



North Tyneside Council

19 December 2018

Health & Wellbeing Board

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

on **Thursday 10 January 2019**

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

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Item		Page(s)
3.	<p>To Receive any Declarations of Interest and Dispensations</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>Minutes</p> <p>To confirm the minutes of the meeting held on 8 November 2018.</p>	4
5.	<p>Special Educational Needs and Disabilities (SEND) Support Services</p> <p>To receive a presentation setting out integrated performance information in relation to outcomes for children and young people with SEND.</p>	-
6.	<p>Further Report on the Board’s Strategic Objective No. 9 “To reduce falls and fractures risk and ensure effective treatment, rehabilitation and secondary prevention for those who have fallen”.</p>	9
7.	<p>Further Report on the Board’s Strategic Objective No. 5 “An integrated approach to identifying and meeting carer health and wellbeing needs (of all ages)”.</p>	16
8.	<p>Further Report on the Board’s Strategic Objective No. 8 “Reduce social isolation and increase cultural engagement across the population of North Tyneside to improve health and wellbeing”.</p>	22

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

8 November 2018

Present: Councillor M Hall (Chair)
Councillors M A Green, J Mole, T Mulvenna and J O'Shea
J Old, North Tyneside Council
W Burke, North Tyneside Council
L Young-Murphy, North Tyneside Clinical Commissioning Group
P Jones, Healthwatch North Tyneside
P Dunn, Northumbria Healthcare NHS Trust
C Docking, Newcastle Hospitals NHS Trust
G Sharrock, Northumberland, Tyne & Wear NHS Trust
J Pratt, Tyne & Wear Fire & Rescue Service
A Caldwell, Age UK North Tyneside
A Watson, North of Tyne Pharmaceutical Committee
R Burrows, Safeguarding Children Board
C Hearne, Community and Voluntary Sector

Also Present:

M Taylor, J Connolly, B Smith and M Robson, North Tyneside Council

HW23/11/18 Apologies

Apologies for absence were received from Councillors G Bell and K Clark, M Adams (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 D Titterton (YMCA North Tyneside).

HW24/11/18 Substitute Members

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

Councillor J O'Shea for Councillor K Clark
Councillor J Mole for Councillor G Bell
P Dunn for C Riley (Northumbria Healthcare NHS Trust)
C Docking for L Robson (Newcastle Hospitals NHS Trust)
G Sharrock for K Kale (Northumberland, Tyne & Wear NHS Trust)

HW25/11/18 Declarations of Interest and Dispensations

There were no declarations of interest or dispensations reported.

HW26/11/18 Minutes

Resolved that the minutes of the meeting held on 13 September 2018 be confirmed and signed by the Chair.

HW27/11/18 Strategic Objective No. 1 – “To tackle childhood accidents”

The Board received a report on the approach to tackling the Board’s Strategic Objective No. 1 “To tackle childhood accidents” and to reduce hospital admissions in children 0-14 years rate to the same or better than the rate for England. The report was the latest in a series of reports relating to the delivery of the Board’s work plan for 2018-20.

The Board heard that accidents, and the injuries that result from them, were not inevitable but they had the potential to be life changing. Preventing accidents was therefore a serious public health issue and part of the local approach to give children and young people the best start in life. Strong local partnerships were better placed than a single agency to tackle the wide range of factors that caused accidents, injuries and address inequalities. Therefore, a local multi-disciplinary task and finish working group had been convened to understand the data available and to agree and deliver a systematic approach to reducing childhood injuries and unintentional injury, building on existing good practice in North Tyneside.

Hospital data indicated that North Tyneside had significantly higher rates of admissions for unintentional and deliberate injuries in both 0-4 and 0-14 age groups compared with the rates across England. However, this did not necessarily mean North Tyneside had more accidents, rather that more children were admitted to hospital. The working group intended to analyse additional data to be obtained from the 111 and accident and emergency services to better understand childhood accidents by ward, type of injury, gender, age and ethnicity. Following the results of the data analysis the group would consider whether a more targeted approach needed to be taken to reduce hospital admissions to the same or better than the rate for England and to develop an action plan with milestones.

The Board discussed how bodies such as the Safer North Tyneside Partnership, the Youth Council and VODA could each contribute to developing an action plan to reduce accidents. This led the Board to consider whether the membership of the working group should be extended to ensure that all relevant partners contributed to the development and delivery of the plan.

