help inform the proactive, wider and longer-term priorities for partners.



## 5. Child Safeguarding Practice Reviews

Serious child safeguarding cases are those in which:

- abuse or neglect of a child is known or suspected; and
- the child has died or been seriously injured

The responsibility for how the system learns lessons from serious child safeguarding incidents lies at a national level with the Child Safeguarding Practice Review Panel and at a local level with the safeguarding partners. The three safeguarding partners are required to make arrangements to:

- identify serious child safeguarding cases which raise issues of importance in relation to the area
- commission and oversee the review of those cases, where they consider it appropriate for a review to be undertaken.

In North Tyneside, our Practice Review Group will meet as required to deliver the local review process. The group will:

- Consider cases referred to it, oversee the rapid review process through Rapid Review panels, and ensure immediate safeguarding action is taken if required and share any immediate learning.
- Report findings to the National Child Safeguarding Practice Review Panel.
- Commission and oversee local case reviews. Leadership of practice reviews should be independent of the agencies involved.
- Ensure clarity, high quality and consistency in practice in carrying out case reviews and ensure that the partnership learn lessons that can improve the response to children and families

## 6. Child Death Review Arrangements

In accordance with the Child Death Review Statutory Guidance (October 2018), partners will publish a structure and process to review all deaths of children normally resident in the North and South of Tyne area.

This process will report into Public Health and the Health and Wellbeing Board and report to the Partnership on an annual basis.

Any cases that require consideration as a Local or National Safeguarding Practice Review will be referred directly to the Practice Review Group.

The process will, through referral of findings, learning and recommendations contribute to the Partnership audit, scrutiny and review activity, which will inform multi-agency safeguarding arrangements.

## 7. Scrutiny, Learning and Assurance

Scrutiny, learning and assurance are integral to our vision for the Multi-Agency Safeguarding Arrangements and maximising their impact.

We will ensure that our scrutiny activity will

- Help form a view that is objective and evidence based
- Be targeted thematically and on key areas of multi and single agency practice
- Promote openness and transparency that supports accountability
- Reflect the challenges and complexities of practice
- Deploy a range of approaches to ensure that the voice of children, young people, their families, practitioners and partners are heard
- Draw on the skills, knowledge and experience of all through collaborative and reflective approaches.
- Result in a clearer view and understanding of what works well and what could work better.

A fundamental component of our approach to scrutiny, learning and assurance is the contribution an independent perspective can bring. We will draw upon a range of independent expertise and advisory capacity, as part of our wider approach to scrutiny, learning and assurance.

Specifically, we will appoint an independent advisor who will provide support, challenge and oversight of:

