

(Note: These minutes are subject to confirmation at the next meeting of the Board scheduled to be held on 11 January 2018.)

## **Health and Wellbeing Board**

**16 November 2017**

Present: Councillor M Hall (Chair)  
Councillors M A Green and T Mulvenna  
W Burke, North Tyneside Council  
J Old, North Tyneside Council  
J Matthews, North Tyneside Clinical Commissioning Group  
P Kenrick, Healthwatch North Tyneside  
J Jollands, Northumberland, Tyne & Wear NHS Trust  
N Bruce, Newcastle Hospitals NHS Trust  
H Minney, TyneHealth  
J Pratt, Tyne & Wear Fire & Rescue Service  
A Caldwell, Age UK North Tyneside  
D Titterton, Voluntary & Community Sector  
R Burrows, Safeguarding Children Board  
A Watson, North of Tyne Pharmaceutical Committee

### Also Present

S Meins, K Allan, H Douglas, C Jordan and M Robson, North Tyneside Council  
A Paradis and D Sample, North Tyneside Clinical Commissioning Group  
J Stonebridge and J Reed, Northumbria Healthcare NHS Trust  
C Easton, North Tyneside Carers Centre

### **HW18/11/17 Apologies**

Apologies for absence were received from Councillors G Bell and K Clark, H Hudson (North Tyneside Council), T Dunketon (North Tyneside CCG), J McAteer (Healthwatch North Tyneside), D Evans and B Bartoli (Northumbria Healthcare NHS Trust), G O'Hare (Northumberland, Tyne & Wear NHS Trust), L Robson (Newcastle Hospitals NHS Trust) and C Armstrong, North East Ambulance Service.

### **HW19/11/17 Substitute Members**

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

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

N Bruce for L Robson (Newcastle Hospitals Trust)

It was also reported that D Sample was attending the meeting on behalf of T Dunketon (North Tyneside CCG).

### **HW20/11/17 Declarations of Interest and Dispensations**

There were no Declarations of Interest or Dispensations reported.

## **HW21/11/17 Minutes**

**Resolved** that the minutes of the meeting held on 19 September 2017 be confirmed and signed by the Chair.

## **HW22/11/17 Better Care Fund Plan 2017/18 and 2018/19**

The Board were presented with the North Tyneside Better Care Fund (BCF) Plan covering the period 2017/18 and 2018/19. The government and the NHS had issued BCF planning guidance in July 2017 which required each local area to develop a plan for the use of the fund and set out four national conditions which had to be met in order to access the funding. These were

- a) that the plan be signed off by the Health and Wellbeing Board, and approved by the constituent local authority and CCG;
- b) the plan must demonstrate how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the BCF fund, in line with inflation;
- c) a specific proportion of the area's allocation must be invested in NHS-commissioned out-of-hospital services (or retained pending release as part of a local risk sharing agreement); and
- d) implementation of the High Impact Change Model for managing transfers of care.

The plan had been considered by the Council's Cabinet on 13 November 2017 when officers, in consultation with relevant Cabinet members, had been authorised to approve the plan incorporating any amendments proposed by the Board. The plan was scheduled to be submitted to the Governing Body of North Tyneside CCG on 28 November 2017.

The Board were presented with details of the size and composition of the plan for 2017/18 and 2018/19 together with the figures from the previous two years for comparison. In accordance with the guidance, the plan represented a continuation of the 2016/17 plan, featuring many of the same services. However there were differences from the previous year, due to the full-year effect of changes to intermediate care and these changes were highlighted in the report.

The BCF guidance stipulated four metrics, which would be used to measure the impact of the fund. The Board were presented with a summary of the target levels for the national BCF metrics and current performance against those metrics.

The Board were also presented with details of the Improved Better Care Fund (iBCF) to be implemented for the first time in 2017/18 and the minimum contribution to adult social care which had been calculated nationally.

In considering the plan reference was made to the proposed withdrawal of £1.2m of "Section 256" funding from the CCG to the local authority to support people in the community with mental health needs, prevent hospital admissions and facilitate early discharges. Whilst this funding did not form part of the plan, the Board noted the Council's concerns that the withdrawal of this funding may have a detrimental impact on delivery of the targets set out in the plan. It was suggested that the Board receive a further report on the outcomes of discussion between the Council and the CCG in relation to the funding and the implications for the delivery of the targets contained in the plan if the funding was withdrawn.

**Resolved** that (1) the North Tyneside Better Care Fund (BCF) Plan covering the period 2017/18 and 2018/19 be agreed; and  
 (2) the Board be presented with a report at a future meeting on the outcome of discussions between the Council and the Clinical Commissioning Group in relation to the future of the Section 256 funding and, if the funding were to be withdrawn, the implications for the delivery of the targets contained in the BCF plan.