When the Tyne and Wear Fire and Rescue Service had analysed its accident data it had identified a correlation between falls in the rate of accidents and wet weather. It was suggested that as part of its analysis of 111 and accident and emergency data the working group should take into account weather records to determine if the weather has a significant effect and if so whether the delivery of interventions and campaigns should be influenced by the prevailing weather conditions.

At present there was no additional funding available for accident prevention and so the working group would be focussed on what could be achieved within existing resources.

Resolved that (1) the Board noted that the high rate of hospital admissions for childhood accidents did not necessarily mean there was a rate of accidents in North Tyneside that was higher than the rates across the North East or England;
(2) the task and finish working group analyse additional data to be obtained from the 111 and accident and emergency services to better understand childhood accidents by ward, type of injury, gender, age and ethnicity;
(3) the task and finish working group develop an action plan with milestones to reduce hospital admissions to the same or better than the rate for England; and
(4) the action plan be presented to the Board in March 2019.

HW28/11/18 Strategic Objective No. 3 “Tackling Obesity Across the Life Course”

The Board received a progress report in relation to delivery of the Board’s Strategic Objective No. 3 “To tackle obesity across the life course”.

The Board was advised that the issue of obesity was challenging and its causes were complex including behaviour, environment, biology, physiology and culture. Obesity was a major determinant of premature mortality and avoidable ill health. There was recognition that it would take a considerable number of years for the increasing levels of obesity to be reversed and this was 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. The report described the range of measures taken at a national level to tackle obesity including sugar reduction, soft drinks industry levy (sugar tax), public health campaign to promote 100 calorie snacks and proposed restrictions on TV advertising.

In North Tyneside a series of collaborative events in 2015 and 2016 and two Health and Wellbeing Board Action Days had resulted in the Board agreeing the following priority actions in February 2017:

- a) 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;
- b) Strengthen planning policy to support the 6 principles for creating healthy weight environments;
- c) Translate national policy at a local level in relation to the national childhood obesity plan;
- d) Develop the wider workforce in North Tyneside to offer effective information and advice to support residents and patients to achieve a healthy weight;
- e) Provide effective interventions which promote a healthy weight for children and families;
- f) Create healthy workplaces that promote healthy eating and active lifestyles by supporting the healthy choice to be the easy choice; and
- g) 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.

The Board were presented with data to illustrate the prevalence of obese and overweight children and adults in the borough. At a local level a Healthy Weight Alliance for North Tyneside had been established to strengthen programmes of work by working together across common areas of obesity activity. The report set out details of activity in North Tyneside at universal, targeted and specialist level that support individuals and communities. Building on the work that had been done to date the Healthy Weight Alliance intended to refresh an action plan to ensure there would be continued systematic action with clear milestones. The refreshed action plan would be presented to a future meeting of the Board.

A large programme of targeted activity within North Tyneside was delivered through the Active North Tyneside Programme. Bev Smith, Operational Manager Sport and Leisure, attended the meeting to present the programme’s Annual Report 2017/18. The programme aimed 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 were delivered by a range of staff, provided free of charge and target those within communities of greatest need.

Following the presentation the Board considered the scale of the problem, the important role of general practitioners and other frontline staff in sensitively addressing obesity issues with individuals and the link between obesity and mental health particularly among young people.

Resolved that (1) the scale and complexity of tackling obesity in the population and the challenge in achieving the national and local targets be noted; and
(2) the North Tyneside Healthy Weight Alliance develop a refreshed action plan with milestones to ensure there continues to be systematic action to tackling obesity across the life course and the action plan be presented to a future meeting of the Board.

HW29/11/18 Healthwatch North Tyneside

Paul Jones, the Director of Healthwatch North Tyneside, presented its new Strategic Plan for 2018-2021 and priorities for 2018/19. The Board also received details of the feedback gathered between April and September 2018 and an overview of key activities undertaken since April 2018. Particular reference was made to the launch of the 'What matters to you?' campaign to gather feedback about people's experiences of health and social care across the Borough, a research paper produced by Healthwatch in relation to carers issues and another relating to people's experience of mental health crisis support.

Resolved that (1) Healthwatch North Tyneside's strategic plan 2018/21 and priorities 2018/19 be noted;
(2) 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;
(3) 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
(4) 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.

