

(Note: These minutes are subject to confirmation at the next meeting of the Board scheduled to be held on 13 September 2018.)

Health and Wellbeing Board

22 August 2018

Present: Councillor M Hall (Chair)
Councillors G Bell, K Clark, M A Green and T Mulvenna
W Burke, North Tyneside Council
J Old, North Tyneside Council
R Scott, North Tyneside Clinical Commissioning Group
J Scott, Healthwatch North Tyneside
P Jones, Healthwatch North Tyneside
H Ray, Northumbria Healthcare NHS Trust
K Simpson, Newcastle Hospitals NHS Trust
K Charlton, Northumberland, Tyne & Wear NHS Trust
C Armstrong, North East Ambulance Service
J Pratt, Tyne & Wear Fire & Rescue Service
R Burrows, Safeguarding Children Board
A Watson, North of Tyne Pharmaceutical Committee
C Hearne, Community and Voluntary Sector

Also Present

H Hudson and M Robson, North Tyneside Council
M Adams and J Connolly, North Tyneside Clinical
Commissioning Group

HW11/08/18 Apologies

Apologies for absence were received from L Young-Murphy (North Tyneside Clinical Commissioning Group), I Kitt (Healthwatch North Tyneside), C Riley (Northumbria Healthcare NHS Trust), K Kale (Northumberland, Tyne & Wear NHS Trust), L Robson (Newcastle Hospitals NHS Trust) and A Caldwell (Age UK North Tyneside).

HW12/08/18 Substitute Members

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

J Scott for I Kitt (Healthwatch North Tyneside)
H Ray for C Riley (Northumbria Healthcare NHS Trust)
K Simpson for L Robson (Newcastle Hospitals NHS Trust)
K Charlton for K Kale (Northumberland, Tyne & Wear NHS Trust)

HW13/08/18 Declarations of Interest and Dispensations

There were no Declarations of Interest or Dispensations reported.

HW14/08/18 Minutes

Resolved that the minutes of the meeting held on 21 June 2018 be confirmed and signed by the Chair.

HW15/08/18 Integrated Care System (Previous Minute HW07/06/17)

Mark Adams, Chief Officer of the North Tyneside Clinical Commissioning Group (CCG), together with Jon Connolly, Chief Finance Officer, attended the meeting to present details of the development of an Integrated Care System (ICS) for the North East and North Cumbria and its implications for North Tyneside.

Mark began his presentation by emphasising that the most important thing in the process was to continue to work with partners within North Tyneside to deliver the best possible service to meet the needs of local people. However there were some issues and challenges that were too big for the system in North Tyneside to deal with on its own such as poorer health outcomes, financial pressures, workforce availability and the opportunity to work at scale. The Board were provided with some examples of the benefits of working at a larger scale including the sharing of good practice across the region in relation to preventative services and in emergency and urgent care.

The majority of work would continue to be undertaken on a North Tyneside, place based level, including the commissioning of services, public engagement and workforce development. A sub regional Integrated Care Partnership (ICP) covering the Northumberland, Newcastle, Gateshead and North Tyneside areas would provide an opportunity for the NHS and its partners, including the North of Tyne Combined Authority, to work together at a larger scale. The ICP's agenda would be driven and shaped by the issues referred to it by the place based level of integration. An ICS for the North East and North Cumbria would co-ordinate the work of the ICPs and provide the region with a louder voice nationally particularly in lobbying to maximise resources.

Further work was to be undertaken to develop appropriate governance models within the system and to agree its priorities which were likely to focus on prevention, workforce and finance.

The NHS funding settlement would see an increase in funding of £20.5bn in real terms over the next 5 years. As yet there was no indication as to how the funding would be allocated across the country. The settlement would support delivery of an emerging 10 year NHS plan which was likely to be based on:

- getting back on track with delivering performance standards;
- improving outcomes in cancer care;
- achieving the government's commitment to parity of esteem for mental health; and
- better integration of health and social care.

The Board asked questions of Mark Adams and Jon Connolly and made comments. In doing so the Board gave particular consideration to:

- a) the extent to which the NHS financial settlement would be used to tackle the estimated £641m financial deficit in the regional health service by 2021. It would be desirable if funding could be directed to doing things that the NHS had never been able to do before, for example more preventative work;
- b) North Tyneside CCG's role within the ICS to continue to work with partners within North Tyneside to improve local healthcare and health outcomes but also to elevate any bigger issues to the ICP or ICS;

- c) the possibility of transferring NHS funding to local authorities to support joint working. This would be difficult because funding tended to be allocated to individual organisations that were bounded by their own rules. There was however an opportunity for partners to discuss how to use “the North Tyneside pound” differently to do the best for its population.
- d) the possible imbalance in the health and social care system should the increased funding in the NHS not be matched with investment in the adult social care sector;
- e) plans for a shadow ICS structure to be in place by April 2019, in order to begin to lobby for resources as soon as possible;
- f) the quality of services for the public, patients and places being placed at the centre of the ICS;
- g) the need to communicate and engage with communities and to involve Healthwatch and the community and voluntary sector; and
- h) how workforce issues might be addressed by NHS bodies and local authorities working together.

The Board welcomed the shift in emphasis reflected in the ICS proposals. Since 2012 the NHS had been based on a set of organisations designed to deliver different things in different ways. This new direction of travel provided an opportunity to think and act in a different way, to provide space for better collaboration and to create a shared responsibility for those issues which were too big for individual organisations to tackle on their own. It was suggested that this broader approach to issues such as tobacco use and obesity, together with investment in community services, could derive significant savings for the NHS. Another aspiration for the ICS was that it would help create a shared vision on how to work together for the public and patients in an area and also create a collective responsibility to remain steadfast to that vision even when it had to deal with new national policies.

The Chair thanked Mark Adams and Jon Connolly for their presentation and for answering the Board’s questions. She commented that the information had provided the Board with a clearer understanding of the ICS. She welcomed the positive statements made during the meeting which she envisaged would lead to improved outcomes for the people of North Tyneside.