### **HW23/11/17 North Tyneside Commitment to Carers (Previous Minute HW56/03/17)**

In March 2017 the Board received a progress report on delivery of the actions associated with the North Tyneside Commitment to Carers. At the meeting the Board requested a further report to provide assurance that progress was being made in improving the health and wellbeing of all carers living in North Tyneside, and in supporting them to have a life outside of caring, and that carers in need were receiving the service they were entitled to, particularly where authorities were under a statutory obligation to provide them.

In response to the request, the Board received a joint report on how North Tyneside Council and North Tyneside Clinical Commissioning Group, supported by North Tyneside Carers' Centre, were meeting their statutory duties in relation to carers. The report set out details of the relevant legislative and regulatory frameworks, the range of services provided, the priority areas for action to deliver the Commitment to Carers and progress made in delivering them.

Whilst significant progress had been made on many of the priority areas, limited progress had been made in other areas which required an integrated whole system approach, including primary care, hospital discharge, crisis support, young carers assessment and provision of good quality carers wellbeing assessments. To truly make a difference to carers a whole system change was needed. Partnership working and co-operation was key. Joint working between the Council, the NHS, voluntary organisations, education, public health, housing and local communities was needed to support carers to maximise resources and opportunities to help carers to identify themselves and also know what help was available if they needed it. It was therefore suggested that a collaborative system wide approach be adopted to support carers and that all partner organisations identify a lead person to take this work further forward.

The Board acknowledged that support for carers was one of the priorities it had identified as part of the refresh of the Joint Health & Wellbeing Strategy and development of the Board's action plan. The group charged with task of formulating the Board's action plan therefore had an important role to play in identifying the actions, targets and people required to deliver the desired collaborative approach. The Board also gave consideration to how young carers were supported and welcomed the greater integration with services for adults.

**Resolved** that (1) the work undertaken to date to deliver the North Tyneside Commitment to Carers be acknowledged;  
 (2) the identified gaps in supporting carers, highlighted in the report, be recognised;  
 (3) a collaborative system wide approach to deliver on the actions in the Health and Wellbeing Work Programme to support carers be supported; and  
 (4) all partner organisations identify a lead person to take this work forward.

## **HW24/11/17 Treating Tobacco Dependency and Achieving a Smokefree Generation in North Tyneside by 2025**

North Tyneside had made considerable progress over the last decade in reducing smoking rates from 27.5% (2006-08) to 16.4% (2016/17). Whilst this progress had been positive, smoking remained the single largest cause of premature death. It accounted for half of the health gap between the poorest and the most affluent people in the population and it placed a significant burden across the whole local health economy and society. The Board received a report which presented details of the current contributions of the local authority and the NHS in the treatment of tobacco dependency and outlined how a whole systems approach to reducing the prevalence of smoking to 5% by 2025 would be achieved.

The report highlighted a number of gaps in the current approach to treating tobacco dependency. A whole systems response was required so that the impact of the treatment of tobacco dependency in North Tyneside was greater than the sum of its parts. Partners were committed to work collaboratively to establish a system wide model of stop smoking support that was underpinned by evidence of need and effectiveness. Each organisation had committed to the following actions to achieve a smokefree generation in North Tyneside.

North Tyneside Council would:

- Continue to invest in community based universal stop smoking services
- Support services with low quit rates to improve the quality of the provision
- Provide training for stop smoking advisors (community, primary care and secondary care)
- Continue to coordinate and resource North Tyneside Smokefree Alliance
- Work with Northumberland, Tyne and Wear NHS Trust (NTW) and Northumbria Healthcare Foundation Trust (NHCFT) to treat tobacco dependency targeting those with mental health conditions and pregnant women.
- Work in our most deprived areas ensuring that stop smoking services are accessible
- Evaluate our electronic cigarette pilot, with a view to learn and further develop harm reduction services alongside the treatment of tobacco dependency

Northumbria Healthcare Foundation Trust would:

- Continue to roll out of very brief advice training for all front line practitioners
- Systematically record of smoking status on all admitted patients
- Systematically offer nicotine replacement therapy (NRT) to all admitted smokers
- Systematically offer support to access behavioural support for all admitted smokers
- Audit practice in maternity services against NICE standards

North Tyneside CCG would:

- Develop a business case for an incentivisation scheme for all GP practices in North Tyneside to ensure that staff are trained in the delivery of very brief advice
- Introduce a new procedure to ensure that all respiratory patients who are current smokers will, at their annual review be offered treatment for tobacco dependency
- Develop guidelines on when primary care clinicians can prescribe pharmacotherapies to treat tobacco dependency alongside very brief advice.