HW30/11/18 Joint Commissioning Strategy for Children and Young People with Special Educational Needs and Disabilities (SEND)

The Children and Families Act 2014 placed a duty on local commissioners to work together in the interests of children and young people with Special Educational Needs and Disabilities (SEND) to provide integrated and needs-led services. The Board were presented with a Joint Commissioning Strategy which outlined how services for children and young people with SEND aged 0-25 would be commissioned by the Council and North Tyneside Clinical Commissioning Group over the next three years. The strategy set out the progress made over the past 3 years, evaluated where further change was needed and how this would be achieved. It described which organisations were responsible for delivery, how health services made their contribution to meeting needs in North Tyneside and the arrangements in place for joint commissioning. It identified the shared priorities of the Local Authority and the CCG for developing and shaping services during the next three years from 2018 to 2021. The priorities in the strategy were:

- a) Strengthening capacity to identify needs and improving the use information to inform commissioning decisions.

- b) Meeting needs through high quality, relevant commissioned services.
- c) Improving the outcomes from commissioned services.
- d) 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.
- e) Improving the effectiveness of joint commissioning arrangements.

The Board examined in more detail how independent inspections and assessments had demonstrated that that looked after children with SEND in North Tyneside were well supported. Comparative data indicated that North Tyneside was performing well but partners did not want to become complacent. There was a clear, shared plan to continue to improve outcomes and performance information would be reported to the Board to enable members to monitor progress.

Resolved that (1) 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, be noted; and (2) the Joint Commissioning Strategy for Children and Young People with Special Educational Needs and Disabilities (SEND) 2018-2021 be approved.

HW31/11/18 Pharmacy Closure

The Director of Public Health reported that Lloyds Pharmacy, operating from 83 Bedford Street, North Shields, had formally withdrawn from the pharmaceutical list. The Board were advised that if a closure of a pharmacy significantly affected the need for pharmaceutical services as outlined in the current Pharmaceutical Needs Assessment (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.

The Director of Public Health considered in this instance that the closure of this pharmacy would 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 was not required.

The representative from the North of Tyne Pharmaceutical Committee advised the Board of the difference between routine applications for inclusion on the pharmaceutical list and unforeseen benefits applications. It was suggested that if the Board agreed to publish a supplementary statement in response to the closure, this would reduce the likelihood of NHS England accepting any unforeseen benefits applications, thereby allowing the Board to retain more control over the list.

Resolved that a supplementary statement to the Pharmaceutical Needs Assessment be published to explain the change to the availability of pharmaceutical services in North Tyneside caused by the closure of Lloyds Pharmacy in Bedford Street, North Shields.

North Tyneside Health & Wellbeing Board Report Date: 10 January 2018

ITEM 6

Title: Strategic Objective
No. 9 - To reduce falls and
fractures risk.

Report from : North Tyneside CCG

Report Author: Mathew Crowther, Commissioning Manager (Tel: 0191 293 1161)

Relevant Partnership Board: North Tyneside Falls Group

1. Purpose:

The purpose of the report is to update the board with regards to progress being made against Strategic Objective No. 9: "To reduce falls and fractures risk and ensure effective treatment, rehabilitation and secondary prevention for those who have fallen

2. Recommendation(s):

The Board is recommended to:-

- a) Note the contents of the report for information; and
- b) Support the continued implementation of the North Tyneside Falls Strategy.

3. Policy Framework

This item relates to sections 7, 8 and 10 of the Joint Health and Wellbeing Strategy 2013-23 and to the North Tyneside Falls Strategy which has been developed by the CCG and the Local Authority.

4. Information:

Falling is not an inevitable part of growing old and can be prevented by organisations and the public working together. North Tyneside partners from Health, Social Care, Private and Voluntary Organisations, North Tyneside CCG, North Tyneside Council and The Tyne & Wear Fire Service are committed to working together to support people to age well in North Tyneside, not only to live longer but to extend their lives in good health and maintain functional ability and independence.

Falls have a dramatic impact on individuals, families and the health and social care system. More people are falling in North Tyneside compared with other areas which has remained largely unchanged over the past four years. There are on average of 115-140 people over 65 admitted to hospital with a fall each month which costs an average of £4.7 million each year. This doesn't include the cost of social care or money that families pay for care or the unnecessary physical and emotional suffering that a fall can cause for the person and their family.

