



**North Tyneside Council**

31 October 2018

# Health & Wellbeing Board

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

on **Thursday 8 November 2018**

in **Room 0.02, Quadrant, The Silverlink North, Cobalt Business Park, NE27 0BY**

from **2.00pm**

## **Agenda Item**

## **Page(s)**

### **1. Apologies for Absence**

To receive apologies for absence from the meeting.

### **2. 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**

Members of the public are welcome to attend this meeting and receive information about it.

North Tyneside Council wants to make it easier for you to get hold of the information you need. We are able to provide our documents in alternative formats including Braille, audiotape, large print and alternative languages.

For further information please ring (0191 643 5359)

| Item |   | Page(s) |
|------|---|---------|
| 3.   | <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> |         |
| 4.   | <p><b>Minutes</b></p> <p>To confirm the minutes of the meeting held on 13 September 2018.</p>   | 4       |
| 5.   | <p><b>Report on the Board's Strategic Objective No. 1 "To tackle childhood accidents"</b></p> <p>To consider the approach to tackling the Board's strategic objective no. 1 "To tackle childhood accidents" in order to reduce hospital admissions in children 0-14 years rate to the same or better than the rate for England.</p>   | 7       |
| 6.   | <p><b>Report on the Board's Strategic Objective No. 3 "To tackle obesity across the life course".</b></p> <p>To consider the progress that has been made on the Board's Strategic Objective No. 3 "To tackle obesity across the life course" and to receive a presentation of the Active North Tyneside Annual Report 2017/18.</p>  | 20      |
| 7.   | <p><b>Healthwatch North Tyneside</b></p> <p>To receive a report from Healthwatch North Tyneside setting out its new strategic plan and priorities for 2018/19 and an overview of the feedback it has received.</p>  | 35      |
| 8.   | <p><b>Joint Commissioning Plan for Children and Young People with Special Educational Needs and Disabilities</b></p> <p>To consider the Joint Commissioning Strategy for education, health and care provision for children and young people aged 0 to 25-year with Special Educational Needs or Disabilities.</p>   | 55      |
| 9.   | <p><b>Pharmacy Closure</b></p> <p>To consider whether to refresh the Pharmaceutical Needs Assessment or publish a supplementary statement in the light of a pharmacy closure.</p>   | 61      |

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

Councillor Margaret Hall (Chair)  
Councillor Muriel Green (Deputy Chair)  
Councillor Gary Bell  
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  
Iain Kitt, Healthwatch North Tyneside  
Paul Jones, Healthwatch North Tyneside  
Christine Briggs, NHS England  
Louise Robson, 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  
John Pratt, Tyne & Wear Fire & Rescue Service  
Alma Caldwell, Age UK  
Andy Watson, North Tyne Pharmaceutical Committee  
Richard Burrows, North Tyneside Safeguarding Children Board  
Catherine Hearne, Voluntary and Community Sector Chief Officer Group  
Dean Titterton, YMCA North Tyneside

# **Health and Wellbeing Board**

**13 September 2018**

Present: Councillor M Hall (Chair)  
Councillors G Bell, K Clark, M A Green and T Mulvenna  
W Burke, North Tyneside Council  
A Paradis, North Tyneside Clinical Commissioning Group  
R Scott, North Tyneside Clinical Commissioning Group  
I Kitt, Healthwatch North Tyneside  
C Riley, Northumbria Healthcare NHS Trust  
N Bruce, Newcastle Hospitals NHS Trust  
A Marshall, Northumberland, Tyne & Wear NHS Trust  
P Iverson, Tyne & Wear Fire & Rescue Service  
R Burrows, Safeguarding Children Board  
C Hearne, Community and Voluntary Sector

## Also Present

H Hudson, S Woodhouse and M Robson, North Tyneside Council  
J Mackey and J Stonebridge, Northumbria Healthcare NHS Trust

## **HW16/09/18 Apologies**

Apologies for absence were received from L Young-Murphy (North Tyneside Clinical Commissioning Group), P Jones (Healthwatch North Tyneside), K Kale (Northumberland, Tyne & Wear NHS Trust), L Robson (Newcastle Hospitals NHS Trust) and J Pratt (Tyne and Wear Fire and Rescue).

## **HW17/09/18 Substitute Members**

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

A Paradis for L Young-Murphy (North Tyneside CCG)  
N Bruce for L Robson (Newcastle Hospitals NHS Trust)  
A Marshall for K Kale (Northumberland, Tyne & Wear NHS Trust)  
P Iverson for J Pratt (Tyne and Wear Fire and Rescue)

## **HW18/09/18 Declarations of Interest and Dispensations**

There were no Declarations of Interest or Dispensations reported.

## **HW19/09/18 Minutes**

**Resolved** that the minutes of the meeting held on 22 August 2018 be confirmed and signed by the Chair.

## **HW20/09/18 Northumbria Healthcare NHS Foundation Trust**

Jim Mackey, Chief Executive of Northumbria Healthcare NHS Foundation Trust, attended the meeting to present details of the Trust's Five Year Strategy and its Prevention and Population Strategy.

He began by outlining a range of key issues faced by the Trust over the past 6-9 months including strong performance, but not as good as it had been used to, making sense of national and regional policy and a need to return to the Trust's plans. In the light of these issues the Trust had refreshed its strategy with a focus on patients and staff, out of hospital care, an ambition to be the best at everything it did, the need to spend money wisely, a commitment to be a good partner/corporate citizen, to be innovative, to be engaging and willing to listen and to influence national and regional policy.

Reference was made to the need to reset the operation of the Northumbria Specialist Emergency Care Hospital so that it returned to its function of treating the most seriously ill patients and working within its capacity. The establishment of the emergency care hospital had been the first step of a ten stage process involving the development of new community and preventative services. There were no plans to close North Tyneside General Hospital. It was envisaged that the site would become a community facility hosting services such as primary care and community pharmacies.

Mr Mackey commented on national and regional policy, including the merits of the commissioner provider split, accountable care organisations, the Sustainability and Transformation Plan and an Integrated Care System. Whilst the Trust would monitor and influence wider policy developments it was focussed on local place based delivery of services within the freedoms and resources available to it. Where there were opportunities to work with others on a larger scale the Trust would do so.

During questioning the Board examined in more detail how accessibility to services could be improved, the communications strategy in relation to emergency and urgent care services and how greater integration of health and social care would be required to help address financial pressures and workforce shortages. The Board welcomed the Trust's approach in shifting emphasis from acute hospital based services to developing more community based preventative services.

The Chair thanked Jim Mackey for his informative presentation and answering Board member's questions.

## **HW21/09/18 Strategic Objective No.7, Comprehensive Support for People with Dementia**

The Board received a report on the current provision of support for people with Dementia in North Tyneside and how delivery of the Board's Strategic Objective No. 7, "Comprehensive support for people with dementia", might be taken forward. The strategic objective sought to increase co-ordination of support for pre and post diagnosis for those living with Dementia and to identify and implement a fully integrated Dementia Support Pathway.

It was reported that there was currently no fully integrated Dementia pathway or a comprehensive post-diagnosis support service available in North Tyneside. There were a number of support arrangements that had been developed and details of these services were presented to the Board including those provided by Age UK North

Tyneside in partnership with Dementia UK, who had secured three year funding to provide an Admiral Nurse Service, and the North Tyneside Carers' Centre.

In June 2018 the Health and Wellbeing Board agreed to the establishment of new reporting and governance arrangements around mental health and wellbeing. It had been agreed that there would be three boards responsible for a) children and young people, b) adult mental health and c) older people. Originally the Board's work plan indicated that the Older People's Mental Health Integration Board would be responsible for delivering the strategic objective in relation to Dementia. It was proposed that this responsibility should transfer to the Mental Wellbeing in Later Life Board because this Board was already responsible for the complementary strategic objective (no.4) relating to mental health and emotional resilience and delivery of the Mental Health in Later Life Strategy which included provision for Dementia services. It was also proposed that the three boards would come together once per year to prepare a single progress report to the Board in relation to delivery of the strategic objectives.

The Board sought assurance that the key steps necessary to achieve the strategic objective were being progressed. It was stated that the report to the Board provided a baseline statement from which gaps in provision could be identified and an action plan prepared. It was suggested that once the action plan had been formulated it should be presented to the Board to provide assurance that progress was being made.

**Resolved** that (1) the current provision of support for people with dementia in North Tyneside and possible gaps be noted;  
 (2) the Mental Wellbeing in Later Life Partnership Board be responsible for delivery of Strategic Objective No. 7 to coordinate the development of a comprehensive, integrated dementia pathway of support for people pre and post dementia diagnosis and their carers be agreed; and  
 (3) the Board receive a further progress report in relation to delivery of Strategic Objective No. 7 once an action plan for its delivery has been prepared.

## **HW22/09/18 Appointment of Member to the Board**

The Board gave consideration to a proposal that a representative of YMCA North Tyneside be appointed to the Board. This would enhance the contribution made by the voluntary and community sector concerned with children and young people to the work of the Board. Based in Church Way, North Shields, YMCA North Tyneside provided a range of services and activities aimed at enabling people to develop their full potential in mind, body and spirit. Dean Titterton, Chief Executive of YMCA North Tyneside, had indicated that the YMCA would be willing to appoint a representative to serve on the Board.

**Resolved** that a representative of YMCA North Tyneside be appointed to the Board.

# North Tyneside Health & Wellbeing Board Report Date: 18 November 2018

## ITEM 5

**Title: Strategic Objective  
No.1 Childhood Accident  
Prevention in North  
Tyneside**

**Report from :** North Tyneside Council, North Tyneside CCG and Northumbria Healthcare Foundation Trust

**Report Authors:** Jo Connolly (Senior Manager 0-19 (Tel 0191 6432379)  
Children's Public Health Service)

Rachel Nicholson (Public Health Manager (Tel 0191 6438073)  
- Children)

**Relevant Partnership Board:** Children and Young People's Partnership Board

### 1. **Purpose:**

To present an update on the available data and strategic approach to tackling the Board's strategic objective no. 1 "To tackle childhood accidents" in order to reduce hospital admissions in children 0-14 years rate to the same or better than the rate for England.

### 2. **Recommendation(s):**

The Board is recommended to note the contents of the report and:

- a) Acknowledge the high rate of hospital admissions for childhood accidents is not necessarily reflective of a prevalence rate of accidents that is higher than the North East or England rate;
- b) Agree the steps to address the data gaps that have been identified; and
- c) Agree the development of an action plan with milestones.

### 3. **Policy Framework**

Tackling Childhood Accidents relates directly to the delivery of the vision, objectives and priorities contained within the Joint Health and Wellbeing Strategy 2013-23, specifically:

- Improving the Health and Wellbeing of Families
- Addressing Premature Mortality to Reduce the Life Expectancy Gap
- Reducing Avoidable Hospital and Care Home Admissions

The specific success measure in the HWBB work plan 2018-2020 is the reduction in hospital admissions from accidents in children 0-14 years to rate same or better than the rate for England (Public Health England Outcome Framework 2.7)

## 4. Information:

### 4.1 Background

Injury in children and young people is not inevitable. Accidents and the injuries that result from them are not chance events. Preventing accidents is part of our local approach to give children and young people the best start in life.

The impact of childhood accidents and unintentional injury to the health and wellbeing of children and their families has the potential to be life changing. Avoidable Injuries are a leading cause of death and hospital admission for children and young people<sup>1</sup> (CYP) in the United Kingdom aged between 1 and 14 years and therefore a serious public health issue. Most of these injuries happen in the home, outdoors or on the roads.

Unintentional injuries include:

- Falls
- Road traffic accidents
- Injuries associated with leisure / sporting activities
- Burns, scalds and smoke inhalation
- Drowning
- Choking, suffocation and strangulation (e.g. through blind cords)
- Electrocution
- Poisoning from gases including carbon monoxide
- Poisoning from chemicals and drugs (excluding food poisoning)

Strong local partnerships are better placed than a single agency to tackle the wide range of factors that cause accidents, injuries and address inequalities. Therefore, a local multi-disciplinary task and finish working group, led by the Senior Manager for the 0-19 Children's Public Health Service, has been convened to understand the data, agree and deliver a systematic approach to reducing childhood injuries and unintentional injury, building on existing good practice in North Tyneside. Partners include North Tyneside CCG and Northumbria Healthcare Foundation Trust.

A serious accident has the potential to cause life-changing disability and disfigurement. Prevention is crucial as injuries can have longer term effects on school readiness, education, employment, emotional wellbeing and family relationships. In addition, there is a strong economic case to invest resources in reducing accidents. It is difficult to give a true cost of treating children's unintentional injuries. It can cost as much as £250,000 to treat one severe bath water scald.<sup>2</sup> This figure does not reflect the long-term costs of prolonged treatment and rehabilitation or the cost of pain suffering to the patient. Nor does it reflect the lifetime disfigurement or disability and the financial loss to the patient and family or work hours lost caring for an injured child.

In addition there are also significant costs to local authorities and to society as a whole; for example, a traumatic brain injury (TBI) to a child under five from a serious fall may result in acquired disabilities which lead to high education and social care costs as well as loss of earnings to families and benefit costs to the state. The approximate lifetime costs for a three year-old child who suffers a severe TBI is £4.89m.

---

<sup>1</sup> The Audit Commission. *Better safe than sorry, Preventing unintentional injury to Children*. London : s.n., 2007

<sup>2</sup> CAPT (Child Accident Prevention Trust)



Childhood injuries are a key indicator of health inequalities and children from deprived backgrounds are more likely to suffer injury than children from more affluent backgrounds.

Opportunities to prevent injuries occur through a range of educational, environmental, and legislative approaches

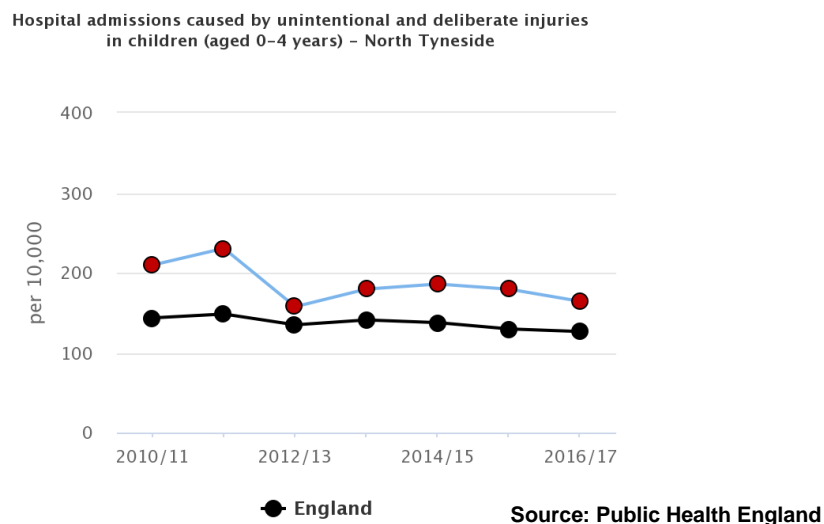
#### 4.2. Local, national and regional data

There is no readily accessible data on prevalence of accidents that can be compared at a local, regional or national level.

North Tyneside has significantly higher rates of hospital admissions for unintentional and deliberate injuries in both 0-4 age groups and 0-14 age groups as measured by Hospital Episode Statistics, when compared with the England rate. However, this does not necessarily mean North Tyneside has more accidents generally, but it means that more children get admitted to hospital. North Tyneside's hospital admission rates for both age groups are similar to the regional rates.

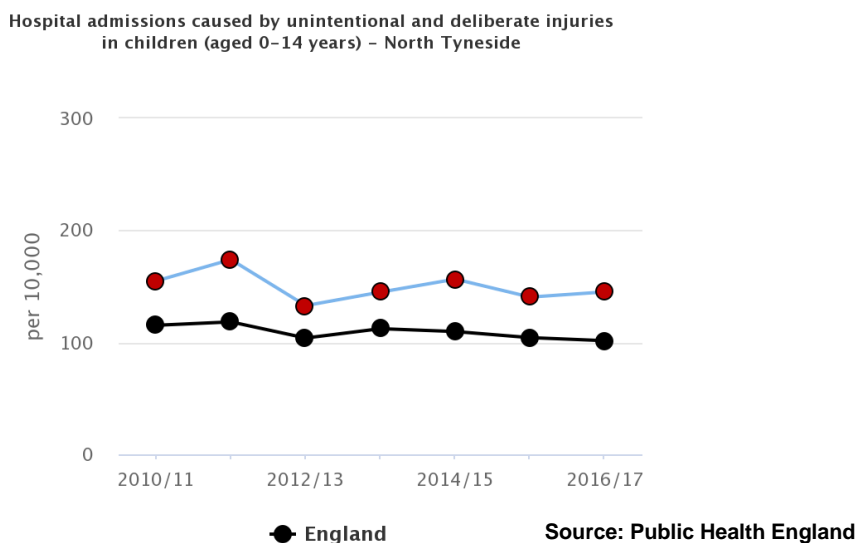
The rate of hospital admission for childhood injury in 0-4 year olds in North Tyneside has decreased since 2010/11 when there were 209.5 admissions per 10,000 to 164.1 per 10,000 in 2016/17 (Figure 1). Since 2014/15 the trend shows a reduction and number of admissions in 2016/17 was 188. However, the rate has is still significantly higher than the rate in England (126.3 per 10,000)

**Figure 1: Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4) – North Tyneside.**



Similarly, the rate of hospital admission for childhood injuries in 0-14 year olds has been significantly higher in North Tyneside than England since 2010/11 decreasing from 154.8 per 10,000 in 2010/11 to 156.4 per 10,000 in 2014/15, then down to 145 per 10,000 in 2016/17. However, the trend does not show any significant change and the rate is still higher than the England rate of 101.5 per 10,000. (Figure 2).

**Figure 2: Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14) – North Tyneside.**



North Tyneside also has higher rates of:

- Emergency hospital admissions for falls in children aged 0-4 (617 per 10,000) compared with England (509)
- Emergency admissions for exposure to animate mechanical forces in children aged 0-4 (86.9 per 10,000) compared with England (43.4)
- Emergency admissions for accidental poisoning in children aged 0-4 (234.7 per 10,000) compared with England (145.5)

However, when compared to our regional neighbours North Tyneside does not have the highest rates on any of the above indicators.

North Tyneside has similar rates to England on the following indicators:

- Children killed and seriously injured (KSI) on England's roads (20 per 10,000) compared with England (17)
- Emergency hospital admissions due to poisoning from medicines (aged 0-4 years) (127.7 per 10,000) compared with England (101.5)
- Emergency hospital admissions due to burns from food and hot fluids (aged 0-4 years) (29.3 per 10,000) compared with England (42.7)
- Emergency hospital admissions due to falls from furniture (aged 0-4 years) (136.3 per 10,000) compared with England (138.2)
- Emergency hospital admissions due to inhalation of food or vomit (aged 0-4 years) (13.8 per 10,000) compared with England (11.3).
- Emergency admissions for exposure to heat and hot substances in children aged 0-4 (66.6 per 10,000) compared with England (77.6)

(See Appendix 1 for more detail on data and trends and comparison with regional North East neighbours.)

The Task & Finish group has not yet analysed 111 data or A&E attendance data and this is an identified gap. Carrying out detailed analysis on this additional data will enable more understanding of childhood accidents by wards and different types of injury by

gender, age and ethnicity. However, it should be noted that this relies on accurate coding and accessing hospital data.

#### **4.3. Child Death Overview Panel**

All local safeguarding children boards are required to review the deaths of all children in their area, in order to learn lessons and reduce the incidence of preventable child deaths in future. They undertake this via child death overview panels (CDOPs). The North of Tyne CDOP has raised the important issue of co sleeping as a modifiable factor in infant deaths across North of Tyne in their annual reports for the last 3 years. While deaths from co-sleeping (parents or carers falling asleep with their baby on a bed, sofa or chair) are thankfully very small there is a need from frontline professionals to highlight the risks to children posed by co-sleeping. Frontline health and social care staff currently give Department of Health advice that the safest way for a baby to sleep is on its back, in its own cot or Moses basket in the parents' room for the first 6 months.

#### **4.4. Evidence Base: what works?**

The National Institute for Health and Care Excellence (NICE) produced three pieces of guidance on how to prevent unintentional injuries among under-15s;

- I. NICE Public health guideline (PH29) Unintentional injuries: prevention strategies for under 15s

This guideline covers strategies, regulation, enforcement, surveillance and workforce development in relation to preventing unintentional injuries in the home, on the road and during outdoor play and leisure.