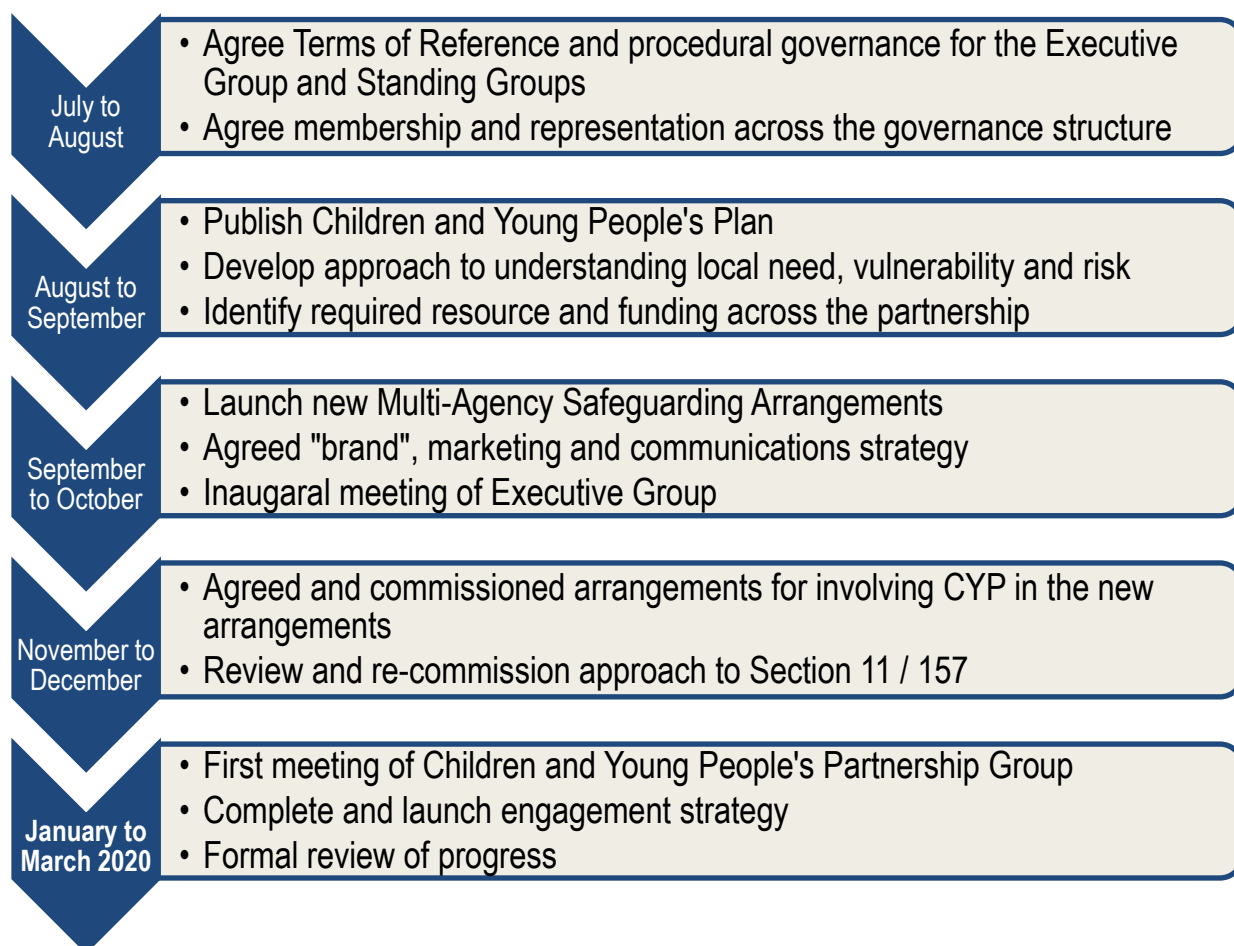
- The development of our new arrangements
- Co-ordinate our programme of scrutiny and learning
- Produce regular reports
- Provide advice, support and challenge

The Independent Advisor will chair the two standing groups outlined in section 4.4 initially for the first 12 months of the new arrangements.



## 8. Important Dates

This first plan provides a framework and outline approach to implementing the Multi-Agency Safeguarding Arrangements in North Tyneside. Between the publication of this plan in June 2019 and the commencement of implementation in September 2019, we will undertake a number of actions to confirm specific operational procedures, governance and supporting infrastructure. We will also



# North Tyneside Health & Wellbeing Board Report Date: 12<sup>th</sup> September 2019

## ITEM 9

Title: Better Care Fund  
Plan for 2019/20

**Report from :** North Tyneside Council & North Tyneside CCG

**Report Author:** Kevin Allan, Programme Manager, (Tel: 0191 643 6078)  
Integrated Care for Older People

### 1. Purpose:

This report presents a proposed plan for the Better Care Fund covering the financial year 2019/20.

### 2. Recommendation(s):

The Board is recommended to

- a) endorse the general principles of the use of the Better Care Fund, set out in the report; and
- b) authorise the Chair of the Health and Wellbeing Board to sign off any further revisions to the submission on behalf of the Board, before the deadline for submission to NHS England on 27<sup>th</sup> September 2019.

### 3. Policy Framework

This item relates to the following objectives of the Joint Health and Wellbeing Strategy 2013-23:

- To continually seek and develop new ways to improve the health and wellbeing of the population
- To shift investment to focus on evidence based prevention and early intervention where possible
- To reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the borough;
- To shift investment to focus on evidence based prevention and early intervention;
- To build resilience in local communities through focussed interventions and ownership of local initiatives to improve health and wellbeing; and
- To integrate services where there is an opportunity for better outcomes for the public and better use of public money

#### 4. Information:

The BCF Policy Framework for 2019-20<sup>1</sup> was published on 10<sup>th</sup> April 2019 by the Department of Health and Social Care and the Ministry of Housing, Communities, and Local Government.