North Tyneside Smokefree Alliance would continue to oversee the smokefree work undertaken by all of the partners and ensure that this work complemented the programme of work outlined in the Cancer Locality Network and the Respiratory Rightcare Group. This included the following actions that were jointly owned by North Tyneside Council, North Tyneside CCG and the acute trusts:

- The design of data packs for GP practices that captures the current baseline of smoking prevalence. These data packs will be updated annually and will include data and intelligence on smoking related activity such as the number of very brief advice interventions and numbers receiving pharmacotherapies.
- Design clinical pathways that cut across organisations e.g. stop before u op and discharge of patients from secondary care into the community and primary care
- Design patient specific pathways e.g. pregnant women and mental health service users.
- Design a digital platform to offer evidenced based tobacco dependency treatment for those who want to quit without formal support from services.

The Board noted that whilst it was not a mandatory service, an element of public health funding was used to fund tobacco dependency services as this was considered to be a priority.

Members considered the scale of the challenge in reducing the number of smokers by 20,000 by 2025. Every contact between smokers and health professionals would be an important opportunity to provide intervention. It was recognised that partnership working with pharmacies, the fire service and others could help extend and enhance the range of interventions available.

Current evidence demonstrated that the use of e-cigarettes was an effective method for people to stop smoking. Consequently a 6 month pilot in two pharmacies had commenced to evaluate the effectiveness of e-cigarettes as an alternative method to treat tobacco dependency.

**Resolved** that (1) the Board takes a lead role in reducing the prevalence of smoking across North Tyneside in line with the agreed national and regional ambitions by embedding this work into the Boards action plan for 2018/19 and beyond; (2) the actions set out above be endorsed and the possible contributions from other partner organisations such as pharmacies and the fire service be explored; and (3) a progress report be submitted to the Board in six months time on delivery of the action and recommendations outlined in the report.

## **HW25/11/17 Pharmaceutical Needs Assessment (Previous Minute HW08/06/17)**

The Board was required to undertake a Pharmaceutical Needs Assessment (PNA) to determine if there were enough pharmacies to meet the needs of the population and to act as a commissioning guide for services which could be delivered to meet the identified health needs of the population. The PNA had to be reviewed at least every three years.

In June 2017 the Board had agreed to establish a steering group comprising representatives from relevant partners to oversee the development of the first draft of the refreshed PNA. Following an assessment of current pharmaceutical provision in North Tyneside and a public engagement exercise a draft revised PNA had been prepared and this was submitted to the Board.

The draft refreshed PNA had to be subject to a minimum of 60 days consultation with stakeholders and members of the public. It was proposed that the formal consultation period would commence on 20 November 2017 for 60 days until 18 January 2018. The Board were presented with a list of stakeholders who would be consulted during this time. Following the consultation a final draft of the PNA will be prepared taking account

of any feedback and would be presented to the Board in March 2018 before being published by the 1 April 2018 deadline.

The Board sought clarification as to how members of the public would be consulted. It was acknowledged that issues raised by the North of Tyne Pharmaceutical Committee had been taken into account in preparation of the draft PNA.

**Resolved** that (1) the first draft of the Pharmaceutical Needs Assessment (PNA) be approved for consultation;  
(2) the statutory consultation process outlined in the report be approved; and  
(3) the final version of the Pharmaceutical Needs Assessment be submitted to the Board in March 2018 for approval and publication by 1<sup>st</sup> April 2018.

### **HW26/11/17 Healthwatch North Tyneside**

Healthwatch North Tyneside presented a report which set out the trends in the feedback gathered from residents of North Tyneside during the period April 2017 to September 2017. The report aimed to provide commissioners and providers of health and social care services with the opportunity to reflect, and where appropriate take action, on the feedback gathered.

The Board paid particular attention to an increase in the instances of feedback related to general practices and a reduction in the instances of feedback related to hospitals. There had been a significant level of feedback in relation to access to appointments with general practitioners and the Board were interested to note whether the levels of feedback might change with the introduction of the GP extended hours appointments scheme. The Board also discussed the introduction of a pilot small grants scheme to enable local groups to carry out their own research and the methods used by Healthwatch to gather the views of children and young people, including working with the Youth Council.

### **HW27/11/17 Urgent Care (Previous Minute HW32/11/16)**

The Board received a report from the North Tyneside Clinical Commissioning Group (CCG) in relation to revised proposals for a North Tyneside Integrated Urgent Care Service and the continued suspension of walk-in access to the urgent care centre at North Tyneside General Hospital (Rake Lane) during the overnight period. The Board were invited to express their views.