- II. NICE Public health guideline (PH30) Unintentional injuries in the home: interventions for under 15s

This guideline covers home safety assessments, supplying and installing safety equipment and providing education and advice. It aims to prevent unintentional injuries among all children and young people aged under 15 but, in particular, those living in disadvantaged circumstances.

- III. NICE Public Health Guidance (PH 31) Unintentional injuries on the road: interventions for under 15s

This guideline covers road speed limits, 20mph zones and engineering measures to reduce speed or make routes safer.

Public Health England has produced guidance on what works to prevent unintentional injuries<sup>3</sup> which includes:

- Provide leadership via focused planning and commissioning, and mobilise existing services, including partnership working across the public, private and voluntary sectors.
- Focus on tackling the leading, preventable causes of death and serious long-term harm to the under-fives.
- Focussing on priority areas: choking, suffocation and strangulation, falls, poisoning, burns and scalds and drowning.
- Targeting deprived families and communities.

---

<sup>3</sup> Public Health England (2017) [Unintentional injuries: prevention in children under 5 years](#)

- Training early years' workforce to strengthen its central role in helping to reduce unintentional injuries.

#### **4.4. Current Approach in North Tyneside**

The current approach to preventing accidents and unintentional injuries incorporates the recommendations made in NICE guidance and Public Health England Guidance as outlined above.

The 0-19 Children's Public Health Service includes accident and injury prevention as part of their remit in line with the national Healthy Child Programme guidance. Health visitors have an important role to play in reducing accidents and unintentional injury as they provide a universal service to all families with children under 5 and they all follow the Institute of Health Visiting Excellence in Practice Guidelines.

A Baby Equipment Loan Service is a charity that provides safety equipment to families via Howdon Community Service. First Aid for Baby and Child Courses are available to parents in the Borough and parents are encouraged to use the NHS Child Health App which has a range of excellent information on childhood illnesses and accidents.

However, a community-wide approach is needed for maximum impact, with other health and care professionals also having a leading role. For example, pharmacies giving advice on keeping drugs safe, a GP or Practice Nurse explaining how to lower risks when they have interaction with a family or through our schools and school nurses using their access to older children to empower them to make the best decisions for their own health.

More broadly Children's Centres, Early Help and Family Partner Services contribute to accident and injury prevention through enabling parents to develop the skills and competences to identify hazards and reduce or eliminate risks associated with specific hazards. There is already a vast amount of preventative work happening within current services such as A&E departments and Paediatric advice given to families.

In addition, North Tyneside's Travel Safety Strategy highlights actions to reduce road traffic accidents including developing school travel plans and the introduction of 20mph zones in appropriate places.

#### **4.5 Next steps for action**

Hospital admissions as outlined above are one source of data to understand trends, but they represent the more serious end of the accident spectrum. A key question for the Task & Finish group to understand is do we have more childhood accidents in North Tyneside or just more admissions to hospital?

As discussed above there are currently data gaps so we do not have detailed information of numbers of accidents at ward level or if there are particular age groups being affected by specific types of accident or injury.

The Task and Finish Group intend to collect further data to build a more comprehensive understanding of preventable childhood accidents and injuries by requesting and analysing:

- 111 contacts for childhood accidents for North Tyneside registered patients.
- A&E attendance data for North Tyneside

- Hospital admissions data for North Tyneside

Carrying out this detailed analysis on available data will enable more understanding of childhood accidents by wards and different types of injury by gender, age and ethnicity. Patterns of injury may be identified that reflect a child's age, the environment in which children and young people live, and the activities in which they are engaged. Greater understanding of the causes of injury will help us to build effective preventive strategies.

Following the results of the data analysis the Task and Finish group will decide if a more targeted approach needs to be taken to reduce hospital admissions in children 0-14 years rate to the same or better than the rate for England.

## **5. Decision options:**

The Board is recommended to note the contents of the report and be assured that the task and finish group is working to achieve the target set out in the Health and Wellbeing Work Plan.

The Board is asked to agree the steps that have been identified above to address the data gaps and further in-depth analysis to understand if North Tyneside has more childhood accidents or just more admissions to hospital.

The Board is asked to agree the development of an action plan with milestones.

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

The recommendation is for the Board to agree all of the above decision options to ensure continuing development and action in reducing North Tyneside's hospital admissions in children 0-14 years rate to the same or better than the rate for England.

Preventing unintentional injuries in the home and on the roads requires a whole system approach that maximises the contribution of all staff in North Tyneside working with children and young people and their families.

The consequences of taking no action has both economic implications and implications for children and families life chances, as outlined above in point 4.1.

## **7. Appendices:**

Appendix 1: Local, Regional and National Data Comparisons and Trends

## **8. Contact officers:**

Jo Connolly: Senior Manager 0-19 Children's Public Health Service, North Tyneside Council Tel: 0191 6432379

Steve Rundle; Head of Planning & Commissioning, NHS North Tyneside Clinical Commissioning Group Tel: 0191 2931158

Anna Telfer: Modern Matron, Acute and Emergency Paediatrics, Northumbria Healthcare NHS Trust Tel: 0191 6072848

## 9. Background information:

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

- Public Health England: Child and Maternal Health Profile
- Public Health England (2017) Preventing unintentional injuries: A guide for all staff working with children under five years.
- Annual Report of the Chief Medical Officer (2012): Our Children Deserve Better - Prevention Pays
- North Tyneside Council (2018) North Tyneside Road Safety Travel Plan
- NICE Guidance PH31: (2010) Preventing unintentional road injuries among under-15s: road design
- NICE Guidance PH29: (2010) Strategies to prevent unintentional injuries among under-15s
- NICE Guidance PH30: (2010) Preventing unintentional injuries in the home among children and young people aged under 15
- Road Safety and Public Health (2014)
- Child Accident Prevention Trust <http://www.capt.org.uk/>
- Royal Society for the Prevention of Accidents <http://www.rospa.com/>
- Healthy child programme - high impact area for early years and health visiting professionals.

## COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

### 10 Finance and other resources

Preventing unintentional injuries does not require major new investment; much can be achieved by mobilising existing services, building on strengths and developing capacity and incorporating unintentional injury prevention within our local plans and strategies for children and young people's health and wellbeing.

National Institute for Health and Clinical Excellence (NICE) guidance estimates that interventions such as installing home safety equipment can lead to considerable cost savings in terms of, for example, reductions in overall hospital admissions or A&E attendances for unintentional injuries.

### 11 Legal

If a child is injured as a result of the negligent act of somebody else, their family may be entitled to bring a claim on their behalf. For example, it is possible to be sued for negligence if the relevant authority failed to take reasonable care to ensure playgrounds are safe and an accidents that happened could reasonably have been foreseen could happen. An example would be an accident which occurred from failing to maintain the protective surface which had been provided under equipment.

### 12 Consultation/community engagement

There has been no consultancy or community engagement to date. If further data analysis highlights particular issues or injuries it may be appropriate to consult with families to ensure that accident prevention messages are relevant to all communities.

### 13 Human rights

There are no human rights implications directly arising from this report

### 14 Equalities and diversity

Childhood injuries are a key indicator of health inequalities and children from deprived backgrounds or living in urban areas are more likely to suffer injury than children from more affluent backgrounds, or those living in rural areas. Research also demonstrates that children are more likely to be injured if they are:

- male and aged 1-14 (twice as likely to die of injury than females);
- under 5 (more vulnerable to unintentional injury within the home);
- over 11 (more vulnerable to unintentional injury on the road) in general;
- they have disability or impairment (physical or learning);
- are from a BME group;
- live in accommodation that potentially puts them at greater risk (such as rented housing or houses in multiple occupation).

Carrying out further detailed data analysis at a ward level to include ethnicity and gender exploration will aid targeted prevention work to address inequalities, which is a key priority for the Task and Finish Group.

### 15 Risk management

No risk assessment has taken place. Any risks identified (e.g. point 11) can be managed following the Council's existing risk processes.

### 16 Crime and disorder

Deaths and injuries of children due to dangerous or careless driving could result in criminal prosecutions, particularly if due to speeding or drink driving. The task and finish group do not have any evidence of prosecutions at this time.

#### SIGN OFF

Chair/Deputy Chair of the Board

X

Director of Public Health

X

Director of Children's and Adult Services

X

Director of Healthwatch North Tyneside

X

CCG Chief Officer

X

Chief Finance Officer

X

Head of Law & Governance

X

## Appendix 1: Comparison with other local authorities in the North East and England

Figure 1: [Hospital admissions caused by unintentional and deliberate injuries in children \(aged 0-4 years\) 2016/17](#) Crude rate - per 10,000

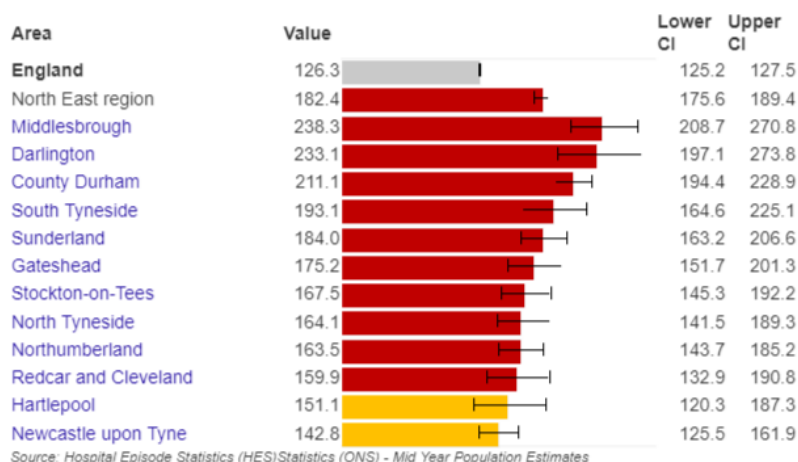


Figure 2: [Hospital admissions caused by unintentional and deliberate injuries in children \(aged 0-14 years\) 2016/17](#) Crude rate – per 10,000

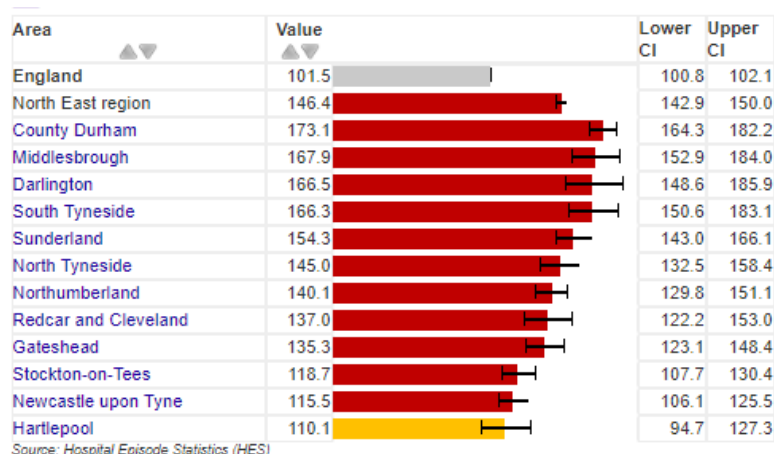


Figure 3: [Emergency admissions for falls in children aged 0-4](#) 2014/15 - 16/17 Crude rate - per 10,000

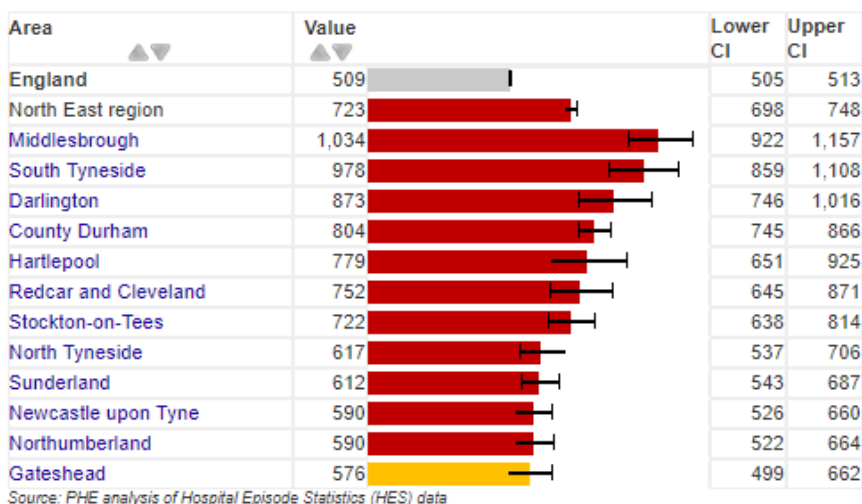




Figure 4: [Emergency admissions for exposure to animate mechanical forces in children aged 0-4](#) 2014/15 - 16/17 Crude rate - per 10,000

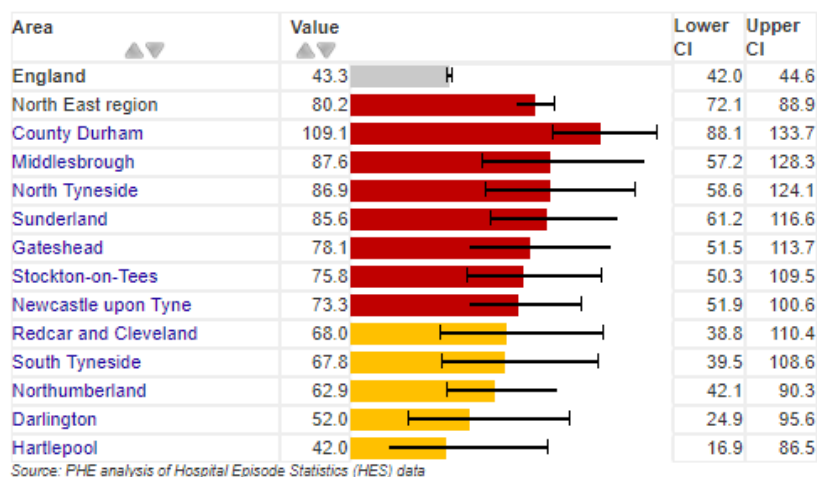


Figure 5: [Emergency admissions for exposure to heat and hot substances in children aged 0-4](#) 2014/15 - 16/17 Crude rate - per 10,000

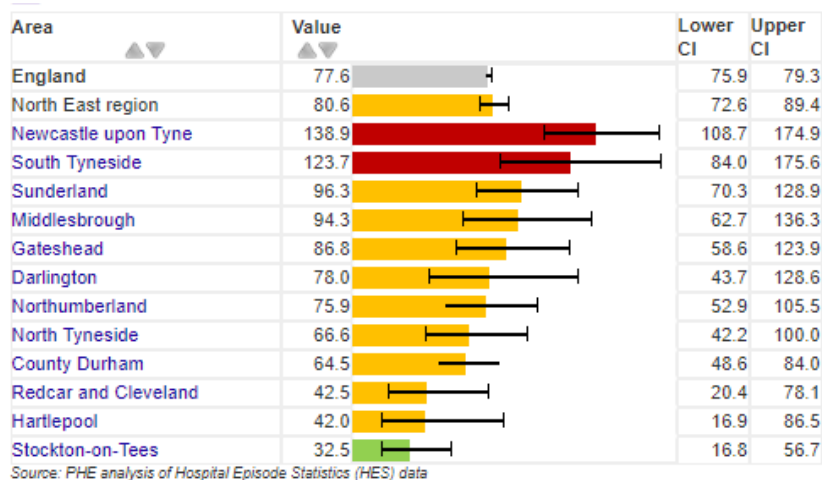


Figure 6: [Emergency admissions for accidental poisoning in children aged 0-4](#) 2014/15 - 16/17 Crude rate - per 10,000

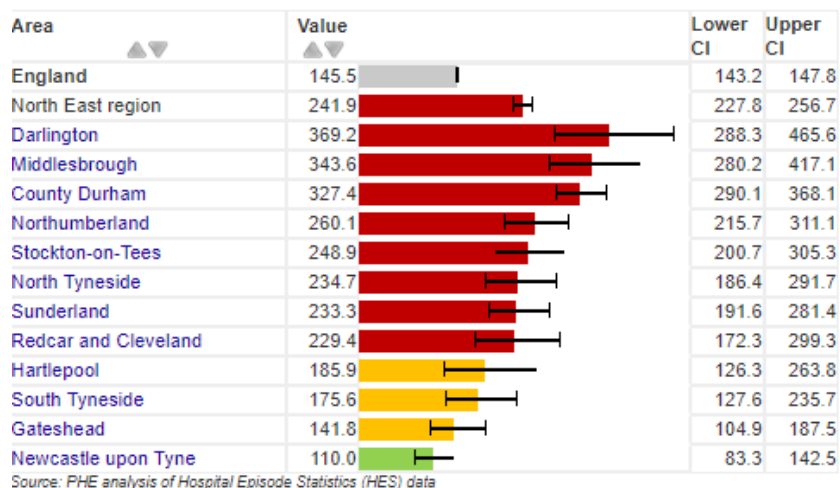
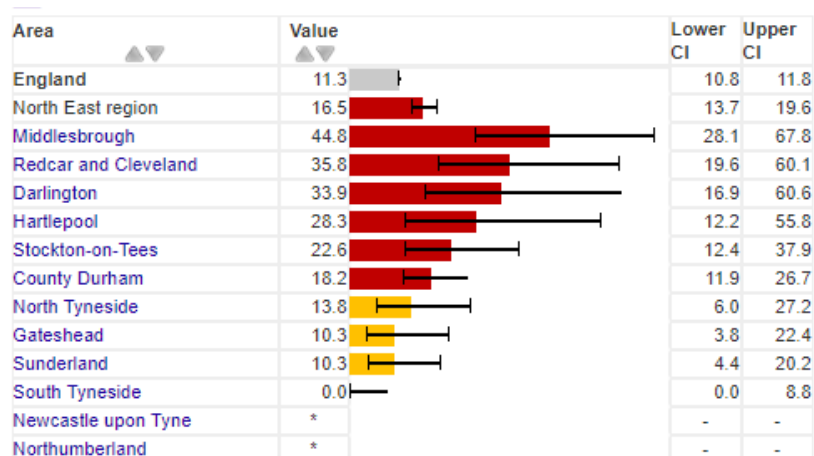
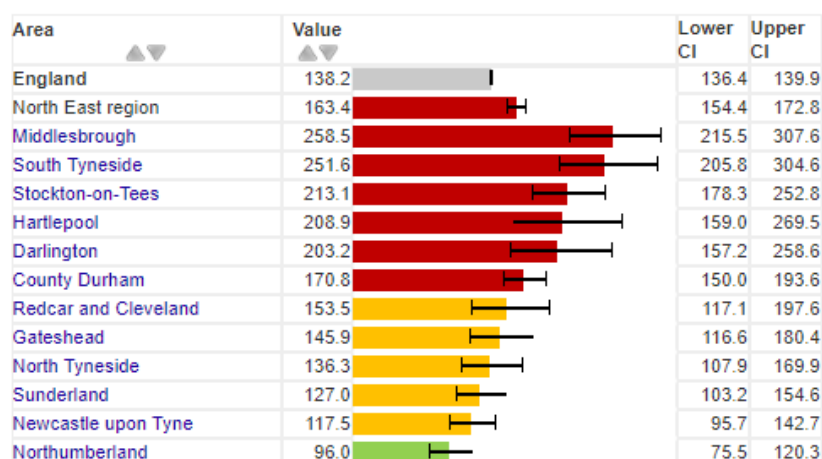


Figure 7: [Emergency hospital admissions due to inhalation of food or vomit \(aged 0-4 years\)](#)2012/13 - 16/17  
Crude rate - per 10,000



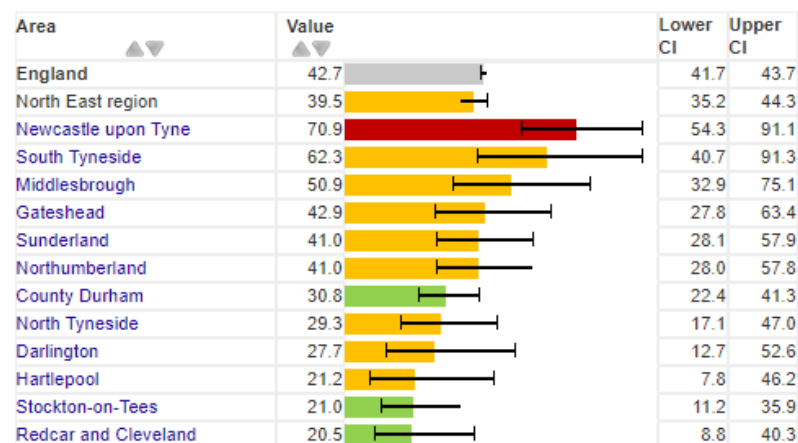
Source: Hospital Episode Statistics (HES), Copyright © 2017, Re-used with the permission of NHS Digital. All rights reserved