The North Tyneside Falls Strategy sets out the system commitment and plans for reducing the rate of falls and harm from falling in North Tyneside. It sets out our current position, strategic priorities, required service developments, ambitions and key actions.

Progress to date

The Community Falls Service was commissioned for an initial 12 month pilot phase in November 2017.

The constituent parts of the service are:

Service	Role	Provider
Community Falls Clinic	Single point of access for Falls, offering a full risk assessment, onward referral and prevention advice	Newcastle upon Tyne Hospitals supported by TyneHealth
Strength & Balance Training	10 week targeted exercise programme for individuals at risk of falling	North Tyneside Age UK
Safe & Well Checks	Falls prevention advice, home hazard assessment and onward referral to other parts of the Community Falls Service	Tyne & Wear Fire Brigade
Falls First Responder Service	Provides an alternative form of response for non-urgent, falls-related, calls to NHS 111 and 999	North Tyneside Council Care Call
Community Bone Health Clinic	Assessment of bone health including referral for DEXA scan. Initiation of osteoporosis medication and compliance assessments	Northumbria Healthcare
Falls Education Programme	Rolling programmes of education for domiciliary care staff, primary care and secondary care staff	North Tyneside CCG and NEAS

The CCG has subsequently evaluated the 12 month pilot phase. The key findings of that study were as follows:

Community Falls Service

- 371 appointments offered (293 patients actually seen). Majority of those seen (187 patients) required onward referral to Strength & Balance training, with small numbers also requiring referral to Care Plus (32 patients) for full frailty assessment and / or hospital services such as cardiology and neurology (45 patients).

- Of 168 patients surveyed, all rated the service as 'excellent' or 'good'. Examples of positive feedback include:
 - "I was impressed at the depth of the consultation and the attention given by all the staff. Since attending the clinic I have completed a course at the Balance class at Linskill school and found this most useful"
 Negative feedback primarily related to location (Shiremoor Resource Centre). However, the service is now looking for an alternative venue due to on-going difficulties securing space at the Shiremoor Resource Centre.
- The service initially experienced problems securing enough clinical staff to deliver the required number of sessions per week and was therefore slow to get started but this has now been rectified.

Strength & Balance Training

- Age UK North Tyneside was originally commissioned to deliver 16 courses of Strength and Balance classes; each class being for 1 hour per week and over a 12 weeks period. The CCG subsequently increased this to 21 courses due to the high level of demand.
- 34 referrals a month during the pilot phase.
- Due to the success of the programme, referral routes were expanded to include hospital frailty services and Care Plus.
- Participants with mobility / transport issues are offered access to pre-paid taxis in order to access the venue (Linskill Centre).
- Feedback has been overwhelmingly positive:
 - "I found the classes very good and helpful, and the tutor made sure you were doing things correctly." **Mrs C, 80**
 - "The classes built up my confidence as I had lost a lot of mobility and found it very frustrating. When the classes finished I was sad but am meeting up with a few others at the Cuppa Club to see what we can do going forward." **Florence, 78**
 - "The classes will be a miss as I've thoroughly enjoyed them, they've done me the world of good and I have lost weight." **Mrs Z, 74**

Safe & Well Checks

- An average of 140 home visits completed per month during the pilot period.
- Falls-prevention advice offered includes:
 - Eye sight tests
 - Medication reviews
 - Slipper check
 - Interior lighting
 - Good housekeeping
- The service also carries out low level interventions to reduce the risk of falls occurring, such as:
 - Taping down of loose rugs and worn carpets
 - Securing loose or untidy cables
 - Issue of non-slip bath mats and helping hands
 - Replacing worn ferrules on walking sticks and walking frames
- Of the 842 residents surveyed, 841 rated the service they received as "good" or "very good".

Falls First Responder Service

- Average of 22 calls outs per month during the pilot phase.
- Service carries out simple triage, low-level interventions (minor wound dressing) and onward referral.
- Calls diverted from 999 dispatch service, providing a safe alternative to an ambulance conveyance to A&E.
- Average response time of around 17 minutes (less than NEAS low category response times)
- The service could handle far more referrals. The under-performance has largely been due to the difficulty associated with developing specific local service dispositions for a regional ambulance dispatch service. The CCG and the Local Authority continue to work with NEAS to maximise use of the First Responder Service.