The Framework notes:

“The Government is committed to the aim of person-centred integrated care, with health, social care, housing and other public services working seamlessly together to provide better care. This type of integrated care is the key to strong, sustainable local health and care systems which prevent ill-health (where possible) and the need for care, and avoid unnecessary hospital admissions. It also ensures that people receive high-quality care and support in the community. For people who need both health and social care services, this means only having to tell their story once and getting a clear and comprehensive assessment of all their needs with plans put in place to support them. This means they get the right care, in the right place, at the right time.” (para 1.1)

2019-20, the report states, is to be a year of minimal change for the BCF:

- The national conditions for the fund are unchanged
- BCF plans should be signed off by Health and Wellbeing Boards
- CCGs will continue to be required to pool a mandated minimum amount of funding
- Local Authorities will be required to pool grant funding from the Improved Better Care Fund and the Disabled Facilities Grant.
- The Improved Better Care Fund, as in previous years, can be used only to meet adult social care needs; reduce pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and to ensure that the local social care provider market is supported.
- Local Authorities will be required to pool Winter Pressures funding in the BCF in 2019/20.
- Winter Pressures funding will be paid to local authorities, with an attached set of conditions, requiring the funding to be used to alleviate pressures on the NHS over winter, and to ensure it is pooled into the BCF. This funding does not replace, and must not be offset against, the NHS minimum contribution to adult social care.

This year, there is no requirement to submit a detailed narrative plan to the BCF national team; the central reporting requirements are met through a spreadsheet, which is available on request from the author of this report.

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/795314/Better\\_Care\\_Fund\\_2019-20\\_Policy\\_Framework.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/795314/Better_Care_Fund_2019-20_Policy_Framework.pdf)

## Governance arrangements

The detailed operations of the Better Care Fund in North Tyneside are set out in a Section 75 Agreement between North Tyneside Council and NHS North Tyneside Clinical Commissioning Group (CCG). That agreement establishes a BCF Partnership Board with representatives from each party.

As previously requested by the Health and Wellbeing Board, regular reports on the operation and performance of the BCF have been provided to the Adult Social Care, Health and Wellbeing Sub-Committee of the Overview and Scrutiny Committee.

The BCF Policy Framework requires that BCF plans are agreed by Health and Wellbeing Boards. As in previous years, the Cabinet and the Governing Body of the CCG will also be asked to agree the BCF Plan.

## The value of the Better Care Fund

The minimum value of the North Tyneside Better Care Fund is set nationally.

Table 1

Income Component	2018/19	2019/20	% difference	£ difference
Disabled Facilities Grant	1,526,533	1,647,220	7.9%	120,687
Minimum CCG Contribution	15,833,838	16,603,777	4.9%	769,939
Improved Better Care Fund	6,772,688	8,265,809	22.0%	1,493,121
Winter Pressures Grant		1,031,077		1,031,077
<b>TOTAL</b>	<b>24,133,058</b>	<b>27,547,883</b>	<b>14.1%</b>	<b>3,414,825</b>

The national framework also stipulates minimum contributions to be paid by the CCG to adult social care, and on NHS-commissioned out of hospital services