Figure 8: [Emergency hospital admissions due to falls from furniture \(aged 0-4 years\)](#)2012/13 - 16/17 Crude rate - per 10,000



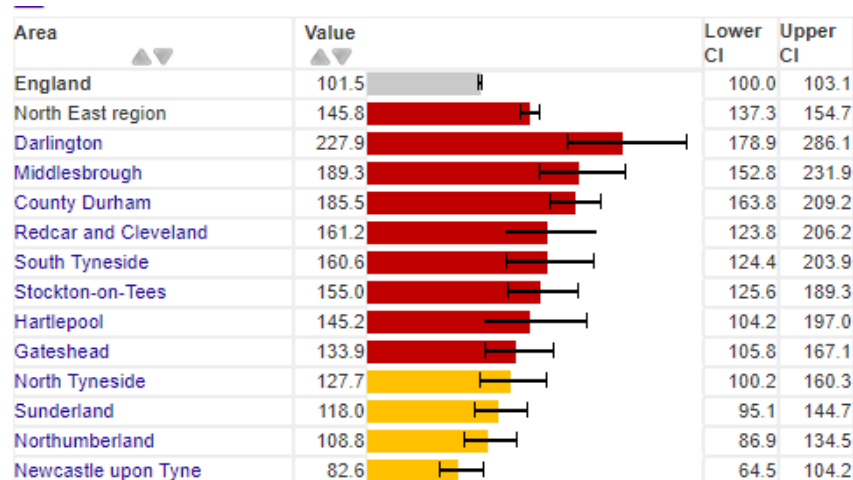
Source: Hospital Episode Statistics (HES), Copyright © 2017, Re-used with the permission of NHS Digital. All rights reserved

Figure 9: [Emergency hospital admissions due to burns from food and hot fluids \(aged 0-4 years\)](#)2012/13 - 16/17 Crude rate - per 10,000



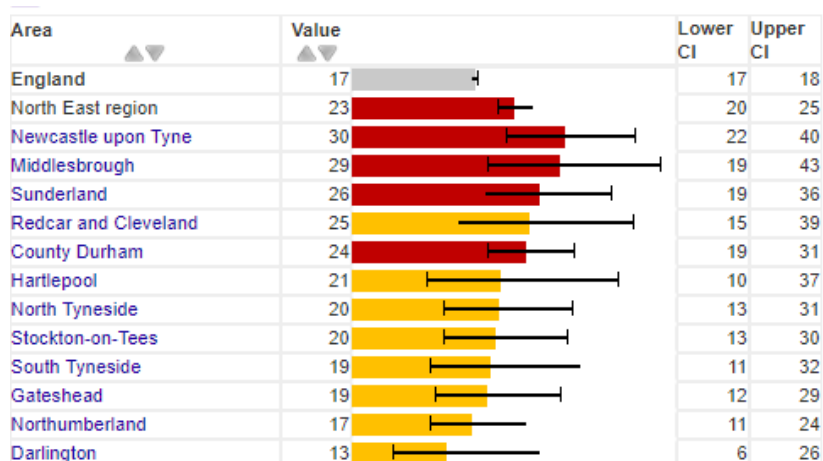
Source: Hospital Episode Statistics (HES), Copyright © 2017, Re-used with the permission of NHS Digital. All rights reserved

Figure 10: [Emergency hospital admissions due to poisoning from medicines \(aged 0-4 years\) 2012/13 - 16/17](#)  
Crude rate - per 10,000



Source: Hospital Episode Statistics (HES), Copyright © 2017, Re-used with the permission of NHS Digital. All rights reserved

Figure 11: [Children killed and seriously injured \(KSI\) on England's roads 2014 – 16](#) Crude rate - per 10,000



Source: Department for Transport (DfT), Road accidents and safety statistics.

# North Tyneside Health & Wellbeing Board Report Date: 8<sup>th</sup> November 2018

## ITEM 6

Title: Strategic Objective  
No. 3 “Tackling Obesity  
Across the Life Course”

**Report from :** North Tyneside Council on behalf of the North Tyneside Healthy Weight Alliance

**Report Author:** Dawn Phillips: Senior Manager (Tel: 0191 6436448)  
Public Health and Wellbeing - Children

**Relevant Partnership Board:** Children and Young Peoples Partnership Board

### 1. Purpose:

The purpose of this report is to provide an update on progress that has been made on the Health and Wellbeing Board's Strategic Objective No. 3 “To tackle obesity across the life course”.

### 2. Recommendation(s):

The Board is recommended to note the content of the report and:

- a) Acknowledge the scale and complexity of tackling obesity in the population and achieving the challenging national and local targets; and
- b) Agree to the North Tyneside Healthy Weight Alliance developing a refreshed action plan with milestones.

### 3. Policy Framework

This item relates to the vision, objectives and priorities contained within the Joint Health and Wellbeing Strategy 2013-23

This item specifically relates to the Health and Wellbeing Board's Work plan: To tackle obesity across the life course:

- 0% rise in childhood obesity levels in reception by 2020
- Halt the rise in the prevalence of diabetes in adults in North Tyneside of the CCG population
- 0% rise in adults who are overweight and obese by 2025
- For partners and the public to work together to support weight loss and to avoid weight gain

### 4. Information:

#### 4.1 Background

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 people 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>. 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**

In North Tyneside there have been several key developments that have informed the work programmes to date. A series of collaborative events in 2015 and 2016 with the Town and Country Planning Association, which engaged the whole system, as well as two Health and Wellbeing Board Action Days resulted in a set of priority actions agreed by the board in February 2017.

#### **Priority Actions:-**

- I. Strengthen the Joint Health and Wellbeing Strategy to reflect the impact of the environment on healthy weight as reflected in the National Planning Policy Framework
- II. Strengthen planning policy to support the 6 principles for creating healthy weight environments
- III. Translate national policy at a local level in relation to the national childhood obesity plan
- IV. Develop the wider workforce in North Tyneside to offer effective information and advice to support residents and patients to achieve a healthy weight
- V. Provide effective interventions which promote a healthy weight for children and families
- VI. Create healthy workplaces that promote healthy eating and active lifestyles by supporting the healthy choice to be the easy choice
- VII. Promote Everyone Active Every Day (PHE strategy for physical activity) in North Tyneside across the disciplines of transport, public health, leisure, schools and colleges e.g. joined up and visible walking and cycling campaigns/initiatives

Work has been on going across a range of services and the key partner agencies in the borough on the areas highlighted above and this work will be carried forward into the work programme of the North Tyneside Healthy Weight Alliance under the leadership of the Director of Public Health.

#### **4.2 Prevalence of Childhood Obesity: National and Local Data**

Childhood obesity is a good indicator of adult obesity and can lead to poor health outcomes. 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.

The recommended measure of underweight, healthy weight, overweight and obesity in children and adults is body mass index (BMI) and is calculated by dividing body weight (kilograms) by height (metres) squared.

---

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

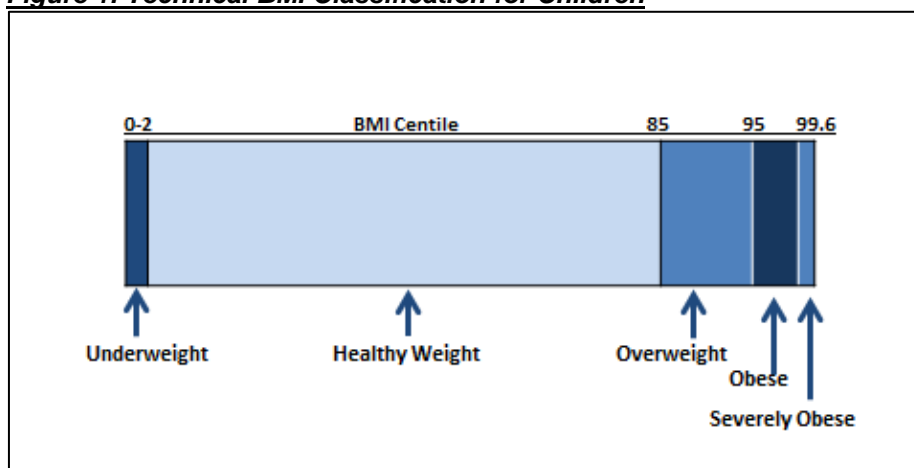
Defining children as overweight or obese is a complex process, given that children of different ages and sexes grow and develop at different rates. This means that a different method is used for children than for adults. In children, the BMI is adjusted for a child's age and gender. The NCMP uses the British 1990 growth reference (UK90) to define the BMI classifications <sup>2</sup>.

Table 1 below outlines the classification of BMI in children and adults respectively and Figure 1 illustrates the classification for children only.

**Table 1: BMI Classification Children and Adults**

| <b>Classification</b>   | <b>BMI centiles<br/>Children</b>           | <b>BMI range<br/>Adults</b> |
|---|--|-----------------------------|
| <b>Underweight</b><br>(children may be healthy at this BMI centile) | Below 2nd BMI centile                      | < 18.5                      |
| <b>Healthy weight</b>   | Between 2nd and 84th BMI centiles          | 18.5 – 24.9                 |
| <b>Overweight</b>   | At or Between 85 and 94 BMI centiles       | 25.0 – 29.9                 |
| <b>Very overweight/Obese</b><br>(clinically obese)                  | At or above 95th BMI centile               | 30.0 – 39.9                 |
| <b>Morbidly Obese</b><br>Severely Obese                             | At or above 99.6 <sup>th</sup> BMI Centile | >40                         |

**Figure 1: Technical BMI Classification for Children**



Source: NHS Digital

The NCMP figures for 2017/18 confirm the overall scale of childhood obesity in England. The data has told a similar story for a number of years now which is, by the time children get to year 6 the rate of obese children almost doubles, from 1:10 children in Reception

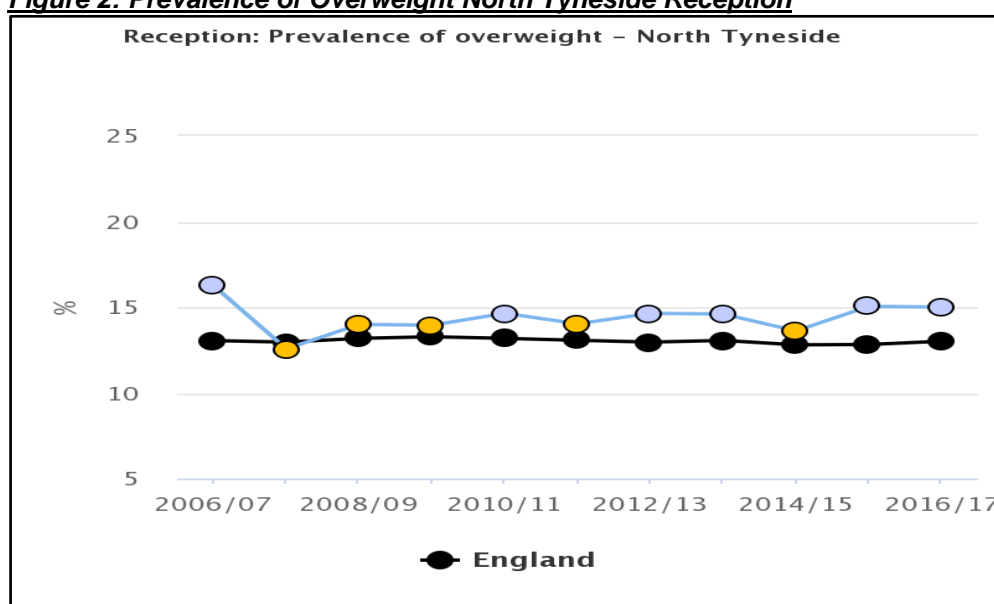
to 2:10 for Year 6 children. At a national level in addition to increasing levels of obesity by year 6, the gap is widening between the most and least deprived areas.

In North Tyneside 15% of children in reception are classified as being overweight and this is higher than that of England (13%) as seen in figure 2. In year 6 the prevalence of overweight children is similar to the England average with 14.7% of children overweight compared to 14.3% in England (figure 3).

In relation to obese children in reception, including those who are classified as severely obese, North Tyneside have a similar prevalence of obese children (9.8%) compared to England (9.6%) as seen in figure 4.

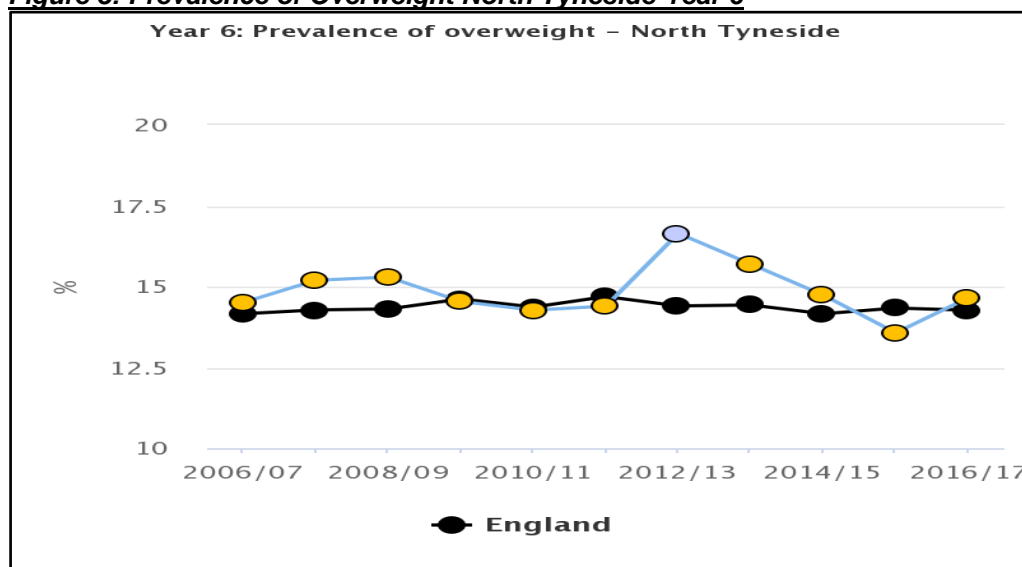
At year 6 the prevalence of obesity in North Tyneside (20.6%) is comparable with the national data (20%) and has remained static over recent years as indicated in figure 5 below.

**Figure 2: Prevalence of Overweight North Tyneside Reception**



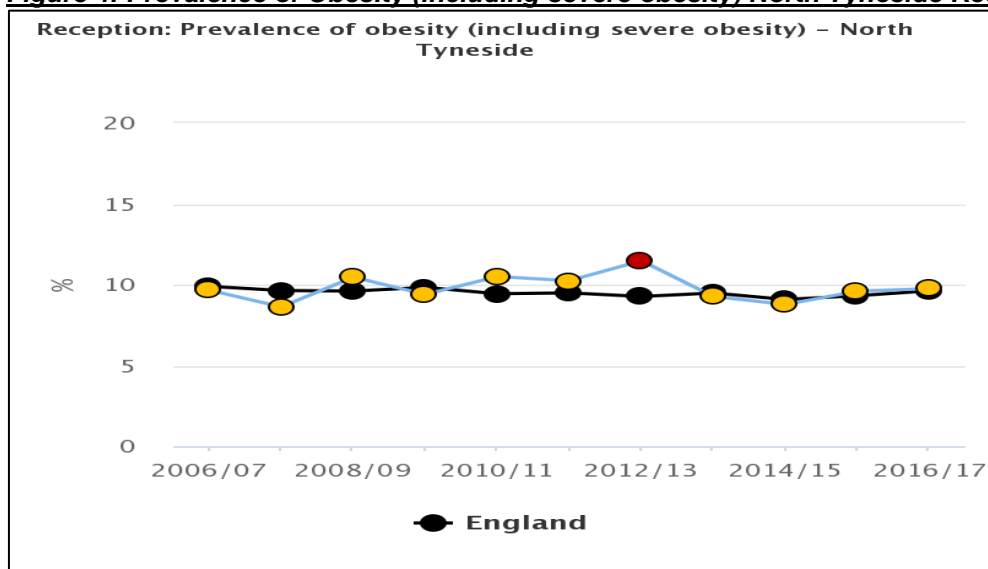
Source: NHS Digital, National Child Measurement Programme

**Figure 3: Prevalence of Overweight North Tyneside Year 6**



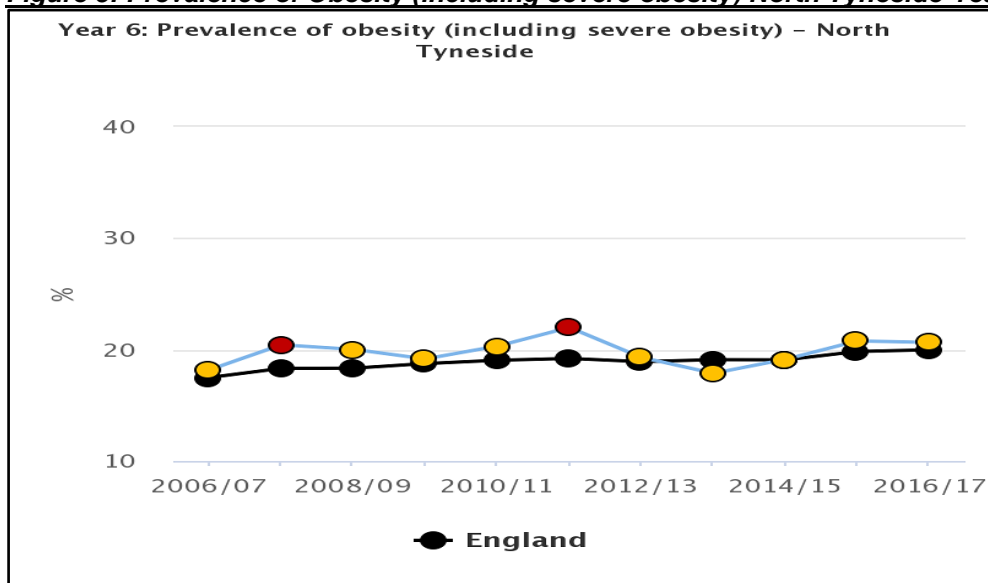
Source: NHS Digital, National Child Measurement Programme

**Figure 4: Prevalence of Obesity (including severe obesity) North Tyneside Reception**



Source: Public Health England National Childhood Measurement Programme 2016/17

**Figure 5: Prevalence of Obesity (including severe obesity) North Tyneside Year 6**



Source: Public Health England National Childhood Measurement Programme 2016/17

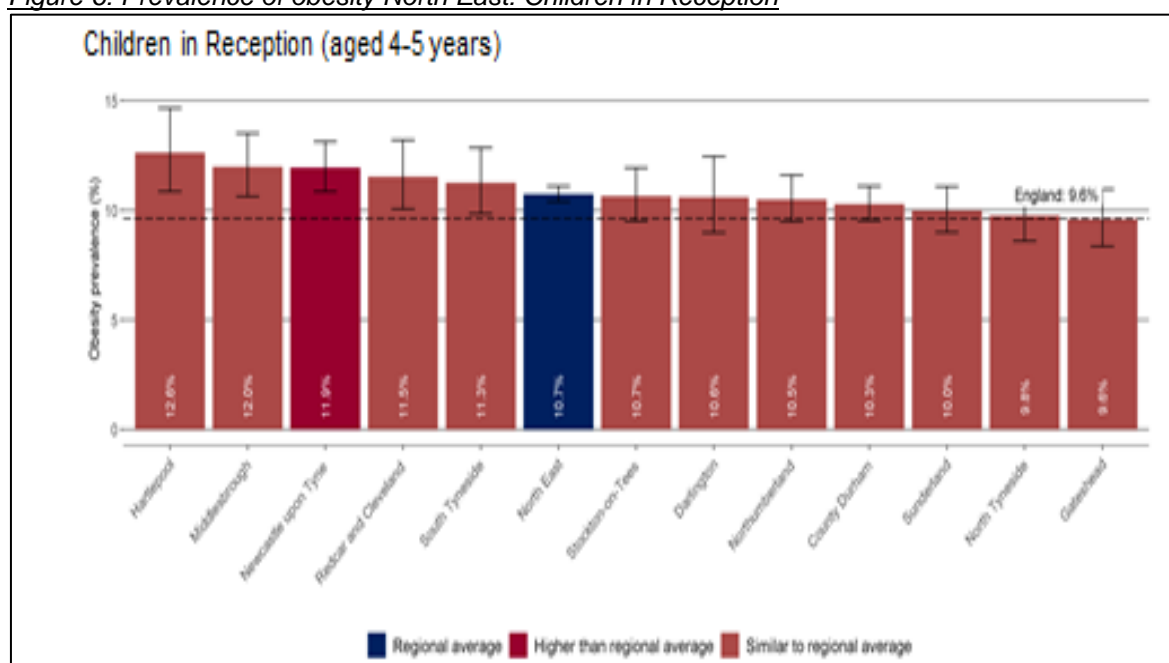
North Tyneside has some of the lowest levels of childhood obesity in the North East. The prevalence of obesity in North Tyneside's reception aged children at 9.8% is lower than the North East average of 10.7% as shown in figure 6 below.