Community Bone Health Clinic

- The service was originally commissioned from Northumbria Healthcare; however, the trust has subsequently struggled to identify sufficient DEXA scan capacity to deliver the service within the available funding envelope.
- The CCG has approached Newcastle Hospitals to see if an alternative service could be offered from the Freeman Hospital site. However, the trust is currently carrying out a review of its diagnostic capacity and has been unable to commit to a short-term solution at time of writing.
- The CCG may therefore have to revise and re-tender the contract in order to secure the service required.

Falls Education Programme

a.) Care homes

The CCG has commissioned NEAS to provide first-responder training to staff from nursing and residential homes in North Tyneside.

The training teaches staff how to respond to a situation in which a care home resident has fallen and how to provide a range of basic interventions that will improve that resident's health outcomes and reduce the number of unnecessary 999 calls.

A total of 320 training places have been made available to nursing and residential home staff in the last two years.

b.) Primary care

The CCG has facilitated a number of education sessions for clinical staff from general practice and community services. The purpose of these sessions has been to support clinicians in primary care to carry out frailty assessments with a view to putting early interventions in place that will prevent the patient from deteriorating further.

These sessions have contributed to a rise in the number of referrals to Care Plus and the Community Falls Services. A number of practices in North Tyneside have also begun piloting self-assessment of frailty with a view to further increasing the volume of patients who receive early access to clinical, therapeutic and / or third sector support.

c.) Secondary care

Northumbria Healthcare have provided secondary care staff with additional training on falls prevention and the standards of best practice set out by British Orthopaedic Association and the British Geriatric Association. This has reduced the number of falls with harm which occur in inpatient settings.

Conclusion

The 12 month pilot phase has produced sufficient evidence to suggest that the care pathway and delivery model for community falls is viable.

The CCG has therefore agreed to extend the contracts for 4 of the 5 constituent parts of the Community Falls Service for a further 18 months (to May 2020).

In light of the on-going difficulties associated with the Community Bone Health service, the CCG will need to review the local market to ascertain whether a viable provider option exists and what contingency measures may need to be put in place.

5. Decision options:

The Board is asked to note that the pilot phase for the Community Falls Pathway has been extended for a further 18 months.

It is recommended that the CCG be invited to provide a further progress report to the Board in 12 months.

6. Reasons for recommended option:

The strategy and the ambitions set within it have been derived from evidenced based research and / or NICE guidance. The strategy is a joint strategy which has been developed and agreed across all stakeholder organisations in North Tyneside including the CCG, Local Authority, Public Health, Foundation Trusts, GP Federation, Voluntary Sector, Tyne & Wear Fire Service and North Tyneside Patient Forum.

Partners are making good progress in delivering the strategy and the people of North Tyneside are benefitting from the new community falls services

7. Appendices:

Anonymised case studies of patients accessing Community Falls Pathway.

8. Contact officers:

Mathew Crowther, Commissioning Manager, North Tyneside CCG,
mathew.crowther@nhs.net, 0191 293 1161.

9. Background information:

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

North Tyneside Falls Strategy, 2017 – 2020.

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resource implications

The service is funded by the CCG.

11 Legal

None.

12 Consultation/community engagement

Each service continues to collect patient feedback as part of the evaluation process.

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

Delay in mobilising Bone Health Clinics has undermined the effectiveness of the service as a whole. Mitigations are in 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

Director of Children's and Adult Services

Director of Healthwatch North Tyneside

CCG Chief Officer

Chief Finance Officer

Head of Law & Governance

X

North Tyneside Community Falls Pathway Case Studies

Case Study 1: Falls First Responder Service

An 86 year old gentleman slipped from his chair and could not resume to his sitting position. He called 999 at 12:51 and the Falls First Responder Service attended within 14 minutes.

He was assessed using the agreed triage tool and assisted up from the floor using a Raizer. A dry dressing was applied to an injury on his forearm and the team ensured he was left comfortable. The team arranged for a Nurse Practitioner to visit to assess him and apply a new dressing and no further medical intervention was required.

Case Study 2: Strength & Balance Service

A 75 year old lady who lives with her husband and has one daughter. She was referred onto the course via the Falls Service following physiotherapy for a back problem.

When starting the course she was relatively stable on her feet, however her walking appeared laboured. By the end of the course, her TUGT score improved by 0.95 seconds but there was significant improvement in gait, specifically through mobilising the ankles and strengthening surrounding muscle tissue. This was reflected in her stronger stride and dorsiflection.