Table 2

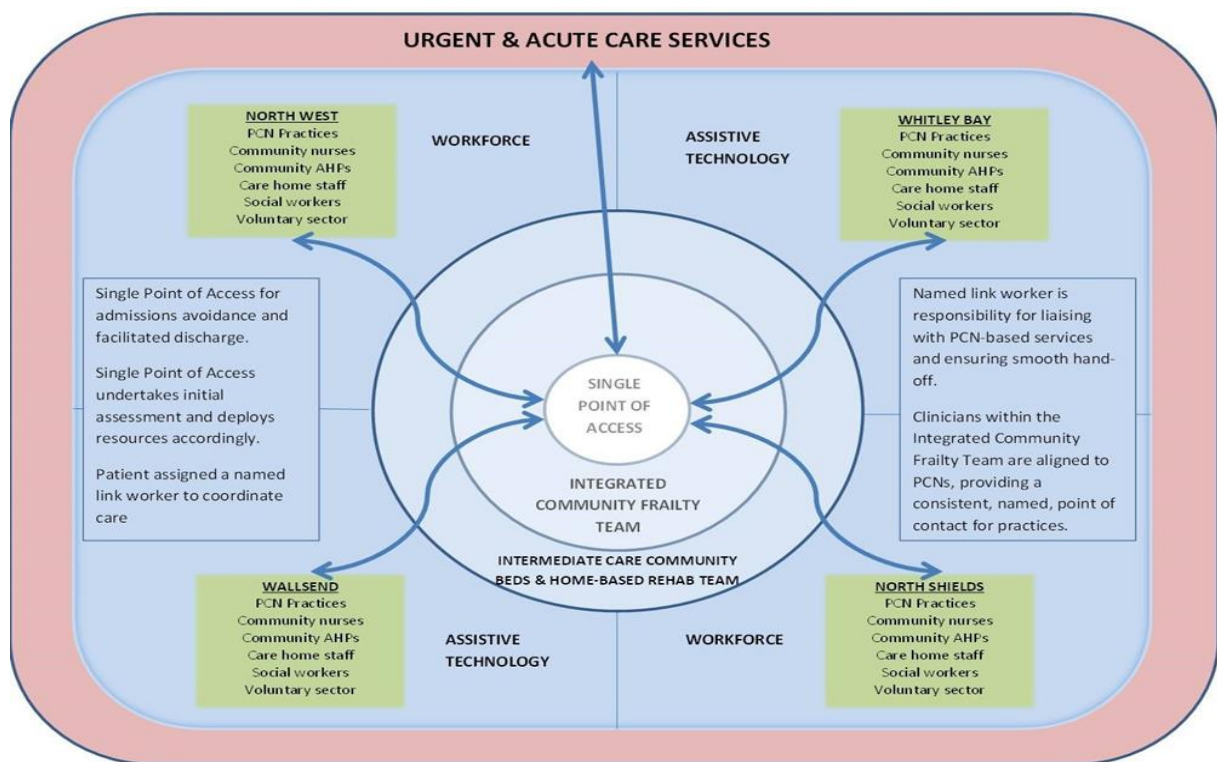
	2018/19	2019/20	% difference	£ difference
CCG minimum contribution to adult social care	10,085,863	10,576,301	4.9%	490,438
NHS commissioned out-of-hospital spend	4,449,528	4,718,332	6.0%	268,804

## Key features of the BCF plan

The plan represents a natural progression from the 2017/18/19 plan, with some changes to take into account progress that has been made. Within the Future Care Programme, action is under way to further develop services for older people, which will lead to reconfiguration of some services included in the BCF, within the overall financial envelope set out in the BCF Plan.

An Integrated Community Frailty Service for North Tyneside will be created through the reconfiguration of Care Point, Care Plus, Jubilee Day Hospital and the intermediate care beds at Howden and Royal Quays.

- The development of an integrated frailty service within exiting NHS and Local Authority services contracts.
- The development of a new community bed based intermediate care facility that will also house an integrated community frailty / aging well service, which would bring together Care Point, Care Plus and Jubilee Day Hospital and community bed based care under a shared management structure to provide a 'one-stop-shop' for frailty elderly patients.



The key components of the planned model are:

- A single point of access and assessment, capable of understanding demand and deploying resources to avoid admission and facilitate rapid discharge.
- A single integrated community frailty team providing proactive and reactive, multidisciplinary assessment, interventions, rehabilitation, reablement and care planning for frail elderly patients in North Tyneside.
- All North Tyneside residents have rapid and equitable access to step-up and step-down beds, regardless of which local hospital they are accessing that care from.
- Coordination of care and closer alignment with community nursing teams, including mental health and Primary Care Networks.