North Tyneside has the lowest prevalence of childhood obesity in the region for children in year 6 (20.0%) and this compares with a regional average of 22.5%. Gateshead has the highest levels of year 6 obesity in the North East with 24.6% of children in year 6 classified as obese.

In line with the national data which demonstrates the social gradient to obesity in both reception and year 6 (see example in figure 7) we know within the borough there are stark differences in overweight and obesity between communities. Pooled data for North Tyneside childhood obesity confirms that children who attend our more deprived schools are more likely to be overweight or obese. A detailed breakdown of NCMP data related to schools and IMD deciles can be found in Appendix 1



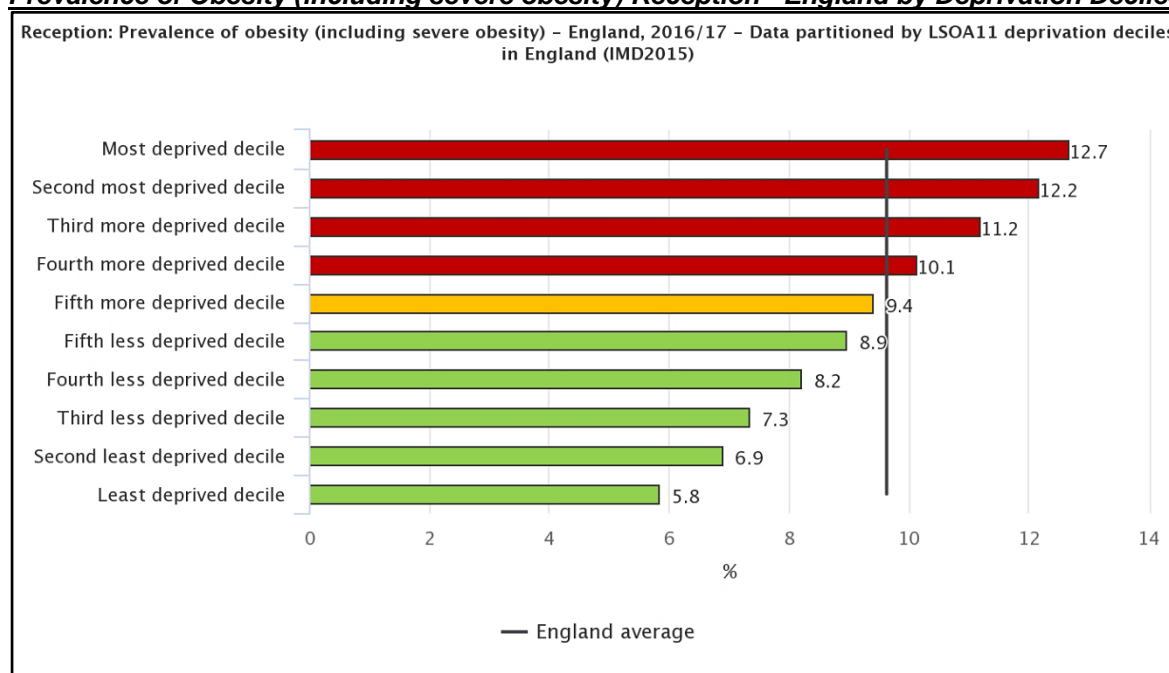
**Figure 6: Prevalence of obesity North East: Children in Reception**



Source: NHS Digital National Childhood Measurement Programme 2016/17

**Figure 7:**

**Prevalence of Obesity (including severe obesity) Reception - England by Deprivation Deciles**



Source: NHS Digital National Childhood Measurement Programme 2016/17

Childhood obesity is complex and we need to better understand the inter-relationships in order to generate effective solutions at a national and local level. Details of national and local activities are described within the body of this report.

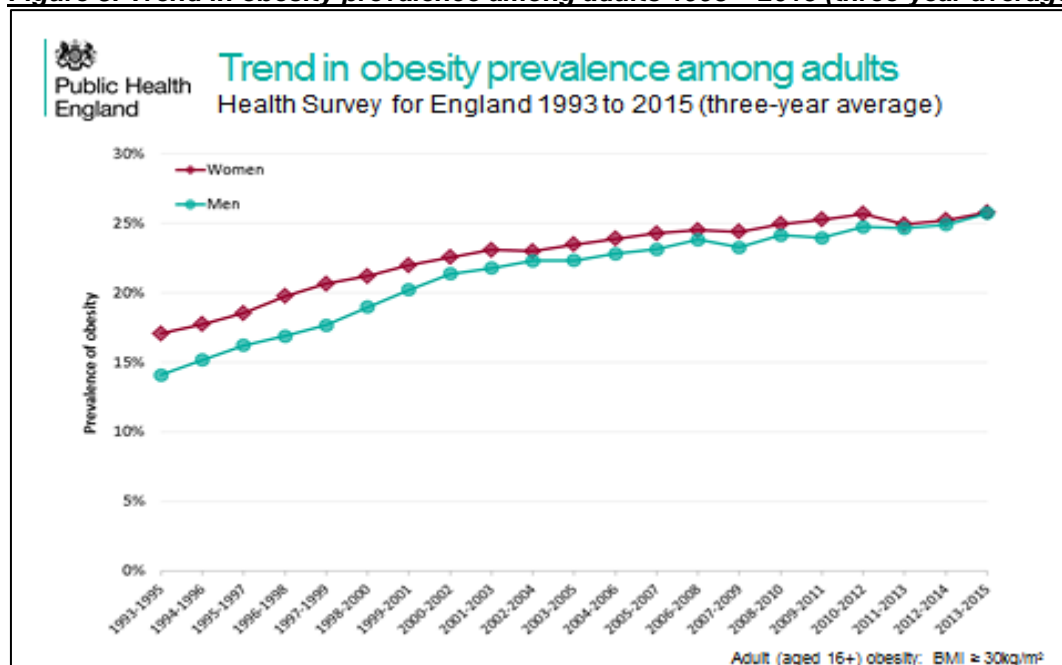
### 4.3 Prevalence of Adult Obesity: National and Local Data Trends

The recommended measure of underweight, healthy weight, overweight and obesity in adults is body mass index (BMI) and is calculated by dividing body weight (kilograms) by height (metres), details of BMI classifications for adults can be found in Table 1 at the beginning of this report.

The prevalence of obesity has been rising at a national level since 1993 and this trend is the same for both males and females as shown in figure 8 below. Almost 7 out of 10 men (66.8%) and 6 out of 10 women (57.8%) are now overweight or obese in England.

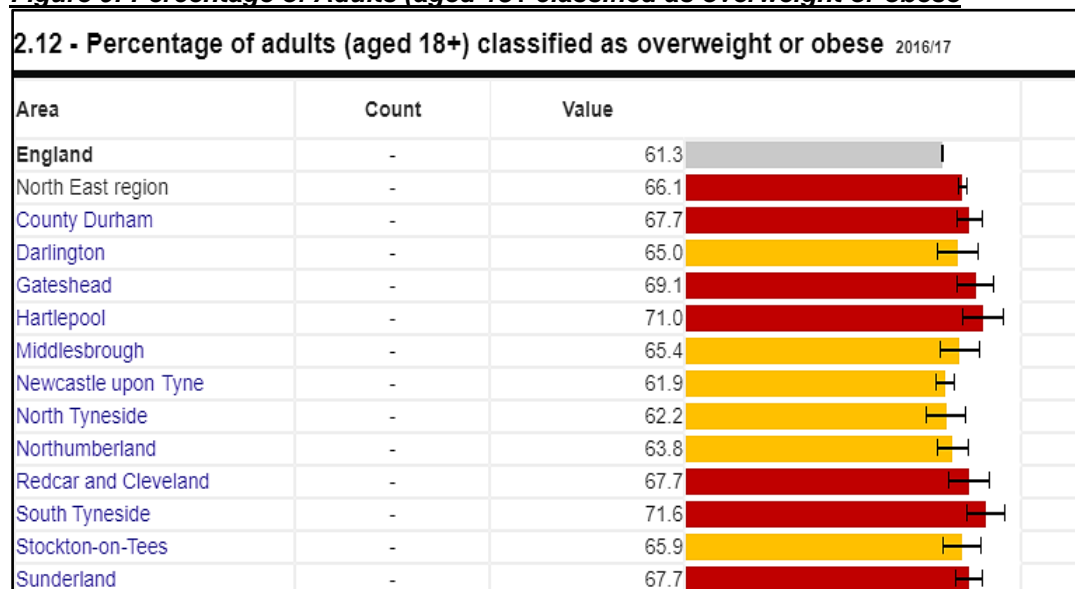
62.2% of all adults (18 years +) in North Tyneside are reported to be either overweight or obese and this figure is comparable to the England average of 61.3% and lower than that of the North East (66.1%) as shown in figure 9 below.

**Figure 8: Trend in obesity prevalence among adults 1993 – 2015 (three-year average)**



Source: Public Health England

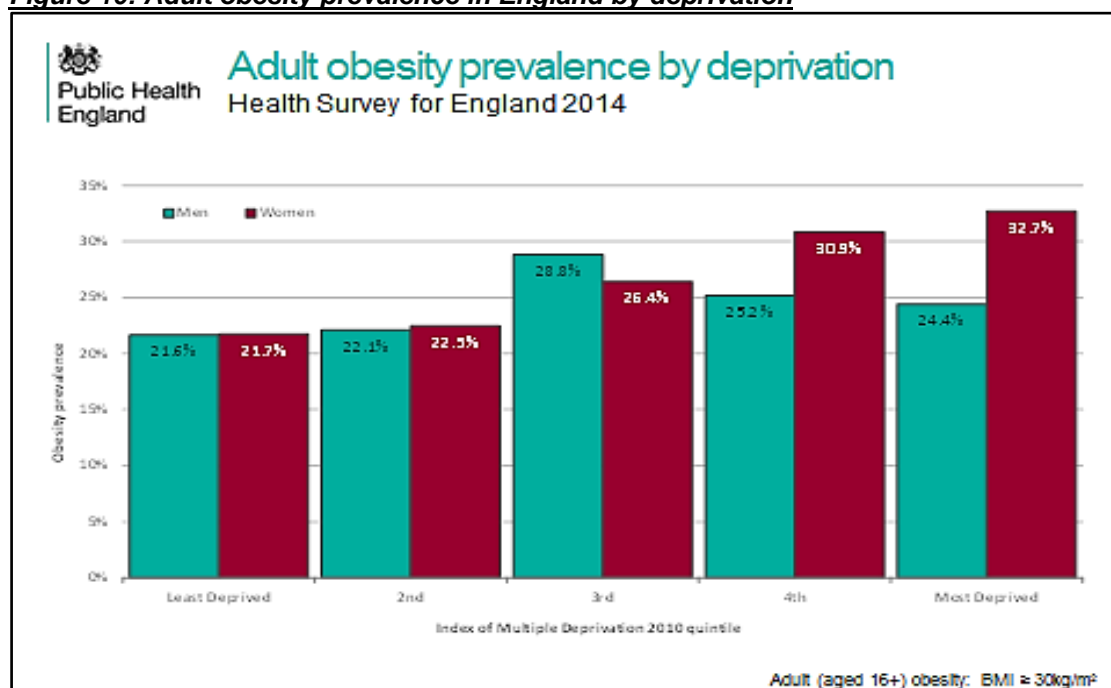
**Figure 9: Percentage of Adults (aged 18+ classified as overweight or obese**



Source Public Health England, based on Active Lives Survey

There is a social gradient to obesity and this can be seen in the Health Survey for England data below (figure 10) which shows adults living in our most deprived communities experience the highest burden of obesity. Local area data has not been analysed for this report however it is expected to show the same social gradient with more overweight and obese adults living in the more deprived communities of North Tyneside.

**Figure 10: Adult obesity prevalence in England by deprivation**



Source: Public Health England

#### 4.4 National Activity Update

There has been a lot of activity within the last 2 years at a national level to progress work on the obesity agenda with a number of fiscal and legislative measures either introduced or proposed. This activity is much needed to support the efforts that are being made at a local level. The National Childhood Obesity Plan: A Plan for Action 2016 and its subsequent chapter 2 published in June 2018 has made a commitment to improve physical activity levels in children as well as improve the everyday food and drink that we eat most frequently.

The revision and reformulation of products to lower levels of sugar, salt, calories and saturated fat in our food is a key feature of the plan. Progress on these ambitions and key activity is now filtering through from the national team via Public Health England and includes some of the following national priorities (not an exhaustive list):

- **Sugar Reduction** - through review and reformulation of food
- **Soft Drinks Industry Levy (Sugar Tax)** - to encourage industry to remove added sugar, promote diet drinks and reduce portion sizes for high sugar drinks. Revenue from the levy has been allocated to primary schools to support more physical activity and healthy eating opportunities in schools
- **Calorie Reduction to reduce the calories consumed by children** - half of the sugar children consume comes from sugary snacks and children who are overweight or obese are reported to be eating an excess of 500 calories per day. Public Health England has now produced supportive information and a campaign to promote 100 calorie snacks. The government is currently consulting on legislation to introduce mandated calorie labelling for the out of home sector e.g. restaurants, cafes and takeaways in England
- **Advertising and Promotions** - steps to support a more level playing field include proposals to introduce a 9pm watershed for TV advertising of High Fat, Sugar and

Salt (HFSS) foods, a ban on price promotions such as buy one get one free and a ban on unhealthy food and drink at the checkouts

- **Schools** – School food standards will be updated and a new ambition for every primary school to adopt an active mile such as the Daily Mile initiative will be promoted
- **Healthy Start Vouchers** – a scheme to help expectant mothers, new parents and their children from low income families to eat healthily will be reviewed to consider how best to support children from low income families who are at risk of obesity

#### 4.5 Local Activity Update

The local Government Association in collaboration with the Association of Directors of Public Health (ADPH) have described how we need to work with the whole system of stakeholders and recognise that tackling obesity is everybody's business. There is acknowledgement that we need cooperation across departments and with local communities and partners<sup>3</sup>.

A route map has been developed to take stakeholders through six phases of development and the early phase focuses on securing senior leadership support, developing stakeholder groups and building an understanding of the local obesity picture. To this end a Healthy Weight Alliance for North Tyneside has been established to strengthen programmes of work by working together across common areas of obesity activity. A key objective of the alliance is to learn from what the emerging evidence tells us and refresh the obesity action plan for North Tyneside.

There is a plethora of activity in North Tyneside at universal, targeted and specialist level that support individuals and communities.

Collaborative work with colleagues from transport, planning and catering departments has resulted in the review of policies to include design features more conducive to health. The North Tyneside Cycling Strategy 2018 – 2032 now refers to improved health as a key outcome of the plan. The North Tyneside Local Plan was adopted in 2017 and includes a policy (DM3.7) to restrict the proliferation of takeaways in areas where there are high levels of childhood obesity. The collaboration between public health and planning has already seen the takeaway policy (DM3.7) successfully implemented on several occasions. The National Government Buying standards include recommended best practice standards for food and catering services. In North Tyneside commissioners are already considering how to implement best practice within current contracts.

A large programme of targeted activity within North Tyneside is delivered through the Active North Tyneside Programme which aims to improve the health and wellbeing of residents and reduce health inequalities through increased physical activity opportunities, community weight management services and the promotion of healthy eating. Programmes are delivered by a range of staff, provided free of charge and target those within communities of greatest need.

Other programmes and initiatives delivered across the borough through a range of partners include:

---

<sup>3</sup> <https://www.local.gov.uk/making-obesity-everybodys-business-whole-systems-approach-obesity>

- **Promotion of breastfeeding-** The 0-19 Children's Public Health Service has been reaccruited by Unicef for meeting the Unicef UK Baby Friendly Initiative (BFI) at level 3. BFI is a worldwide programme of the World Health Organization and UNICEF, launched in 1991 following the adoption of the *Declaration* on breastfeeding promotion in 1990. The initiative is a global effort for improving the role of health services to enable mothers to breastfeed babies for the best start in life.
- **Daily Mile Challenge** - The Daily Mile is a popular, simple and free initiative that sees children run or jog for 15 minutes a day in their primary and nursery schools. Earlier this year a mass participation event was promoted in North Tyneside by the school improvement service and 12,141 pupils with 574 staff participated in the challenge. Feedback suggests that a good number of schools are continuing with the daily mile as part of their curriculum as it impacted positively on children's behaviour and attitudes in class.
- **GoSmarter Project with Schools** - GoSmarter North Tyneside is an initiative to change resident's behaviour to support fewer cars on the road. Schools will be identified where there are particular congestion problems and site traffic surveys conducted. Pupil travel ambassadors and staff travel champions are to be enrolled with plans for parental engagement and initiatives such as Car Free Days
- **Healthy Schools Capital Fund** -North Tyneside Council were awarded £253k for 2018/19 as part of the Healthy Pupils Capital Fund. The funding is provided from the Soft Drinks Industry Levy for 2018/19 only and has been allocated across a number of schools to support increased opportunity for physical activities and healthy eating in the school environment.

#### 4.6 Implementation of the National Diabetes Prevention Programme: A Healthier You

In the UK, around 22,000 people with diabetes die early every year and five million people in England are at high risk of developing Type 2 diabetes. The percentage of adults (17 years+) with recorded diabetes in North Tyneside has been increasing since 2013 in line with the national trend. The Healthier You: NHS Diabetes Prevention Programme identifies people at high risk and offers them support to make positive changes to their lifestyle to reduce their risk of developing Type 2 diabetes. The programme is a partnership between NHS England, Public Health England and Diabetes UK, working with private providers and local authorities. The service is being delivered in Northern England by Ingeus UK.

Over the course of 9 – 12 months, group sessions help patients achieve a healthy weight, improve nutrition and increase their levels of physical activity. There are 11 'Trailblazer' GP Practices in North Tyneside who are currently testing out the process for referring local people into the new programme. This is part of a larger programme in the North East and in England. The programme will be available to all GP Practices in North Tyneside from October onwards. This means from November 2018, all North Tyneside patients who are thought to be at risk of developing diabetes will be able to access a local course with support for at least 9 months.

#### 4.7 Summary and Next Steps

This report highlights the challenge and the complexity of tackling obesity in the population. The rising trend nationally and locally for both children and adults has yet to stall in any area of the UK. While we are unlikely to see a reversal in these trends in the short term, it is important to sustain the efforts of the many, using a range of initiatives at

both local and national level and working collaboratively across departments and organisational boundaries is important.

Building on the work that has been done to date the Healthy Weight Alliance will refresh the action plan ensuring continued systematic action with clear milestones and progress will be reported back to the Board.

## **5 Decision options:**

### **Option 1**

Do nothing

### **Option 2**

The Board is recommended to note the content of the report and:

- Acknowledge the scale and complexity of tackling obesity in the population and achieving the challenging national and local targets; and
- Agree to the North Tyneside Healthy Weight Alliance developing a refreshed action plan with milestones.

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

The recommendation is for the board to agree option 2 to progress the collaborative actions in North Tyneside and produce a comprehensive action plan to tackle obesity across the life course.

## **7 Appendices:**

Appendix 1 – Pooled NCMP data and local authority schools/ IMD deciles.