In January 2015 the CCG had launched the *Right Care, Time & Place* initiative to consult the public on the proposed decommissioning of the existing urgent care centres and out of hours service and the commissioning a single integrated urgent care service from 1st October 2017. The CCG had been unable to identify a provider capable of delivering the new service and a procurement exercise ended in July 2017 without a contract being awarded. Following discussions with partners, the CCG had subsequently concluded that the local urgent care system remained unaffordable, inefficient and confusing for patients and a procurement exercise remained the most effective way of securing an improved service model and greater financial efficiency. The CCG had therefore decided to extend the existing urgent care centre and out of hours contracts for a further 12 months, revise the service specification and financial envelope for the new urgent care service and undertake a tendering exercise with the aim of mobilising the new service by 1st October 2018.

The revised specification provided for a general practitioner led urgent treatment centre for patients presenting with minor injuries and minor illnesses to be open between 8.00am and 10.00pm, 365 days per year. An out of hours home visiting service would operate between 6.30pm and 8.00am on Mondays to Fridays and at all times during weekends and bank holidays. Initial call handling, triage and the booking of appointments would be handled by the NHS 111 telephone service.

Northumbria Healthcare had initiated the suspension of overnight access to urgent care services at North Tyneside General Hospital in December 2016. This had been part of a wider reconfiguration of services which had resulted in urgent care services in Hexham, Wansbeck and North Tyneside being closed overnight. In September 2017, Northumberland CCG had announced that it planned to re-introduce overnight urgent care services in Hexham and Wansbeck from 30 October 2017. North Tyneside CCG had decided not to follow Northumberland's decision on the grounds that the Urgent Care Service at Rake Lane was not well-used during the overnight period, the CCG could not justify a decision to withdraw clinicians from front-line A&E services in order to staff an under-utilised walk-in service which only deals with minor conditions and the CCG was no longer proposing to commission a 24 hour walk-in urgent care centre in North Tyneside.

The CCG was carrying out a 4 week engagement exercise as an adjunct to the public consultation undertaken in 2016. The purpose of this exercise is to explain the proposed changes to the type of urgent care service the CCG proposes to commission and the consequent need to maintain the current closure of walk-in services in North Tyneside during the overnight period. The engagement exercise would run from 23 October 2017 to 17 November 2017. The Board queried whether this period was an appropriate length of time in view of the significant changes to the service specification. In response it was stated that the engagement exercise was an adjunct to the *Right Care, Time & Place* initiative undertaken in 2016, it complied with the statutory requirements to consult over a period of between 2 and 6 weeks and the CCG had sought advice from the Consultation Institute who had advised that the engagement exercise proposed was appropriate.

Members of the Board considered the proposals in the light of the outcomes from the *Right Care, Time & Place* initiative in 2016, when the public had expressed a clear preference for a single North Tyneside Urgent Care Centre based at Rake Lane with access to urgent care treatment 24 hours a day and 7 days a week. The representatives from the CCG explained that provision of an urgent care centre could not be restricted to the Rake Lane site because procurement rules did not allow this and Northumbria Healthcare NHS Trust would not allow other providers access to its site. A 24 hour walk-in service was no longer proposed because the service at Rake Lane had not been well-used during the overnight period and the CCG could not justify a decision to withdraw clinicians from front-line A&E services in order to staff an under-utilised walk-in service which only dealt with minor conditions.

The Board discussed whether there was a need for an urgent care centre in North Tyneside, 24 hours per day, taking into account the number of attendances overnight at Rake Lane, Northumbria Specialist Emergency Care Hospital (NSECH) and the Royal Victoria Infirmary, the transport links to each facility, the locality of areas of deprivation in North Tyneside and the confusion among users as to the difference between urgent and emergency services. It was stated that the revised specification complied with an instruction from NHS England to CCGs to replace the existing mixture of services with urgent treatment centres. This would help to provide a consistent system and consistent messages from the NHS nationally as to how and when to access emergency and urgent services.

The Board queried whether an urgent care service could be provided through discussions with partners rather than a procurement exercise. It was stated that the CCG was in discussions with partners but it had to be mindful of procurement law and make the necessary preparations for a procurement exercise.

The Board sought assurances that the out of hours home visiting service would be able to meet demand for appointments. Demand would be managed through the call handling, examined in more detail and the proposed call handling and triage to be provided by the NHS 111 service.

**RESOLVED** that the comments set out above be taken into account by the North Tyneside Clinical Commissioning Group as part of its engagement exercise in relation to urgent care.