This service will consist of:

- Single point of access
- Integrated Community Frailty Team
- Integrated Care community beds and reablement
- Integration with primary care networks and community services



## **Single point of access**

The single point of access will:

- Act as a true single access to the Integrated Community Frailty Service. This will end the current system whereby referrals can be made via Care Point or directly into individual services themselves.
- Assess the patient's needs and deploy the resources of the Integrated Community Frailty Team accordingly. This will include the assignment of a clinical link-worker who will take responsibility for coordinating the patient's care.
- Assess patients requiring access to community step-up and step-down beds.
- Replicate the 'back of house functions' of the existing Care Point service and the admissions avoidance and discharge planning resource funded under the BCF.
- Coordinate the alignment of the clinical and social care workforce within the integrated community frailty team to the localities, ensuring that there is a consistent, named, point of contact for practices and community nursing teams seeking guidance and support.
- Use technology to manage system wide community capacity and demand in real-time

## **Integrated community frailty team**

The integrated community frailty team will bring together the teams currently delivering the following services:

- Jubilee Day Hospital
- Care Plus
- Care Point 'front of house functions and teams'
- Falls First Responder
- Community Falls Clinic (once existing contracts expire)

To provide:

- Single MDT-based assessment, diagnosis and management of frail elderly patients with the aim of enabling self-management, preventing further deterioration, avoiding admission and facilitating discharge.
- A person centred single assessment and care plan based upon CGA process
- Patients will also be assigned a clinical link worker to act as their main point of contact to ensure person centred care coordinated care delivery.
- Care will be delivered in the patient's place of residence or a community-based setting wherever possible, particularly for patients with more severe levels of frailty.
- The service will be accessed on an equitable basis which reflects the fact that c.40% of North Tyneside residents' access acute care in Newcastle.

## **Intermediate care community beds and reablement**

Intermediate care services in North Tyneside will continue to be provided in line with the 2017/18/19 BCF Plan.

Phase two of the agreed plan commenced in 2019. More care will be delivered in a community setting, with additional investment in community services and social care provision being used to support this transition. This will include:

- Creation of a new community-based facility capable of housing the Single Point of Access and the Integrated Community Frailty Team alongside the intermediate care beds.
- Creation of step-up community bed pathways to support admission avoidance and functions of the SPA.



- Strengthening the role of the peripatetic service.
- Enhancing the role of Personal Independence Coordinator workers and volunteers.

### **Integration with Primary Care Networks and community services**

Patients and clinicians have both identified the need for a single named person to coordinate care and manage transition into and out of specialist frailty services. This ensures that patients will only have to “tell their story once” during a specific episode of care and that healthcare is delivered more efficiently by removing unnecessary duplication of assessment.

The Community Matrons that are currently deployed within Care Plus will normally act as the named link-worker for the majority of patients referred into the Integrated Community Frailty Service. They will also act as the primary point of contact between the specialist frailty teams and the wider healthcare system, including practices, district nursing teams and hospital-based services.

In order to foster strong working relationships between the Community Matrons, GP practices and community services, the Community Matron workforce will be aligned to an existing locality of North Tyneside.

## **5. Winter Pressures**

The Winter Pressures element of the BCF is not new money. The same amount was paid directly to North Tyneside Council in 2018/19. In that year the money was used to support short-term admissions to residential care (79% of the funds) and additional hours of home care support (21% of the funds). Both of these measures relieve pressure on the NHS by supporting discharge from hospital or avoiding admission to hospital.

The timetable for submitting a BCF plan is in advance of the timetable for agreeing a winter plan. Discussions with NHS and social care stakeholders have been organised by the Local Area Delivery Board (LADB) in mid-September, to progress a Winter Plan for 2019/20.

The BCF Partnership Board will take soundings from the LADB, to determine the most appropriate use of winter pressures funding to support the 2019/20 Winter Plan, as it is developed further.

## **6. Decision options:**

The Board may either:-

- a) Endorse the general principles of the use of the Better Care Fund, set out in the report and authorise the Chair of the Health and Wellbeing Board to authorise any further revisions to the submission, before the deadline for submission to NHS England on 27<sup>th</sup> September 2019, or
- b) Request relevant officers, in consultation with the Chair and Deputy of the Board, to undertake further work to make changes to the submission taking into account the comments and suggestions made by the Board at the meeting.

## **7. Reasons for recommended option:**

The Board are recommended to agree option a). The continuation of the Better Care Fund presents a major opportunity to take forward the principles of the Health and Wellbeing Strategy. Delay in agreeing a plan for use of the Fund may lead to delay in the release of funds by NHS England.