## **8 Contact officers:**

Dawn Phillips: Senior Manager Public Health and Wellbeing – Children and Families, North Tyneside Council 0191 6436448 / 07939987670

## **9. Background information:**

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

- Joint Health and Wellbeing Strategy 2013-23  
[http://www.northtyneside.gov.uk/browse-display.shtml?p\\_ID=537759&p\\_subjectCategory=387](http://www.northtyneside.gov.uk/browse-display.shtml?p_ID=537759&p_subjectCategory=387)
- National Planning Policy Framework 2012  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/6077/2116950.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6077/2116950.pdf)
- Everybody Active Every Day 2015  
<https://www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life>
- National Childhood Obesity Plan 2016  
<https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action>

- National Childhood Obesity Plan: A plan for Action (Chapter 2) 2018  
<https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action-chapter-2>
- North Tyneside's Local Plan  
<https://my.northtyneside.gov.uk/category/1241/our-north-tyneside-plan-2018-2021>
- Securing constructive collaboration and consensus for planning healthy developments A report from the Developers and Wellbeing project  
<https://www.tcpa.org.uk/Handlers/Download.ashx?IDMF=b9a54964-9cf5-49d4-8ef4-095d2436719f>
- Making obesity everybody's business: A whole systems approach to obesity  
<https://www.local.gov.uk/making-obesity-everybodys-business-whole-systems-approach-obesity>

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

### **10 Finance and other resources**

No additional funding has been requested to support work identified within this report. It is anticipated that building on existing work programmes and developing capacity across partnership programmes will support progress on the obesity agenda..

### **11 Legal**

There are no known legal implications

### **12 Consultation/community engagement**

There has been no formal /single consultation on this agenda however it is anticipated that through the work of the Healthy Weight Alliance and its partners there will be evidence to document how communities have been engaged with key priority programmes.

### **13 Human rights**

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

### **14 Equalities and diversity**

There is a social gradient to obesity and Childhood and adult obesity are clear indicators of inequalities in health. Within North Tyneside there are a number of targeted programmes that attempt to mitigate the impact of obesity on individuals and communities most affected. The Healthy Weight Alliance will develop a comprehensive action plan that documents key activity on this agenda.

### **15 Risk management**

No risk assessment has taken place.

### **16 Crime and disorder**

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

## SIGN OFF

Chair/Deputy Chair of the Board

X

Director of Public Health

X

Director of Children's and Adult Services

X

Director of Healthwatch North Tyneside

X

CCG Chief Officer

X

Chief Finance Officer

X

Head of Law & Governance

X



## NCMP - Reception pupils

The data included in this table is **pooled data** of the Reception pupils measured over the last three academic years **2015/16, 2016/17 and 2017/18**. Data is pooled in order to ensure that measurements cannot be attributed to an individual.

The number of Reception pupils in North Tyneside identified as Underweight is very small, 34 over the past 3 years. However the percentage who are Obese or have excess-weight (Overweight+ Obese) is high (10% (671 pupils) and 25% (1669 pupils) over the past 3 years). In terms of excess weight this is higher than the latest national data which relates to the three years 2014/15 to 2016/17.

Please note that currently statistical significance is tested against the overall North Tyneside figure, NOT the national figure. Blue highlights a percentage significantly larger than the percentage across North Tyneside and green a percentage significantly smaller. National data for this 3 year period is not yet available.

|  |   | <b>Cohort Measured</b> | <b>underweight</b> | <b>healthy weight</b> | <b>overweight</b> | <b>obese</b> | <b>excess weight</b> |
|--|---|------------------------|--------------------|-----------------------|-------------------|--------------|----------------------|
| <b>Local Authority</b>                           |   |                        | 1%                 | 75%                   | 15%               | 10%          | 25%                  |
| <b>IMD Deciles 1 &amp; 2 (20% most deprived)</b> |   |                        |                    |                       |                   |              |                      |
| Percy Main Primary School                        | 1   | 81                     | 1%                 | 60%                   | 23%               | 15%          | 38%                  |
| Riverside Primary School                         | 1   | 59                     | 3%                 | 68%                   | 20%               | 8%           | 29%                  |
| St Josephs RC Primary School Aided               | 1   | 112                    | 0%                 | 61%                   | 19%               | 21%          | 39%                  |
| Waterville Primary School                        | 1   | 80                     | 3%                 | 64%                   | 21%               | 13%          | 34%                  |
| Carville Primary School                          | 2   | 72                     | 0%                 | 56%                   | 18%               | 26%          | 44%                  |
| Collingwood Primary School                       | 2   | 145                    | 1%                 | 69%                   | 20%               | 10%          | 30%                  |
| Denbigh Community Primary School                 | 2   | 167                    | 0%                 | 69%                   | 17%               | 13%          | 31%                  |
| Spring Gardens Primary School                    | 2   | 155                    | 1%                 | 77%                   | 14%               | 8%           | 22%                  |
| Richardson Dees Primary School                   | 2   | 88                     | 0%                 | 74%                   | 18%               | 8%           | 26%                  |
| Stephenson Memorial Primary School               | 2   | 142                    | 0%                 | 68%                   | 20%               | 11%          | 32%                  |
| Wallsend St Peter's CofE Aided Primary School    | 2   | 80                     | 0%                 | 75%                   | 9%                | 16%          | 25%                  |
| <b>Deciles 3 &amp; 4</b>                         |   |                        |                    |                       |                   |              |                      |
| Balliol Primary School                           | 3   | 63                     | 0%                 | 76%                   | 14%               | 10%          | 24%                  |
| Battle Hill Primary School                       | 3   | 152                    | 0%                 | 71%                   | 16%               | 13%          | 29%                  |
| Burradon Community Primary School                | 3   | 68                     | 0%                 | 71%                   | 13%               | 16%          | 29%                  |
| Christ Church C of E Primary School              | 3   | 64                     | 0%                 | 72%                   | 14%               | 14%          | 28%                  |
| Fordley Community Primary School                 | 3   | 120                    | 1%                 | 72%                   | 13%               | 14%          | 28%                  |
| Grasmere Academy                                 | 3   | 28                     | 0%                 | 57%                   | 21%               | 21%          | 43%                  |
| New York Primary School                          | 3   | 111                    | 1%                 | 69%                   | 17%               | 13%          | 30%                  |
| Shiremoor Primary School                         | 3   | 153                    | 1%                 | 67%                   | 16%               | 15%          | 31%                  |
| St Aidan's Roman Catholic Primary School Aided   | 3   | 87                     | 1%                 | 70%                   | 16%               | 13%          | 29%                  |
| St Cuthbert's RC Primary School                  | 3   | 85                     | 0%                 | 68%                   | 16%               | 15%          | 32%                  |
| Western Community Primary School                 | 3   | 173                    | 1%                 | 66%                   | 23%               | 10%          | 33%                  |
| Whitehouse Primary School                        | 3   | 59                     | 2%                 | 75%                   | 10%               | 14%          | 24%                  |
| Backworth Park Primary School                    | 4   | 72                     | 0%                 | 78%                   | 11%               | 11%          | 22%                  |
| Hadrian Park Primary School                      | 4   | 168                    | 1%                 | 79%                   | 13%               | 8%           | 20%                  |
| Ivy Road Primary School                          | 4   | 50                     | 0%                 | 72%                   | 16%               | 12%          | 28%                  |
| St Bernadettes RC Primary School Aided           | 4   | 131                    | 1%                 | 73%                   | 15%               | 11%          | 27%                  |
| St Columba's RC Primary School                   | 4   | 88                     | 0%                 | 73%                   | 16%               | 11%          | 27%                  |
| St Stephens RC Primary School Aided              | 4   | 87                     | 0%                 | 67%                   | 9%                | 24%          | 33%                  |
| <b>Deciles 5 &amp; 6</b>                         |   |                        |                    |                       |                   |              |                      |
| Appletree Gardens First School                   | 5   | 156                    | 0%                 | 76%                   | 15%               | 9%           | 24%                  |
| Bailey Green Primary School                      | 5   | 171                    | 1%                 | 82%                   | 11%               | 6%           | 17%                  |
| Benton Dene Primary School                       | 5   | 175                    | 1%                 | 76%                   | 11%               | 13%          | 23%                  |
| Forest Hall Primary School                       | 5   | 75                     | 0%                 | 88%                   | 11%               | 1%           | 12%                  |
| Greenfields Community Primary School             | 5   | 130                    | 0%                 | 68%                   | 17%               | 15%          | 32%                  |
| Redesdale Primary School                         | 5   | 96                     | 0%                 | 83%                   | 9%                | 7%           | 17%                  |
| St Bartholomews CofE Primary School Aided        | 5   | 84                     | 0%                 | 80%                   | 17%               | 4%           | 20%                  |
| Wallsend Jubilee Primary School                  | 5   | 128                    | 0%                 | 77%                   | 9%                | 15%          | 23%                  |
| Amberley Primary School                          | 6   | 170                    | 1%                 | 79%                   | 15%               | 6%           | 21%                  |
| Hazlewood Community Primary School               | 6   | 91                     | 0%                 | 68%                   | 16%               | 15%          | 32%                  |
| King Edward Primary School                       | 6   | 170                    | 1%                 | 76%                   | 16%               | 6%           | 22%                  |
| Marine Park First School                         | 6   | 263                    | 0%                 | 79%                   | 13%               | 8%           | 21%                  |
| Preston Grange Primary School                    | 6   | 83                     | 0%                 | 78%                   | 14%               | 7%           | 22%                  |
| Rockcliffe First School                          | 6   | 134                    | 0%                 | 84%                   | 6%                | 10%          | 16%                  |
| South Wellfield First School                     | 6   | 165                    | 0%                 | 81%                   | 12%               | 7%           | 19%                  |
| Star of the Sea RC Primary School                | 6   | 154                    | 1%                 | 71%                   | 16%               | 12%          | 27%                  |
| St Marys RC Primary School (FH)                  | 6   | 77                     | 1%                 | 79%                   | 13%               | 6%           | 19%                  |
| Westmoor Primary School                          | 6   | 126                    | 1%                 | 76%                   | 17%               | 6%           | 23%                  |
| <b>Deciles 7 &amp; 8</b>                         |   |                        |                    |                       |                   |              |                      |
| Cullercoats Primary School                       | 7   | 177                    | 1%                 | 79%                   | 16%               | 5%           | 20%                  |
| Kings Priory Academy                             | 7   | 235                    | 0%                 | 78%                   | 16%               | 6%           | 22%                  |
| Monkhouse Primary School                         | 7   | 87                     | 1%                 | 75%                   | 15%               | 9%           | 24%                  |
| St Marys RC Primary School (NS)                  | 7   | 88                     | 0%                 | 82%                   | 17%               | 1%           | 18%                  |
| Holystone Primary School                         | 8   | 176                    | 0%                 | 81%                   | 13%               | 7%           | 19%                  |
| Langley First School                             | 8   | 171                    | 1%                 | 84%                   | 11%               | 5%           | 16%                  |
| <b>Deciles 9 &amp; 10 (20% least deprived)</b>   |   |                        |                    |                       |                   |              |                      |
| Coquet Park First School                         | 9   | 85                     | 1%                 | 80%                   | 15%               | 4%           | 19%                  |
| Southridge First School                          | 9   | 179                    | 1%                 | 81%                   | 12%               | 6%           | 18%                  |
| Whitley Lodge First School                       | 10  | 130                    | 0%                 | 75%                   | 17%               | 8%           | 25%                  |
| <b>Excess weight = overweight + obese</b>        |   |                        |                    |                       |                   |              |                      |
|  | Significantly <b>higher</b> percentage compared to the LA |                        |                    |                       |                   |              |                      |
|  | Significantly <b>lower</b> percentage compared to the LA  |                        |                    |                       |                   |              |                      |
|  | cohort too small to test significance                     |                        |                    |                       |                   |              |                      |

The data included in this table is **pooled data** of the Year 6 pupils measured over the last three academic years **2015/16, 2016/17 and 2017/18**. Data is pooled in order to ensure that measurements cannot be attributed to an individual.

The number of Year 6 pupils in North Tyneside identified as Underweight is very small, 66 over the past 3 years. However the percentage who are Obese or have excess-weight (Overweight+ Obese) is high (21% (1325 pupils) and 35% (2203 pupils) over the last 3 years). These figures are higher than the latest national data which relates to the three years 2014/15 to 2016/17.

Please note that currently statistical significance is tested against the overall North Tyneside figure, NOT the national figure. Blue highlights a percentage significantly larger than the percentage across North Tyneside and green a percentage significantly smaller. National data for this 3 year period is not yet available.

|   |   | <b>Cohort Measured</b> | <b>underweight</b> | <b>healthy weight</b> | <b>overweight</b> | <b>obese</b> | <b>excess weight</b> |
|---|---|------------------------|--------------------|-----------------------|-------------------|--------------|----------------------|
| <b>Local Authority</b>                            |   |                        | 1%                 | 64%                   | 14%               | 21%          | 35%                  |
| <b>IMD Deciles 1 &amp; 2 (20% most deprived)</b>  |   |                        |                    |                       |                   |              |                      |
| Percy Main Primary School                         | 1   | 62                     | 0%                 | 65%                   | 15%               | 21%          | 35%                  |
| Riverside Primary School                          | 1   | 58                     | 0%                 | 57%                   | 7%                | 36%          | 43%                  |
| St Josephs RC Primary School Aided                | 1   | 111                    | 0%                 | 56%                   | 14%               | 30%          | 44%                  |
| Waterville Primary School                         | 1   | 80                     | 1%                 | 53%                   | 18%               | 29%          | 46%                  |
| Carville Primary School                           | 2   | 68                     | 0%                 | 54%                   | 13%               | 32%          | 46%                  |
| Collingwood Primary School                        | 2   | 121                    | 2%                 | 60%                   | 12%               | 26%          | 38%                  |
| Denbigh Community Primary School                  | 2   | 157                    | 3%                 | 52%                   | 13%               | 32%          | 45%                  |
| Spring Gardens Primary School                     | 2   | 155                    | 2%                 | 50%                   | 20%               | 28%          | 48%                  |
| Richardson Dees Primary School                    | 2   | 85                     | 0%                 | 56%                   | 13%               | 31%          | 44%                  |
| Stephenson Memorial Primary School                | 2   | 151                    | 1%                 | 54%                   | 13%               | 32%          | 44%                  |
| Wallsend St Peter's CofE Aided Primary School     | 2   | 74                     | 3%                 | 58%                   | 16%               | 23%          | 39%                  |
| <b>Deciles 3 &amp; 4</b>                          |   |                        |                    |                       |                   |              |                      |
| Balliol Primary School                            | 3   | 55                     | 5%                 | 53%                   | 13%               | 29%          | 42%                  |
| Battle Hill Primary School                        | 3   | 137                    | 1%                 | 58%                   | 13%               | 28%          | 41%                  |
| Burradon Community Primary School                 | 3   | 63                     | 0%                 | 54%                   | 14%               | 32%          | 46%                  |
| Christ Church C of E Primary School               | 3   | 64                     | 2%                 | 77%                   | 3%                | 19%          | 22%                  |
| Fordley Community Primary School                  | 3   | 124                    | 1%                 | 57%                   | 14%               | 28%          | 42%                  |
| Grasmere Academy                                  | 3   | 40                     | 0%                 | 60%                   | 10%               | 30%          | 40%                  |
| New York Primary School                           | 3   | 68                     | 4%                 | 57%                   | 10%               | 28%          | 38%                  |
| Shiremoor Primary School                          | 3   | 97                     | 1%                 | 68%                   | 9%                | 22%          | 31%                  |
| St Aidan's Roman Catholic Primary School Aided    | 3   | 69                     | 0%                 | 58%                   | 14%               | 28%          | 42%                  |
| St Cuthbert's RC Primary School                   | 3   | 83                     | 1%                 | 54%                   | 19%               | 25%          | 45%                  |
| Western Community Primary School                  | 3   | 162                    | 2%                 | 61%                   | 12%               | 25%          | 37%                  |
| Whitehouse Primary School                         | 3   | 52                     | 0%                 | 65%                   | 13%               | 21%          | 35%                  |
| Backworth Park Primary School                     | 4   | 41                     | 0%                 | 71%                   | 7%                | 22%          | 29%                  |
| Hadrian Park Primary School                       | 4   | 125                    | 0%                 | 65%                   | 19%               | 16%          | 35%                  |
| Ivy Road Primary School                           | 4   | 39                     | 3%                 | 56%                   | 13%               | 28%          | 41%                  |
| St Bernadettes RC Primary School Aided            | 4   | 127                    | 0%                 | 59%                   | 18%               | 23%          | 41%                  |
| St Columba's RC Primary School                    | 4   | 82                     | 0%                 | 63%                   | 16%               | 21%          | 37%                  |
| St Stephens RC Primary School Aided               | 4   | 76                     | 1%                 | 61%                   | 18%               | 20%          | 38%                  |
| <b>Deciles 5 &amp; 6</b>                          |   |                        |                    |                       |                   |              |                      |
| Bailey Green Primary School                       | 5   | 179                    | 2%                 | 70%                   | 11%               | 17%          | 28%                  |
| Benton Dene Primary School                        | 5   | 155                    | 1%                 | 61%                   | 12%               | 26%          | 38%                  |
| Forest Hall Primary School                        | 5   | 83                     | 1%                 | 64%                   | 14%               | 20%          | 35%                  |
| Greenfields Community Primary School              | 5   | 106                    | 1%                 | 62%                   | 20%               | 17%          | 37%                  |
| Marden Bridge Middle                              | 5   | 368                    | 1%                 | 66%                   | 13%               | 20%          | 33%                  |
| Monkseaton Middle                                 | 5   | 218                    | 1%                 | 64%                   | 17%               | 19%          | 35%                  |
| Redesdale Primary School                          | 5   | 92                     | 1%                 | 58%                   | 23%               | 18%          | 41%                  |
| St Bartholomews CofE Primary School Aided         | 5   | 80                     | 0%                 | 68%                   | 16%               | 16%          | 33%                  |
| Wallsend Jubilee Primary School                   | 5   | 132                    | 2%                 | 64%                   | 16%               | 18%          | 34%                  |
| Amberley Primary School                           | 6   | 153                    | 2%                 | 71%                   | 12%               | 16%          | 27%                  |
| Hazlewood Community Primary School                | 6   | 37                     | 0%                 | 54%                   | 22%               | 24%          | 46%                  |
| King Edward Primary School                        | 6   | 165                    | 1%                 | 70%                   | 16%               | 13%          | 29%                  |
| Preston Grange Primary School                     | 6   | 87                     | 0%                 | 56%                   | 21%               | 23%          | 44%                  |
| Star of the Sea RC Primary School                 | 6   | 169                    | 0%                 | 67%                   | 15%               | 17%          | 33%                  |
| St Marys RC Primary School (FH)                   | 6   | 67                     | 0%                 | 64%                   | 12%               | 24%          | 36%                  |
| Wellfield Middle                                  | 6   | 215                    | 0%                 | 70%                   | 13%               | 16%          | 29%                  |
| Westmoor Primary School                           | 6   | 123                    | 1%                 | 72%                   | 13%               | 14%          | 27%                  |
| <b>Deciles 7 &amp; 8 &amp; 9 (least deprived)</b> |   |                        |                    |                       |                   |              |                      |
| Cullercoats Primary School                        | 7   | 178                    | 1%                 | 71%                   | 10%               | 17%          | 28%                  |
| Kings Priory Academy                              | 7   | 230                    | 1%                 | 74%                   | 12%               | 12%          | 24%                  |
| Monkhouse Primary School                          | 7   | 90                     | 0%                 | 66%                   | 8%                | 27%          | 34%                  |
| St Marys RC Primary School (NS)                   | 7   | 86                     | 1%                 | 72%                   | 10%               | 16%          | 27%                  |
| Holystone Primary School                          | 8   | 162                    | 2%                 | 73%                   | 10%               | 15%          | 25%                  |
| Valley Gardens Middle                             | 9   | 538                    | 0%                 | 74%                   | 13%               | 12%          | 25%                  |
| <b>Excess weight = overweight + obese</b>         |   |                        |                    |                       |                   |              |                      |
|   | Significantly <b>higher</b> percentage compared to the LA |                        |                    |                       |                   |              |                      |
|   | Significantly <b>lower</b> percentage compared to the LA  |                        |                    |                       |                   |              |                      |
|   | cohort too small to test significance                     |                        |                    |                       |                   |              |                      |

# North Tyneside Health & Wellbeing Board Report Date: 8 November 2018

## ITEM 7

Title: Healthwatch North  
Tyneside

Report from: Healthwatch North Tyneside

Report Author: Paul Jones, Director

Tel: 0191 2635321

### 1. Purpose:

The purpose of this report is to give a progress update on the work of Healthwatch North Tyneside (HWNT), introduce the Health & Wellbeing Board to our new strategic plan and priorities for 2018/19 and provide an overview of the feedback we have received.

### 2. Recommendation(s):

The Board is recommended to:-

- a) note Healthwatch North Tyneside's strategic plan 2018/21 and priorities 2018/19;
- b) the Carers Partnership Board be asked to give consideration to the recommendations arising from the feedback received from carers by Healthwatch North Tyneside in formulating the joint action plan for carers;
- c) the Mental Health Integration Board and relevant partners be asked to give consideration to the suggested actions arising from people's experiences of using services in North Tyneside when experiencing a mental health crisis; and
- d) all members of the Board be requested to share the feedback received by Healthwatch North Tyneside during the period April 2018 and September 2018 within their organisations and to promote the "What matters to you?" campaign through existing channels and networks.

### 3. Policy Framework

This item relates to Objective 4 of the Joint Health and Wellbeing Strategy 2013-2023:

"To engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed".

#### **4. The report:**

We have revised the content of layout of this report based on feedback by service providers and commissioners. Our aim is to make the content more accessible and useful to the audience by providing more of an overview of the key activities and planned work. Alongside this, we are working with commissioners and service providers to give more 'real time' and specific feedback directly to them rather than waiting for a 6 months trends report. Any feedback on the style and content would be appreciated.

The report provides:

1. An introduction to our new Strategic Plan for 2018-2021 and our priorities for 2018/19 Our delivery contract requires that we present these to the Health and Wellbeing Board. We will be sharing these with key stakeholders over the coming weeks. (Copies of the Plan have been circulated to Members of the Board with the agenda. The Plan will also be available at the meeting and it is published on the Council's website with the agenda papers.)
2. An overview of key activities we have undertaken since April 2018. Of particular note is:
  - The launch of our 'What matters to you? Campaign to gather feedback about people's experiences of health and social care across the Borough
  - Our research paper in carers issues in Annex B
  - Our 'Supporting people in crisis' research into people's experience of mental health crisis support in Annex C
  - Our funded research with Barnardo's The Base about how best to communicate messages to hard to reach young people
  - Recruiting new volunteers and trustees.
3. Our planned activities to March 2019
4. Feedback highlights based on feedback gathered between April and September 2018.

#### **5. Decision options:**

This report is for information only and therefore there are no decision options.

#### **6. Appendices:**

Appendix A – Healthwatch North Tyneside - November 2018 Update  
Annex B - Carer's experiences and issues  
Annex C - People's experiences of using services in North Tyneside when experiencing a mental health crisis – November 2018

Healthwatch North Tyneside's Plan for 2018/21 and Priorities for 2018/19 have also been circulated to Members of the Board with the agenda. These documents will also be available at the meeting and on the Council's website with the agenda.

## **7. Contact officers:**

Iain Kitt, Joint Interim Chair, HWNT  
Sokhjinder Morgan, Joint Interim Chair, HWNT  
Paul Jones, Director, HWNT

## **8. Background Information:**

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

- HWNT uses information gathered from general and specific engagement events and the data from it's Feedback Centre as the basis for this Trends Report.
- Healthwatch writes reports in relation to specific themes of work which are then shared with providers and commissioners for comment. The Healthwatch Board also receives regular reports including summaries of issues we hear from residents of North Tyneside. All finalised reports are made public on our website [www.healthwatchnorthtyneside.co.uk](http://www.healthwatchnorthtyneside.co.uk)

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

### **10 Finance and other resources**

There are no known financial implications identified in this report.

### **11 Legal**

There are no legal implications directly arising from this report.

Healthwatch North Tyneside operates under the terms of Section 221 of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012) to, among a range of duties, promote and support the involvement of people in the commissioning, provision and scrutiny of local care services.

### **12 Consultation/community engagement**

Community engagement is at the core of Heathwatch North Tyneside. Feedback from North Tyneside residents is received as part of our day to day function and comes to us via, e-mail, telephone, post or face to face. Local people can provide feedback about specific services through our Feedback Centre by either reviewing the service on line, completing a form or talking to us. We also carry out regular engagement activities where residents can talk to us about their experiences. HWNT receive comments which include, concerns, points of view, compliments or complaints. When a resident wishes to complain about a service a member of the HWNT team directs the resident to the most appropriate support. This report represents a record of findings from of our community engagement and feedback during the period.

**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**

A risk assessment has not taken place.

**16 Crime and disorder**

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

**SIGN OFF**

Chair/Deputy Chair of the Board

X

Director of Public Health

X

Director of Children's and Adult Services

X

Director of Healthwatch North Tyneside

X

CCG Chief Officer

X

Chief Finance Officer

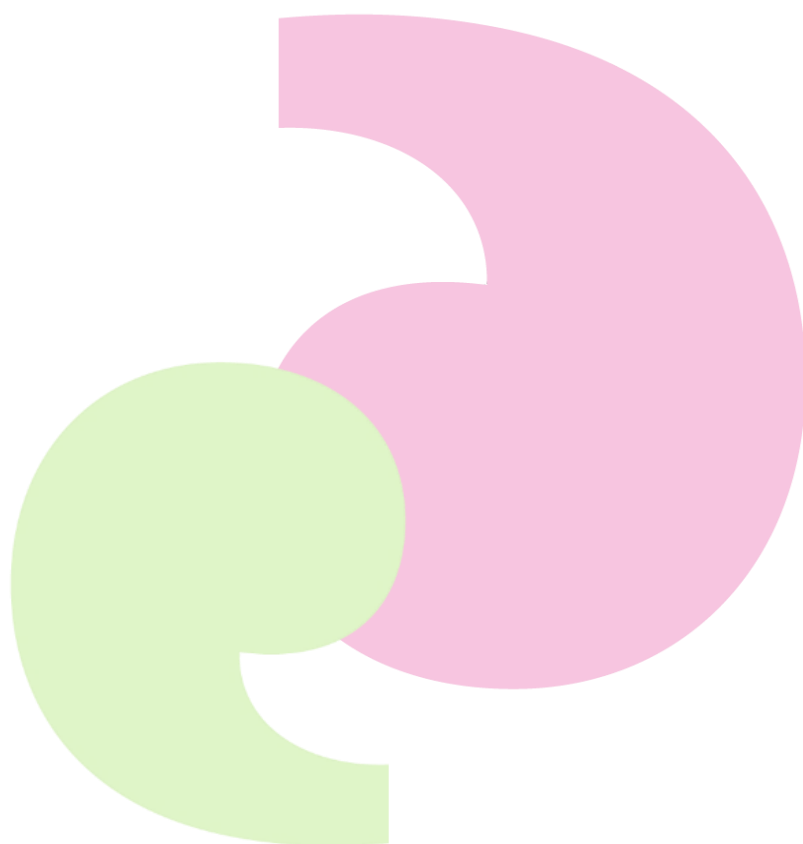
X

Head of Law & Governance

X



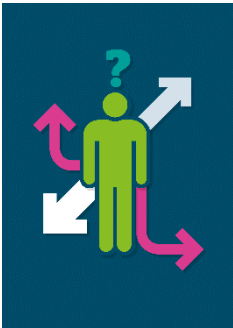
# November 2018 Update



# The Highlights



- We received 227 pieces of feedback about services from local people



- We signposted 83 people to services from 29 organisations

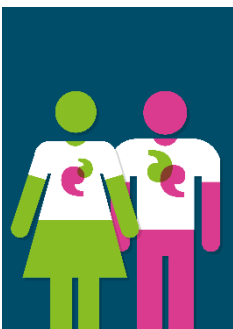


We published reports on:

- GP Practices
- Mental Health Crisis Support
- Carers

We carried out projects into

- Local Voices Fund



- We launched our 'What matters to you?' survey
- We established our new team and developed our new ways of working
- we recruited and trained new volunteers



# Introduction

This report:

1. Introduces our new strategic plan 2018-2021 and our priorities for this financial year
2. Provides an update on the activities of Healthwatch North Tyneside since April 2018
3. Previews our key activities for the next 6 months
4. Highlights of the feedback we have received between April and September 2018

## 1. Our plan for 2018-2021

We produced our new strategic plan for 2018-2021 which will be formally launched at our Annual General Meeting on 19 November 2018. The plan sets out what we aim to achieve and how we will do this in an accessible way. It focusses on our core activities:

- Listening to lived experience;
- Providing information;
- Researching key issues;
- Influencing service providers and commissioners and
- Being a robust organisation

The plan reflects the new approaches to delivering Healthwatch activities we are implementing following the retendering of the Healthwatch contract confirmed in March 2018.

Our priorities for 2018/19 have been set by our Board of Trustees and are supported by a detailed operating plan to ensure we deliver to a high standard. The priorities for 2018/19 are based on the feedback we received from the public during 2017/18 and conversations we have had with commissioners and service providers.

We will begin looking at priorities for 2019/20 early in the new year and we are planning greater community engagement around our priority setting so that we can truly reflect what matters to local people and where we can make a real difference.

Health & Wellbeing Board members have a printed copy of our plan and priorities (**Annex A**). It is available on our website <https://healthwatchnorthtyneside.co.uk/aboutus/policies/> and will be shared with key stakeholders during November.

## 2. Key activities since April 2018

### Our Organisation - new faces

This period has seen significant change within Healthwatch North Tyneside following the retendering of the Healthwatch contract. Four members of staff, two-thirds of the staff team, had left the organisation at the end of March 2018. We have also moved into our new office at the Parks Sports Centre, Howdon Road, North Shields.

Since then we have worked hard to gather feedback from the public about their experiences and respond to requests for help and support. Understandably, we have had to focus energy on coming together as a new team, designing and testing different ways of working, updating key internal systems and process, setting priorities and agreeing our future direction. These changes within our organisation have resulted in less activity during this period than in previous years.

**Our staff team** now includes (from left in photo):

**Meg Woollam** - Communications and Engagement Officer

**Paul Jones** - Director (from May 2018)

**Joanne Brown** - Research and Engagement Officer

**Tracey Hindmarch** - Finance and admin Officer (from May 2018)

**Amanda Graydon** - Volunteer and Engagement Officer (From July 2018)

As a team, we have 3.2 FTE over Monday to Friday.



**Our Board of Trustees** has met 3 times in public to discuss key issues, agree our plans and priorities and oversee the activities of the charity.

We have recently launched a recruitment campaign for new trustee Board members and further information can be found at:

<https://healthwatchnorthtyneside.co.uk/aboutus/trustees/>

Our Annual General Meeting will be held at the Riverside Centre, Minton Lane, North Shields. 19 November. 2.30-3.30pm. In addition to the formal business we will: a) formally launch our strategic plan, b) recognise the contribution of volunteers, c) hear from organisations we have been working with to conduct research and gather feedback and d) recognising the services that have received most positive feedback through our feedback

centre.

Our new ways of working gives an increased role for **volunteers** in gathering feedback from people about their experiences and understanding how different services work for local people. During this period we have refreshed our volunteering offer and the support we can provide to volunteers. We have recruited and trained 6 new volunteers who will be focusing on engagement activities over the next 6 months alongside our 7 existing volunteers.

To quote a member of our board 'after such a turbulent time, it really feels like things are coming together and we've made a fresh start'.

## Listening to lived experience

We launched our 'What matters to you?' campaign on 25 October to gather feedback from across the borough about the health and social care services people are using. The campaign includes an online and paper survey and a series of events during November and December to gather as much feedback as possible. We are establishing a programme of engagements events across the borough throughout the year.

**Have your say**

**What matters to you?**

**Tell us your experiences of health and social care in North Tyneside**

**Complete our survey and enter £25 prize draw**

**Your feedback will help make services better for all**

[www.healthwatchnorthtyneside.co.uk](http://www.healthwatchnorthtyneside.co.uk)

**healthwatch**  
North Tyneside

We will use the information we receive to:

1. Give feedback to service providers and commissioners about the services people are using
2. Help us identify future priorities for us to do further detailed research during 2019/20.

We have taken learning from other local Healthwatch organisations, particularly Healthwatch Northumberland in designing this approach. If successful, we will consider repeating the survey and campaign next year.

### Local Voices Fund - Barnardo's The BASE

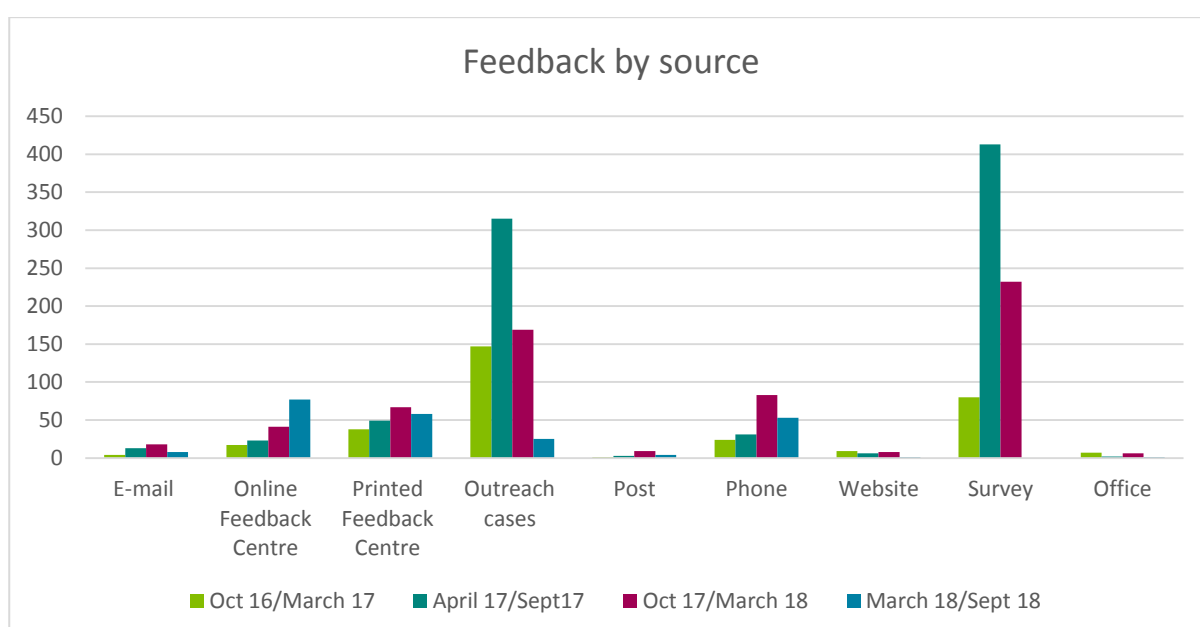
We funded The Base to work with groups of young people to better understand how to communicate with young people about health and wellbeing issues and what

their key priorities are. The research focused on 3 groups of people who are traditionally seen as hard to reach. This report will be launched at our AGM but the key finds are:

- Regardless of their ages, socio-economic status or background, all of the young people had opinions about health services and the wider world around them.
- All three of the different age groups reported that they listen to parents/carers and other trusted adults. It seems fair to say that a valuable way to influence young people is through educating parents - despite many parents saying they feel they're not listened to by their children. It is going in - just not in an obvious way!
- Young people also talked about the importance of using social media as a way to get messages through to young people. Including young people in the design and content of social media messages for young people is definitely more time consuming, though in the long run could prove to be very effective.
- Another key message that came out was that if young people are included in processes they are much more likely to believe in the outcome and advocate it. This could be a starting point for a young person's Healthwatch. We believe this should involve young people who have experience of health services; particularly mental health services.

### Feedback received

Between April and September, we received 227 instances of feedback, down by 406 from the previous period. This is reflective of the changes within our organisation and shift from staff to volunteer lead outreach and engagement activities.

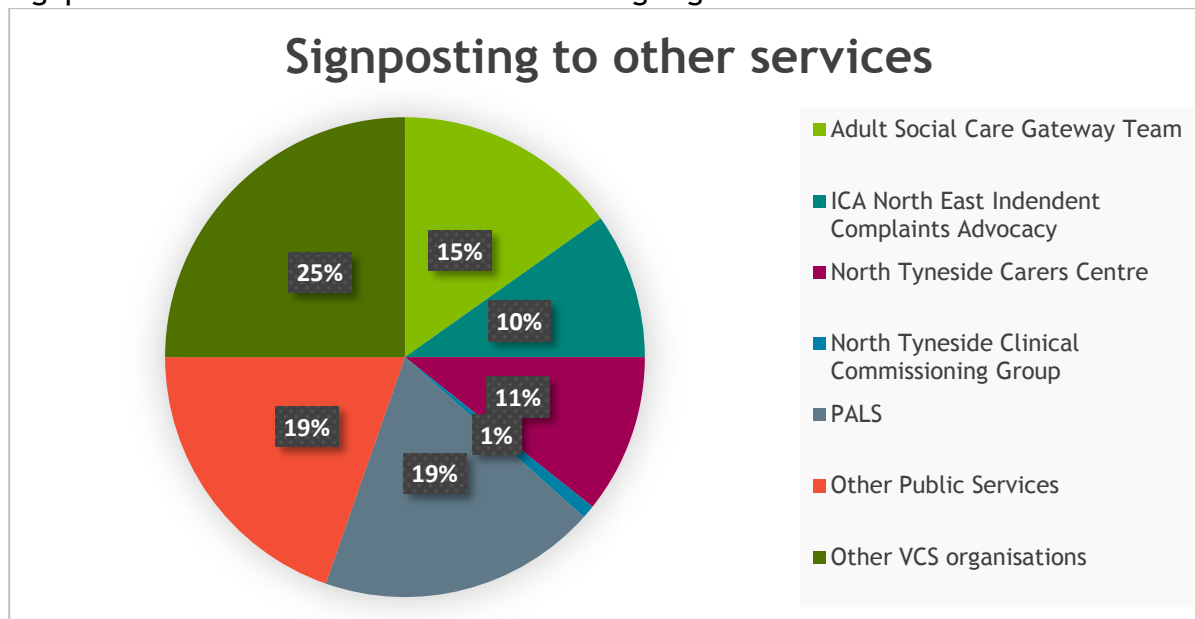


We are promoting our feedback centre which uses a 5 star rating system to give feedback about the services people use. This has increased in popularity during the period and we have seen increased use online and through the paper based feedback forms.

## Providing information

We have refreshed our information and signposting service and have trained our new volunteers on how to provide information and signpost people to health and social care services. We will be promoting our local rate information line (0191 263 5321) in the new year.

Between April & September, we received 48 direct requests for information about health and social care services, many asking how to access services or get support to resolve issues. When we are receiving feedback about services, we also signpost people to other services that can help them get the support they need. During this period we signposted on 112 occasions to the following organisations & services.



## Researching key issues

### Carers

In August we published a brief research paper about carers issues. This pulled together previous research we had conducted into carers experiences of the Carers Wellbeing Assessments and other feedback we had received from carers. **See Annex B.**

These recommendations are being used by the Carers Partnership Board to develop the action plan and the Health and Wellbeing Board will be updated on progress early in 2019.

### Mental health

We are publishing our research into mental health crisis support, ***‘Supporting people in crisis’*** in early November 2018. This has been a significant investigation into people’s experiences of crisis support. The research approach has been a useful model of partnership working and would not have been possible without the support of Northumberland, Tyne & Wear NHS Foundation Trust (NTW), the North Tyneside Clinical Commissioning Group (CCG), North Tyneside Council (NTC), Northumbria Healthcare NHS Foundation Trust (NHT) and voluntary sector organisations.



The report makes 15 suggested actions that will significantly improve the experiences of people who feel they are in crisis. The full report will be available on our website in November and a summary of the actions is in **Annex C**.

We feel the key areas for action are:

**One stop shop and trusted assessment** - Develop a one-stop shop for people in need of support to access different services from a single contact. The one stop shop should conduct a trusted assessment so that different mental health services are confident that a referral has come to the right place.

**Low-level crisis support** - Develop a lower level crisis support service for those who feel they are experiencing a crisis but do not meet the threshold for Crisis Resolution and Home Treatment Team. Other areas have good examples of CCGs and voluntary sector organisations coming together to deliver this. i.e. Together in a Crisis.

This report has been well received by the CCG, NTW and NTC. The Mental Health Integration Board will review this report and take responsibility for the suggested actions. The Health and Wellbeing Board will be updated regularly and Healthwatch North Tyneside will review progress in 12 months' time. We will be presenting this report to the Board of NTW later this year.

We have also released a 20 minute film of service users experiences of mental health services which was premiered at the Launchpads Service User & Survivor Forum. We will be showing this film to the NTW board later this year.

### **GP services**

In August we published our latest GP digest which featured feedback on GP services from October 2017 to June 2018. The report can be found here <https://healthwatchnorthtyneside.co.uk/wp-content/uploads/2018/08/GP-Digest-July-2018-Final.pdf>

### **Influencing service providers and commissioners**

In addition to the research projects above, we have held introductory meetings with key commissioners and service providers to establish relationships and how best we can work together. The focus of this activity has been around Health services to date.