## **COMPLIANCE WITH PRINCIPLES OF DECISION MAKING**

### **8. Financial Implications**

The financial implications for the Council and the Clinical Commissioning Group will be considered separately by each organisation as part of their approval processes.

### **9. Legal Implications**

The NHS Act 2006, as amended, gives NHS England the powers to attach conditions to the payment of the Better Care Fund Plan. In 2016/17 NHS England have set a requirement that Health and Wellbeing Boards jointly agree plans on how the money will be spent and plans must be signed off by the relevant local authority and clinical commissioning group.

### **10. Equalities and diversity**

There are no equality and diversity implications arising directly from this report.

### **11. Risk management**

A risk assessment has been undertaken and included in Appendix A

### **12. Crime and disorder**

There are no crime and disorder implications directly arising from this report.

## **SIGN OFF**

Chair/Deputy Chair of the Board	<input checked="" type="checkbox"/>
Director of Public Health	<input checked="" type="checkbox"/>
Director of Children's and Adult Services	<input checked="" type="checkbox"/>
Director of Healthwatch North Tyneside	<input checked="" type="checkbox"/>
CCG Chief Officer	<input checked="" type="checkbox"/>
Chief Finance Officer	<input checked="" type="checkbox"/>
Head of Law & Governance	<input checked="" type="checkbox"/>

**List of Better Care Fund Schemes**  
(with comparative scheme values for two previous years)

Funding source, scheme type, and scheme name	2017/18 £	2018/19 £	2019/20 £
<b>Disabled Facilities Grant</b>	<b>1,416,617</b>	<b>1,526,533</b>	<b>1,647,220</b>
<b>Social Care</b>	<b>1,416,617</b>	<b>1,526,533</b>	<b>1,647,220</b>
Disabled Facilities Grant	1,416,617	1,526,533	1,647,220
<b>Improved Better Care Fund</b>	<b>5,043,226</b>	<b>6,772,688</b>	<b>8,265,809</b>
<b>Social Care</b>	<b>5,043,226</b>	<b>6,772,688</b>	<b>8,265,809</b>
Impact on other increased fees (ISL, day care, direct payments, etc) of national living wage	1,244,000	1,609,000	3,483,827
Impact on care home fees of national living wage	2,145,226	2,775,688	2,345,847
Effect of demographic growth and change in severity of need	1,270,000	1,892,000	1,689,666
Impact on domicilliary care fees of national living wage	384,000	496,000	746,469
<b>Winter Pressures Grant</b>			<b>1,031,077</b>
<b>Social Care</b>			<b>1,031,077</b>
Measures to respond to winter pressures			1,031,077
<b>Minimum CCG Contribution</b>	<b>15,538,604</b>	<b>15,833,838</b>	<b>16,603,777</b>
<b>Community Health</b>	<b>5,225,197</b>	<b>4,881,835</b>	<b>4,376,591</b>
Intermediate Care Beds	3,653,432	3,722,847	2,709,097
Admission avoidance and discharge planning services	724,177	737,936	762,586
CarePlus	620,208	189,351	677,528
End of Life Care - RAPID	227,380	231,700	227,380
<b>Mental Health</b>	<b>749,991</b>	<b>764,241</b>	<b>713,817</b>
Liaison Psychiatry	749,991	764,241	713,817
<b>Primary Care</b>	<b>100,000</b>	<b>101,900</b>	<b>937,068</b>
Enhanced Primary Care in Care Homes	100,000	101,900	937,068
<b>Social Care</b>	<b>9,463,416</b>	<b>10,085,863</b>	<b>10,576,301</b>
Community--based support	7,138,533	7,274,165	7,627,881
Intermediate Care - Community Services	421,411	747,059	783,386
Care Act implementation	607,686	619,232	670,914
Independent support for people with learning disabilities	610,740	622,344	652,606
Carers Support	570,024	580,854	609,099
Community Falls First Responder Service	0	125,000	131,078
Seven Day Social Work	64,128	65,346	68,524
Improving access to advice and information	50,895	51,862	32,813
<b>Grand Total</b>	<b>21,998,447</b>	<b>24,133,059</b>	<b>27,547,883</b>