Our approach will be to provide regular and more timely feedback about different services and to have regular meetings to share soft intelligence.

We have contributed to the Health & wellbeing Board, NTC's Adult Social Care Health & Wellbeing Committee, NTCCG's Future Care Board and other programme boards.

## **3. Future Activities**

In addition to our regular engagement and information provision activities, we are focusing our energies on the following key issues.

### **Good Practice?**

Access to GP services has been consistently raised as an issue since we began reporting. We will be looking at this complex issue more deeply to better understand:

1. What approaches individual GP practices use and which ones best meet the needs of their users.
2. What is patient's experience of getting access to:
  - a. Urgent and non-urgent appointments
  - b. Their named GP
  - c. A choice of GP (male/female)
  - d. Time of appointments
  - e. Method of booking appointments

We will gather information from a borough wide survey to be launched early in the new year. Alongside this we plan to interview staff and patients at all 28 GP practices in North Tyneside.

Our aim is to identify best practice systems and approaches and give individual feedback to each practice and the CCG.

### **Urgent Care**

Following the recent changes to urgent care within the borough we plan to work with the CCG, NHT & NEAS to gather feedback from users about their experiences. We will be focusing some engagement activity around Battle Hill to understand the impact of changes to service provision on that community.

As part of this work, and to support winter planning, we are working with Healthwatch Northumberland and NHT to engage with NSECH users to understand why they are using A&E. This activity will take place during November.

### **Transitions between services**

We plan to investigate people's experiences of transitioning between services to understand what could prevent people going into hospital or prolong stays in hospital. There is some work already going on in this field and we will work with NTC, the CCG and NHT to ensure our work does not duplicate and has an impact.

### **Changes within Health and Social care systems**

During this period we expect plans for change within health and social care systems to be announced including:

1. The social care green paper
2. The NHS 10 year plan
3. Integrated Care Systems/Sustainability and Transformation Plans

We will continue to encourage public involvement and dialogue in these issues and consider how best we can facilitate this.

### **Young People**

We have been working with local young people's organisations, NTC's participation team and Abbie Armstrong (Youth Council) to better engage with young people about

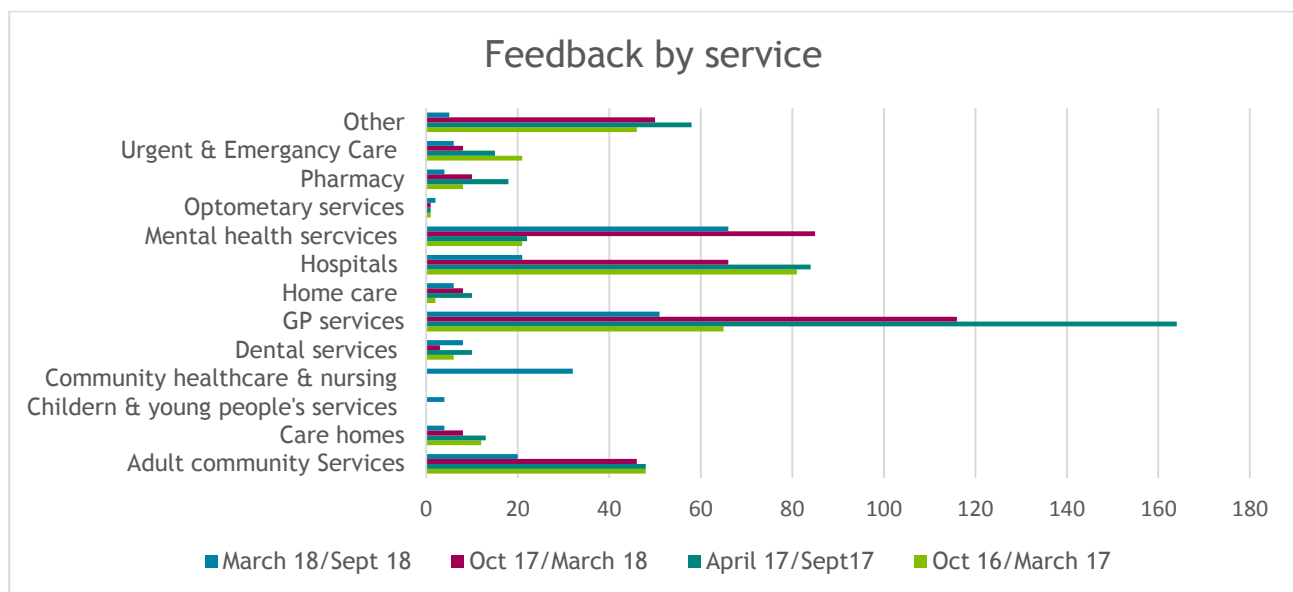
their health and social care needs. We will run further engagement activities during the next 6 months.

### 2019/20 Priorities

Based on what we hear through our outreach and engagement activities, our 'What matters to you?' survey and in discussion with service providers and commissions, we will begin to identify our priorities for 2019/20. We recognise that some of the above activities continue into the next financial year.

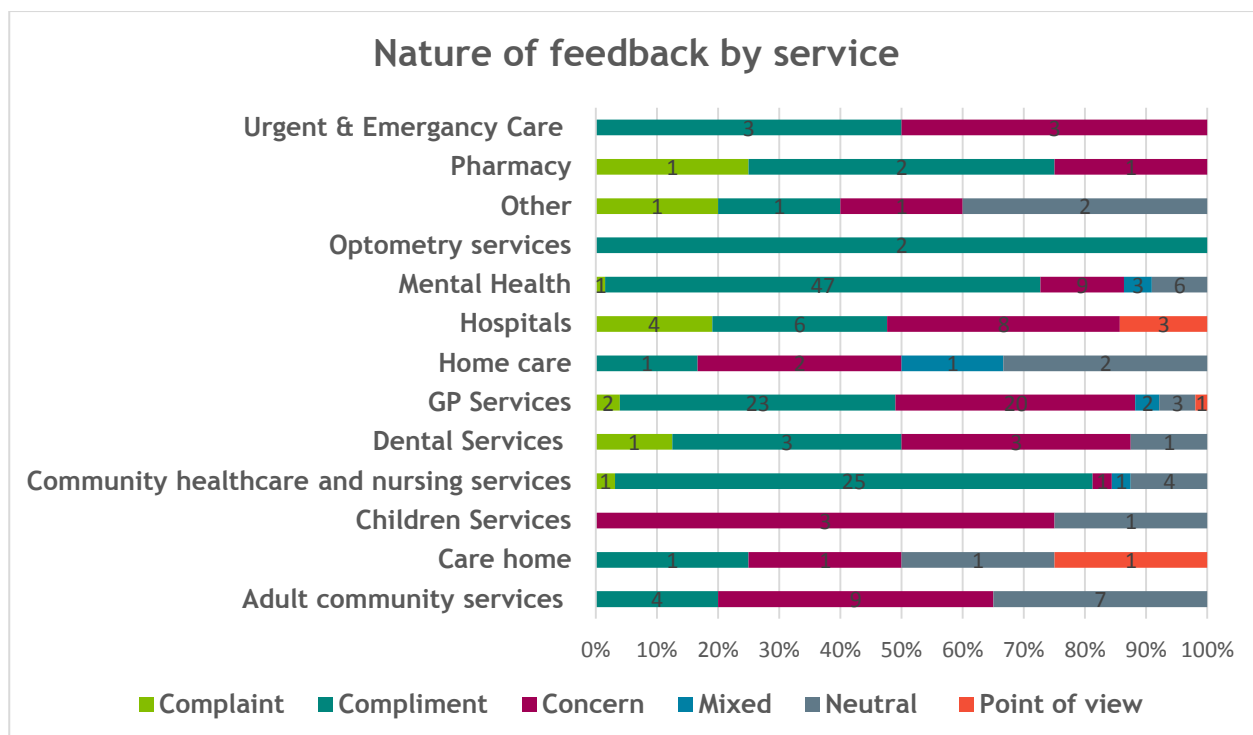
## 4. Feedback Highlights April 2018 - September 2018

Between April and September, we received 227 instances of feedback, down by 406 from the previous period. This is reflective of the changes within our organisation and shift from staff to volunteer lead outreach and engagement activities. The distribution of feedback is similar to the last period although we have re-categorised some services from April 2018 onwards - see table below.



The table below shows the nature of the feedback we received. This paper will focus on trends in key service areas we have received feedback.





### Urgent & Emergency Care

It's important to note that this feedback was collected prior to the new urgent care service coming into effect.

Feedback was generally positive about the quality of care but 3 people described issues with waiting to be treated at NSECH or North Tyneside General despite being given appointments through NHS111. We will gather feedback about the new urgent care service over the coming months.

### Community healthcare and nursing

**Care Plus** continues to receive very positive feedback with 23 people telling us about their experiences. The Care Plus team are actively encouraging their users to send feedback to us. The service is clearly valued by those accessing it. Feedback includes:

*'Put in contact with care plus by my doctor. I found the team excellent, very helpful and when they said something would be done - e.g. bath rail, help to get out of bed etc it was done very quickly.'* NE30

**Incontinence services** were raised by 3 people who were concerned about the quality of the incontinence products being supplied. We have fed this information to the CCG as part of their review of this service.

### Adult social care

**North Tyneside Council** - we are sharing direct feedback on a bi-monthly basis with Adult Services Senior Management Team and have agreed an approach to raising concerns and issues promptly. During this period we continue to receive requests for information and support with accessing aids and adaptations (Healthwatch's detail comes up first if you search on the internet). **Care Call** has been highlighted with positive feedback:

*'Elderly parents use this service and the people who have been out to help them after a fall have been very prompt and helpful ensuring they are safe and comfortable before leaving.'* NE26

North Tyneside Carer's Centre also received positive feedback:

*'After a really stressful phone call with adult social care the conversation with North Tyneside Carers Centre was like a breath of fresh air. Really helpful and supportive attitude and felt I was really listened to. Some good suggestions were offered and finished call feeling much more relaxed with a clearer action plan.'* NE26

### GP Services

In previous periods, we have received the largest amount of feedback about GP practices and services. 45% of the feedback we heard was positive and described high quality care and support.

*'I really cannot fault the staff at this surgery. From the dedicated GP's who really make patients feel they are being listened to, to the dedicated district nursing team who are simply amazing, to the empathetic receptionist who genuinely listened to my concerns for my relative. They have all been really helpful and supportive during a very stressful time dealing with the end of life care of my father in law. I really can't recommend this surgery enough and cannot thank the staff enough for their support.'* NE12

20% of the feedback about GPs mentioned concerns with waiting times. We will understand this issue further through our research in coming months.

The people told us of issues with them being referred on to different services including poor communications between the GP and service being referred to.

3 people highlighted issues with the waiting room environment within particular surgeries - including the removal of visual display screens used to call people to their appointment. Again these issues will be raised as we visit each of the practices.

### Mental Health

60% of the feedback we received around mental health has been focused on services provided by the local charity **Anxious Minds**. Service users are encouraged to provide us with feedback and the service is well received.

*'I rang up to enquire about counselling as I have been on the waiting list at my local GP practice for almost 7 months. I was given an appointment for a counselling assessment the very same day and entered into counselling the following week. The venue is warm and welcoming and the staff are extremely supportive.'* NE12

We also received positive feedback about **A Time 2 Talk** services, although waiting times for this service have been highlighted.

We have received concerns about waiting times and support whilst people are waiting to access statutory services, particularly CAMHS. We have also received feedback about inability to access support from the Crisis Resolution and Home Treatment Team - which reflected the experiences of people highlighted in our report.

## Carer's experiences and issues

In 2016 and 2017, Healthwatch North Tyneside spoke to carers about their experiences of the Carers Wellbeing Assessments. During this research a number of other issues emerged.

This short paper highlights the key suggested actions we have identified based on the feedback and research we conducted during this period. We hope this will help shape the joint action plan for carers currently being developed by North Tyneside's Carers Partnership Board.

Many of the actions below respond directly to the feedback received from carers, others are based on our review of good practice and other evidence from across the country. North Tyneside Carers Centre and North Tyneside Council have supported us in developing these suggested actions. The detailed feedback and analysis behind this report is available on request.

### Background

In 2016 and 2017 we heard from 139 carers about their experiences of the Carer's Wellbeing Assessments. Carers took the opportunity to share other issues that mattered to them. We used a variety of methods to engage with carers from different backgrounds and experiences including:

- A survey (on and offline) - 52 responses

- Discussions at established carers meetings & support groups - 29 responses

- General feedback activity - 58 responses

We could not have conducted this research without the support of North Tyneside Carers Centre, Action for Blind People, Alzheimer's Society, Age UK, Headway, Learning disability Reference Group, NTDF and PROPS. The Carers Centre and North Tyneside Council have supported us in developing these suggested actions.

Most of all we would like to thank all of the carers who shared their experiences with us.

### Identification of Carers

**The issue:** Many carers told us they were unsure whether health & social care services knew they were a carer. 29% said their GP was aware and 39% said social services were aware of their caring role. The Carers Partnership Board is aware that early identification of carers is a key issue.

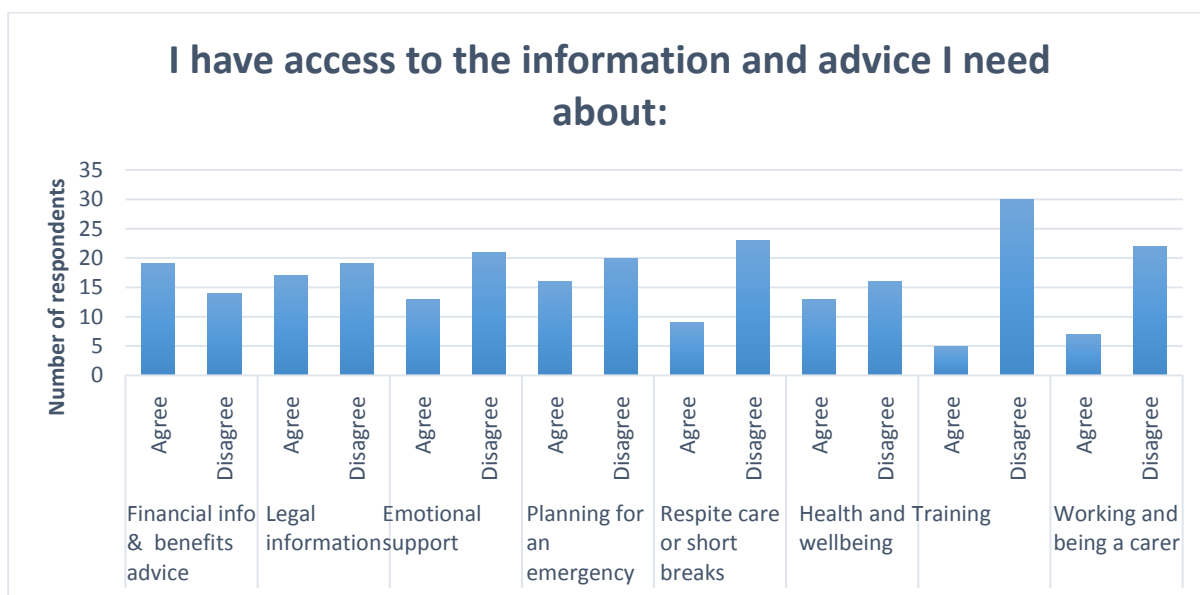
#### Recommended actions:

1. Review training and support to ensure that all front line health and social care staff are trained in: how identify carers, understand the impact of the caring role on the carer, provide information to the carer to get the support they need and can easily make referrals.
2. Investigate how GP practice carer registers can be best used to improve early identification and support for carers.
3. Include carer identification, information and referrals in all health and social care provider contracts so all services are aware of their obligations and performance can be monitored as part of the contract management.

4. Consider adopting the framework created by NHS England and others for an 'Integrated approach to identifying and assessing carer health and wellbeing'  
<https://www.england.nhs.uk/wp-content/uploads/2016/05/identifying-assessing-carer-hlth-wellbeing.pdf>

## Information, advice and support for carers

**The issues:** The carers we heard from told us they get their information from a number of different sources (family members, Support Groups, GPs and work being key) and in different formats. They said information and services can be disjointed and confusing and there are gaps. Some carers said that they found it hard to understand the roles of different people within the different services and would find a guide to basic services helpful in navigating the systems themselves and with the person they care for. The graph below shows how carers thought their information and advice needs were being met.



## Recommended actions:

5. Review existing sources of information about what support is available. Identify and fill any gaps.
6. Consider a joint initiative across health and social care and/or focus point of information to give access to high quality information to carers at the right time across the system.
7. Given GPs are recognised as a critical contact for carers, develop an initiative to specifically work with GP practices to ensure they make good quality information available to carers & utilise referral pathways.
8. Produce a guide to the roles and responsibilities in different services that carers are likely to come into contact with so that they can better navigate systems.
9. Involve carers as well as the person needing care in decisions about what is happening - practically about planning for crisis and also in relation to admittance/discharge.

## Carer's Wellbeing Assessment

**The issues:** The feedback from the carers we spoke to indicates there are gaps in people's understanding about their right to and the purpose of a Carer's Wellbeing Assessment. Some people confused the Carer's Wellbeing Assessment with personal budgets, assessments that the person they cared for needs and many didn't understand the process. Some carers were concerned that their ability to care was being assessed.

### Recommended Actions:

10. Develop a joint initiative between health and social care to promote the right to, and purpose of, a Carer's Wellbeing Assessment, the right to an individual rather than joint assessment and what carers can expect. Alongside this, highlight the other support that is available across the borough.
11. Continue to gather feedback from carers about their experience of the carers wellbeing assessment and develop an understanding of why some carers decide not to have an assessment.
12. Involve carers when reviewing the Carers Wellbeing Assessment approach as carers were involved in its development and should continue to be involved as it evolves.
13. North Tyneside Council should continue to review the quality of the Carers Wellbeing Assessments being carried out - particularly when these are completed as part of a joint assessment of the cared for person - so carers needs are captured.

## The impact of the caring role

**The issues:** Whilst telling us about their experiences, carers explained that time, money and a sense of responsibility all impacted on their wellbeing. Carers ability to work or study were highlighted as key issues, around 38% of carers responding to the survey told us that they were in work and many described the impact of caring on their working life. This including, leaving work/study, retiring early, using most of their leave for caring responsibilities and having difficult conversations with employers about needing flexibility. Carers also described this creating significant pressures on family finances.

Carers also told us about how difficult they have found adjusting to a change in their role and what is expected of them when the needs of the person they care for changes - either when their support needs become greater, they go into hospital or move into a care home.

### Recommended Actions:

14. Continue to raise awareness of carer's issues with local employers so they better understand carers' needs and encourage flexibility.
15. Develop a better understanding of how best carers can be supported to gain employment, continue in work or access opportunities to study.
16. Ensure work/study opportunities are fully explored as part of a Carer's Wellbeing Assessment.
17. Provide training for front line staff across health and social care to understand and support carers to adapt when their caring role changes, either when the person they care for is in hospital or goes into a care home.

## Supporting People in Crisis

### People's experiences of using services in North Tyneside when experiencing a mental health crisis - November 2018

#### Overview of Suggested Actions

Below is the full list of suggested actions included in the report:

1. **One stop shop and trusted assessment** - Develop a one-stop shop for people in need of support to access different services from a single contact. The one stop shop conduct a trusted assessment so that different mental health services are confident that a referral has come to the right place.
2. **Low-level crisis support** - Develop a lower level crisis support service for those who feel they are experiencing a crisis but do not meet the threshold for Crisis Resolution and Home Treatment Team. Other areas have good examples of CCGs and voluntary sector organisations coming together to deliver this. i.e. Together in a Crisis.
3. **Crisis planning** - Service Providers to review information given to service users and carers about what to do if they experience a mental health crisis.
4. **Access and additional needs** - Develop a multi-disciplinary approach to support people with multiple needs, particularly when people are using alcohol and drugs.
5. **Waiting Times** - Be clear with service users and carers about expected waiting times and apologise if times are delayed. Understand that the pressures on services will change with the development of a lower level crisis support and a one stop shop.
6. **Older People** - Mental Health Integration Board to review the support for older people experiencing a mental health crisis.
7. **Crisis Beds** - NTC to investigate the impact of decommissioning of crisis bed provision on the current support available to people in crisis.
8. **Carer Support** - Commissioners and Service Providers to review how carers are supported to ensure that their own support needs are identified and met as set out by The Care Act (2014) and the new Carers Partnership Board.
9. **Carer Involvement** - Service Providers to review how carers are can be involved and/or informed about the support available to the person they care for.
10. **Bridging Gaps** - Service Providers to continue to work together towards planning, referral and streamlining transition process to ensure people do not fall into gaps in between services.



11. **Early Identification** - Service Providers to Identify when a person might need additional support to access follow up services following discharge.
12. **GP/ Primary Care Support** - CCG to work with primary care services to increase Mental Health awareness, knowledge of services available and referral mechanisms since Primary Care Services are often the first point of contact for people with mental health needs.
13. **Staff Training** - Service Providers to ensure mental health awareness training is provided for non-specialist staff and mental health professionals are consistently trained in relation to tackling stigma and handling crisis.
14. **Issues Around Staffing** - Commissioners and Service Providers to continue to work with their staff to ensure that people feel they are being heard and respected.
15. **Feedback** - Services should devise and/or review mechanisms they use regularly to ask for anonymous feedback from service users and carers about the services they receive including how they feel they are treated by staff.

These suggested actions reflect what we have heard from engaging with service users, carers and a range of mental health professionals over the last year. However, a significant number of these actions reflect recommendations from our previous report 'People's experience of mental health services in North Tyneside'<sup>1</sup> which considered feedback received in 2015. Although, progress has been made, it is evident that people accessing mental health support continue to encounter similar difficulties. Therefore, we would like to reiterate the previous recommendations for our earlier report below:

1. Create a single point of access for all community-based services (including those which are not commissioned by the statutory sector) which complies with NICE Standards.
2. Reduce waiting times to bring them into line with NICE standards by:
  - Setting standards for waiting times across commissioned services and publishing information about compliance.
  - Develop a network of support for people on any waiting list such as a support group or online forum.
3. Develop and implement a clear support pathway, including out of hours, for people who feel that they want to end their lives, harm themselves or who are experiencing a crisis. This should include support pathways for people who already access services and those who do not.
4. Support staff in a variety of settings to better meet the needs of people with mental health problems:
  - Provide mental health awareness training for non- specialist staff, for example in A&E, GPs, receptionists and Care Navigators.
  - Provide training for mental health professionals in relation to handling crisis, tackling stigma, listening skills, service availability and managing stress.

---

<sup>1</sup> [www.healthwatchnorthtyneside.co.uk/wp-content/uploads/2017/07/HWNTmentalhealthreport2017.pdf](http://www.healthwatchnorthtyneside.co.uk/wp-content/uploads/2017/07/HWNTmentalhealthreport2017.pdf)



# North Tyneside Health & Wellbeing Board Report Date: 8 November 2018

## ITEM 8

**Title: Joint  
Commissioning Strategy  
for Children and Young  
People with Special  
Educational Needs and  
Disabilities (SEND)**

**Report from :** North Tyneside Council and North Tyneside Clinical  
Commissioning Group

**Report Author:** Michael Johnston, Commissioning Manager Tel:0191 643 8681

**Relevant Partnership Board:** SEND Strategic Board

### 1. Purpose:

Approximately 4,000 children and young people aged 0 to 25 in North Tyneside have special educational needs and disabilities (SEND). These children and their families, and particularly those with the highest levels of need, are often among the most vulnerable in our community. The purpose of this report is to: bring the Board's attention to how the Council and Clinical Commissioning Group (CCG) are discharging their statutory responsibilities for commissioning services for these children; and to secure the Board's approval of the Joint Commissioning Strategy.

### 2. Recommendation(s):

The Board is recommended to:-

- a) Note the significance of the work by the Council and the CCG to meet the needs of children and young people with SEND and their families, who are often among the most vulnerable groups in our communities; and
- b) Approve the Joint Commissioning Strategy setting out the priorities which the Council and CCG will address between 2018 and 2021, which will be implemented through the SEND Improvement Plan.  
(The Strategy document is available on the Council's website with the agenda.)

### 3. Policy Framework

The Children and Families Act, 2014, places a statutory responsibility on local authorities and CCGs to make joint commissioning arrangements for education, health and care provision for children and young people with SEND aged 0 to 25. The SEND Code of Practice, published by the Department for Education and the Department of Health, provides guidance on the action required.

North Tyneside is awaiting a SEND Area Inspection by Ofsted and CQC. The inspection evaluates how well a local area carries out its statutory duties, across education, health and

care, and how children and young people with SEND are supported to achieve educational and other outcomes, such as being able to live independently, secure meaningful employment and be well prepared for their adult lives. Joint Commissioning arrangements fall under the scope of this inspection. Inspectors will expect to see a Joint Commissioning Strategy being implemented.

The work on joint commissioning by the Council and the CCG aligns with the Joint Health and Wellbeing Strategy by:

- Securing high quality services and targeted support
- Integrating services for children with SEND and their families
- Raising aspirations and building resilience and independence
- Recognising the importance of educational achievement to improve the life chances of young people with SEND
- Co-producing services with parents, carers and young people
- Making best use of public money for SEND
- Focussing on outcomes and progression
- Improving mental health and emotional wellbeing through commissioned services.

The Joint Commissioning Strategy is aligned to the Children and Young People's Plan and the three key priorities of the Children, Young People and Learning Partnership: Ready for School; Ready for Work and Life; and Safe, Supported and Cared For.

### **Information:**

The Joint Commissioning Strategy focuses on the following themes:

#### ***Whole system transformation***

The task of improving outcomes for children and families involves work across education, health and social care. From a health perspective, key partners are NHS England, Northumbria Health Care NHS Trust, Northumberland, Tyne and Wear NHS Foundation Trust and Health Watch North Tyneside. Schools, colleges and a range of other stakeholders also have a duty to co-operate under the SEND Code of Practice. The focus of the Joint Commissioning Strategy is on taking systematic action to maintain progress in implementing the SEND reforms and bringing about whole system transformation across education, health and care.

#### ***Implementing the annual commissioning cycle***

The annual commissioning cycle outlined in the strategy is implemented by the Local Authority and the CCG at the following levels:

- The strategic level, looking across the whole SEND system and taking a medium to long term view of needs and changes required to commissioned services.
- The service and organisational level, taking a focused view of short term, medium term and long term needs and the implications for services and providers.
- The locality level, ensuring that services for a defined locality are appropriately delivered and meeting local needs.
- The individual level, micro-commissioning tailored services and support for individual children and young people to meet current needs. These are often the most vulnerable children and young people with the most complex needs, who require bespoke packages of specialist services involving education, health and care.

These four levels of planning and service delivery are interdependent and need to be properly connected. Joint commissioning work includes securing:

- Highly specialist low volume provision.
- Specialist services that are formally jointly commissioned by the Local Authority and the CCG together.
- Services commissioned either by the Local Authority or the CCG respectively, which form part of the SEND Local Offer, and which require joint planning and oversight to ensure a coherent approach to service delivery.
- Services commissioned through other collaborative arrangements e.g. services for children with SEND in schools which are funded from the High Needs Block of the Dedicated Schools Grant.

### ***Leadership challenges***

The leadership challenges at local level facing the Local Authority, CCG and partners in maintaining adequacy and sufficiency of provision are significant. Demand for services is increasing in an environment of reducing resources. Improvements in health care mean that the health conditions with which some children and young people are now living are more complex, and capacity, especially in services supporting statutory assessment, is stretched. These trends are placing increasing pressure on all SEND services.

The challenges can only be met successfully with strong leadership and effective co-ordination at all levels of the SEND system. At the strategic level leaders need to offer challenge and support to bring about whole-system change, ensure sufficiency of provision and hold all partners to account; at the organisational level effective leadership is needed to ensure an integrated approach between all partners in the system; and at service level, leaders need to ensure quality, responsiveness and operational integration.

The Local Authority and CCG, working with schools and other partners, are providing strategic leadership to the 0-25 commissioning system for SEND to implement change and create effective joint working between education, health and care services. This leadership role in the commissioning of services is challenging the effectiveness of the whole system by continuously reviewing the progress being made in three key areas:

- Identifying the special educational needs and/or disabilities of children and young people.
- Meeting those identified needs.
- Improving the outcomes for children, young people and families.

Challenge and support to the system at all levels ensures that there is effective co-ordination of commissioning arrangements and that decisive action is taken to address areas where improvements in the relevance, quality or performance of commissioned services are required.

### ***SEND Needs and Sufficiency Assessment***

Effective commissioning requires a thorough understanding of the needs of children and young people with SEND 0-25. A SEND Needs and Sufficiency Assessment has been drafted and will be considered by the SEND Board in November. The key points identified to date are set out below.

### ***Numbers of children and young people with SEND***

- There were 1,102 children with Education Health and Care (EHC) Plans maintained by North Tyneside Council in 2017/18 (these are children with higher levels of need) and 3,251 receiving SEN Support.
- The percentage of children in North Tyneside with an EHC Plan is currently significantly higher than is the case regionally and nationally.
- In contrast, the percentage of children receiving SEN Support is significantly lower.

- The numbers of EHC Plans for children and young people aged 0 to 15 has reduced.
- There has been an increase in the number of plans for young people aged 16+ as the SEND reforms have been implemented since 2014.

### ***Population projections for children and young people***

- Population projections point to increased future demand for educational provision from young people with SEND in school Year 5 and upwards. These projections have also have implications for health and social care provision.

### ***Projections for numbers of children and young people with EHC Plans***

- If the pattern in the increase in the total number of EHC plans should continue, this could result in an additional 157 EHC plans by the 2022/23 academic year, making a total of 1,259 EHC plans.

### ***Changing needs of children and young people with SEND***

- The four most common Primary Needs in 2018 for all children and young people with SEND (i.e. looking across all children with an EHC Plan or SEN Support) are:
  - Speech Language and Communication Needs;
  - Social Emotional and Mental Health;
  - Specific Learning Difficulty;
  - Moderate learning difficulty.
- The number of children with the Primary Need of Moderate Learning Difficulty, the fourth most prevalent need, has reduced by a third since 2016.
- The number of children with the Primary Need of Autism Spectrum Disorder, the fifth most prevalent need, has increased by 62% over the past two years.
- The numbers of children with the Primary Need of Profound and Multiple Learning Disabilities has increased by 70% over the past two years. Although the numbers are relatively small, and this need is only 11<sup>th</sup> in ranking of prevalence (out of 13 Primary Needs), these children often have very complex needs and require specialist education, health services and social care.
- Looking only at the those children and young people with EHC Plans, the four most common Primary Needs are:
  - Autism Spectrum Disorder;
  - Moderate Learning Difficulty;
  - Social Emotional and Mental Health;
  - Speech Language and Communication Needs.

### ***Children in Need***

- A higher percentage of Children in Need in North Tyneside have an EHC Plan than is the case both regionally and nationally and concern about the mental health of Children in Need has increased.

### ***Looked after children***

- Looked after children with SEND are well supported, and placed close to home wherever this is possible, they but experience significantly worse mental health than other children.

### ***Out of borough placements***

- The number of out of borough placements for children with SEND is low, reflecting the strong mix of local provision.

### ***Deprivation and children with SEND***

- Children and young people with EHC Plans or SEN Support in North Tyneside are more likely to live in low income households than is the case nationally.

### ***Joint Commissioning Priorities for action***

The priorities in the Joint Commissioning Strategy are:

1. Strengthening capacity to identify needs and improving the use information to inform commissioning decisions.
2. Meeting needs through high quality, relevant commissioned services.
3. Improving the outcomes from commissioned services.
4. Increasing the personalisation of services and co-producing commissioned services with parents, carers, children and young people. This includes work with the Parent Carer Forum.
5. Improving the effectiveness of joint commissioning arrangements.

For each of the five priorities the critical actions to be taken from 2018 to 2021 to implement the Joint Commissioning Strategy are set out in the SEND Improvement Plan.

#### **4. Decision options:**

The decision options are:

Offer comments on the content of the strategy

or

Approve the strategy and implementation through the SEND Improvement Plan.

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

The Board is recommended to approve the Joint Commissioning Strategy as:

- The strategy has already been considered by the SEND Board and the Children Young People and Learning Board.
- The vulnerability of children and young people with SEND and their families make it vital that the joint work between the Council and the CCG continues, so that understanding of needs is enhanced, and that commissioned services are shaped accordingly.

#### **6. Appendices:**

In the interests of economy the Strategy document itself has not been printed with the agenda papers. It is available for inspection on the Council's website together with the agenda or copies may be obtained from the author.

#### **7. Contact officers:**

Mark Taylor Strategic Commissioning Manager, Children and Families, 0191 643 8755  
Michael Johnston, Commissioning Manager, 0191 643 8681

## 9. Background information:

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

- Council For Disabled Children [Working Together Joint Commissioning Arrangements](#)
- Council For Disabled Children [Joint Commissioning Bulletins](#)
- Department for Education [SEND Code of Practice 0-25](#)
- Department for Education [Social Care Guide to the 0-25 SEND Code of Practice](#)
- Department of Health [National Framework for Children and Young People's Continuing Care 2016](#)
- [North Tyneside Joint Health and Wellbeing Strategy 2012-23](#)
- NHS North Tyneside Clinical Commissioning Group [Operational Plan 2017-2019](#)
- NHS England [Future in Mind](#)
- [NHS North of England Commissioning Support Children with SEND Pre-Inspection Baseline Report](#)
- NHS North Tyneside Clinical Commissioning Group, Northumbria Healthcare NHS Foundation Trust and Northumberland, Tyne & Wear NHS Foundation Trust, [North Tyneside CAMHS Transformation Plan 2015-2020](#).
- NHS North Tyneside Clinical Commissioning Group and North Tyneside Council, North Tyneside Health and Wellbeing Board and Adult Social Care Health and Wellbeing Sub-Committee [Health Wellbeing and Social Care Commissioning Intentions 2017-2018](#)
- North Tyneside Council, [Special Educational Needs and Disabilities: Analysis of School Census 2012-2016 & Post-16 High Needs Data](#).
- North Tyneside Health and Wellbeing Board, [Joint Strategic Needs Assessment 2015](#)
- North Tyneside Council Analysis of Care Needs of Children with Disabilities.
- North Tyneside Council SEND Action Plan December 2017
- North Tyneside Council SEND Area Inspection Self- Evaluation December 2017
- Ofsted North Tyneside services for children in need of help and protection, children looked after and care leavers - Review of the effectiveness of the Local Safeguarding Children Board June 2017 [Inspection Report](#)
- Preparing For Adulthood, [Joint Commissioning in Action](#)

## COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

### 10 Finance and other resources

There are no direct financial implications arising from the strategy. This high level strategic plan will define the context within which the Local Authority and the Clinical Commissioning Group will work together. The work associated with the priorities within the work plan should result in better identification of need, a strengthened decision making and better outcomes. Any potential financial implications will be identified from the more detailed needs analysis, service reviews and the deliverables from the various SEND working groups and any financial implications from this work would be reported back to Children, Young People and Learner's (CYPL) Partnership Board via the SEND Strategic Board and to Schools Forum and appropriate management Boards before funds are committed.

### 11 Legal

The SEND Code of Practice: 0-25 (Para 3.3) stipulates that local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for

education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Act). The term 'partners' refers to the local authority and its partner commissioning bodies across education, health and social care provision for children and young people with SEN or disabilities, including clinicians' commissioning arrangements, and NHS England for specialist health provision.

## **12 Consultation/community engagement**

The Joint Commissioning Strategy has been considered by the SEND Strategic Board which includes representation from the North Tyneside Parent Carer Forum.

## **13 Human rights**

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

## **14 Equalities and diversity**

Children and young people with EHC Plans or SEN Support in North Tyneside are more likely to live in low income households than is the case nationally and pupils with SEND are more likely to be eligible for Free School Meals compared to their non-SEND peers. The Joseph Rowntree Foundation (2016) found that children with SEND are also less likely to experience a fulfilling education or leave school with outcomes that reduce the chances of living in poverty as adults. These indicators will be monitored through the SEND Performance Report which is reviewed by the SEND Board.

## **15 Risk management**

Risk management of implementation is through the SEND Improvement Plan. All of the actions in the Improvement Plan are RAG rated and this is monitored by the SEND Strategic Board.

## **16 Crime and disorder**

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

## **SIGN OFF**

Chair/Deputy Chair of the Board

X

Director of Public Health

X

Director of Children's and Adult Services

X

Director of Healthwatch North Tyneside

X

CCG Chief Officer

X

Chief Finance Officer

X

Head of Law & Governance

X

# North Tyneside Health & Wellbeing Board Report Date: 8<sup>th</sup> November 2018

## ITEM 9

Title: Pharmacy Closure

**Report from :** North Tyneside Council

**Report Author:** Wendy Burke, Director of Public Health (Tel: 643 2104 )

Michael Robson, Law and Governance (Tel: 643 5359 )

**Relevant Partnership Board:** n/a

### 1. Purpose:

This report presents details of the closure of a pharmacy in North Shields and invites the Board to consider whether or not to refresh the Pharmaceutical Needs Assessment (PNA) or to publish a supplementary statement in response to the closure.

### 2. Recommendation(s):

The Board is recommended to:

- a) endorse the view of the Director of Public Health that the closure of Lloyds Pharmacy in Bedford Street, North Shields will not have any significant impact on the need for pharmaceutical services in North Tyneside; and
- b) agree not to refresh the PNA or publish a supplementary statement.

### 3. Policy Framework

The purpose of this report is to enable the Board to fulfil its statutory responsibilities in relation to the PNA rather than being focussed on delivery of the Joint Health and Wellbeing Strategy 2013-23.

### 4. Information:

The Board is responsible for preparing, and for keeping under review, a Pharmaceutical Needs Assessment (PNA). The purpose of the PNA is to determine if there are enough community pharmacies to meet the needs of the population (NHS England uses the PNA to determine applications to open new pharmacies) and it also acts as a commissioning guide. The Board approved the current version of the PNA in March 2018.

NHS England notifies the Board of any changes to pharmacies, including change of ownership, location and opening hours. If any of those changes significantly affect the need for pharmaceutical services as outlined in the current PNA, the Board must refresh



the PNA or where this would be disproportionate, it may publish a supplementary statement explaining the changes to the availability of pharmaceutical services.

NHS England have received notice that Lloyds Pharmacy, operating from 83 Bedford Street, North Shields, Tyne and Wear, NE29 6QF have formally withdrawn from the pharmaceutical list. The contract with NHS England ended at midnight on 26 October 2018. NHS England have been working closely with pharmacy, and it has been given assurances that all measures have been taken to ensure patients will not be adversely affected by this closure.

The Director of Public Health considers in this instance that the closure of this pharmacy will not have any significant impact on the need for pharmaceutical services in North Tyneside and on this basis a refresh of the PNA or the publication of a supplementary statement is not required.

**5. Decision options:**

The Board may either:

- a) agree not to refresh the PNA or publish a supplementary statement;
- b) agree to refresh the PNA; or
- c) agree to publish a supplementary statement explaining the changes to the availability of pharmaceutical services.

**6. Reasons for recommended option:**

The Board are recommended to agree option a) above as the Director of Public Health considers in this instance is that the closure of this pharmacy in North Shields will not have any significant impact on the need for pharmaceutical services in North Tyneside.

**7. Appendices:**

None.

**8. Contact officers:**

Wendy Burke, Director of Public Health (Tel: 643 2104)  
Michael Robson, Law of Governance (Tel: 643 5359)

## **9. Background information:**

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

- The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013
- Report to the health & Wellbeing Board relating to the PNA March 2018
- Correspondence from NHS England

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

### **10 Finance and other resources**

If the Board approve the recommended option a) set out above there would be no financial implications. If the Board were to agree that the PNA be refreshed or publish a supplementary statement additional costs would be incurred which would be contained within existing budgets.

### **11 Legal**

In accordance with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, the Board are required to refresh the PNA when there are significant changes to the need for pharmaceutical services in the area. Where a refresh would be disproportionate the Board may publish a supplementary statement.

### **12 Consultation/community engagement**

The Director of Public Health has consulted representatives of the North Tyneside Clinical Commissioning Group and Healthwatch North Tyneside as part of her considerations.

### **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**

A risk assessment has not been undertaken in relation to this matter.

### **16 Crime and disorder**

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

## SIGN OFF

Chair/Deputy Chair of the Board

X

Director of Public Health

X

Director of Children's and Adult Services

X

Director of Healthwatch North Tyneside

X

CCG Chief Officer

X

Chief Finance Officer

X

Head of Law & Governance

X