She said, "I have become much more aware of the need to strengthen my muscles and move in a safer, more balanced fashion. The instructor was very empathetic with the needs of older people. We were never made to feel uncomfortable and the classes were an absolute pleasure. The classes built up my confidence as I had lost a lot of mobility and found it very frustrating. When the classes finished I was sad but am meeting up with a few others at the Cuppa Club to see what we can do going forward."

Case Study 3: Safe & Well Checks

Fire Service called to a residence in Wallsend to extinguish a chip pan fire. The occupants of the property were in their 80s, had mobility issues and a history of falls. After extinguishing the fire and fitting smoke alarms, the crew carried out Safe & Well Checks on both occupants. This resulted in an onward referral to the Community Falls Clinic for one of the occupants who had recently had an unreported fall and a referral to Care Call for on-going monitoring. The household was also issued with equipment to reduce the likelihood of future falls ('helping hand device' and a fitted bath rail).

North Tyneside Health & Wellbeing Board Report Date: 10 January 2019

ITEM 7

Title: Strategic Objective
No. 5 An integrated
approach to identifying
and meeting carers health
and wellbeing needs (of
all ages)

Report from : North Tyneside Clinical Commissioning Group

Report Author: Tom Dunkerton (Tel: 0191 293 1156)

Relevant Partnership Board: North Tyneside Carers Partnership Board.

1. Purpose:

The purpose of this report is to provide the Health and Wellbeing Board with a summary of progress towards achieving objective 5 of the Health and Wellbeing Board work plan 2018/20; “An integrated approach to identifying and meeting carers health and wellbeing needs (of all ages)”

2. Recommendation(s):

The Board is recommended to note the contents of this report.

3. Policy Framework

Carers of all ages are identified within the joint Health and Wellbeing Strategy 2013-18 as one of the key vulnerable or high priority groups who are more likely to experience poorer health and wellbeing.

In particular this item relates to the key joint initiative – Improving the health and wellbeing of families.

The Health and Wellbeing Action Plan 2017-18 includes the following priority:

- An Integrated approach to identifying and meeting carer health and wellbeing needs (all ages)

4. Information:

4.1 National context

The Department of Health and Social Care Carers Action Plan 2018-20: Supporting carers today outlines a cross-government programme of work to support carers in England over the next two years, building on the 10 year National Carers Strategy 2008-2018. It sets out the government’s commitment to supporting carers through 64 actions across five priority emerging from the carers ‘Call for Evidence’. The five priorities also

underpin the legislative requirements as set out in the Care Act 2014 which introduced new rights for carers, putting them on the same footing as the people for whom they care. In addition to the Care Act 2014, the Children and Families Act 2014 extended the right to a needs assessment to all young carers.

The five priority themes emerged from the analysis undertaken following the outcomes from the 'Call of Evidence' and these are reflected in the structure and contents of the draft North Tyneside Carers Action Plan

- Developing and designing systems that work for carers.
- Supporting young carers
- Recognising and supporting carers in the wider community and society
- Improving access to advice (emotional and financial) and furthering opportunities for furthering achievement and potential in education, training and employment.
- Building upon the intelligence, information and evidence to improve outcomes for carers

4.1 Local Context

Adult Carers

The 2011 Census identified 22,208 adult carers in North Tyneside and highlighted a 19% increase in the number of people who are caring for more than 20 hours.

There are almost 3000 carers providing between 20 and 49 hours of unpaid care work per week and over 5000 providing more than 50 hours of care.

Young Carers

The 2011 Census identified 166,363 young carers in England; an increase of over 26,000 since 2001. The number of five to seven year old young carers also increased by around 80% in the previous 10 years to 9,371.

Data is not available per local authority area however, it is estimated that there are up to 7,000 young carers living in North Tyneside. Currently there are around 350 young carers registered with the North Tyneside Carers Centre with an estimated 70 young carers on the waiting list.

Therefore it is imperative not only for young people who are fulfilling carers duties but also to the health and care system as a whole that North Tyneside has in place a robust facility fit for purpose for young carers to receive the practical and emotional support as early as possible to prevent the risk of those carers becoming users of health services in the future.

4.2 Work undertaken to date

The 2016 publication; "An integrated approach to identifying and assessing carer health and wellbeing" set out the change requirement needed at a local level and encourages and promotes stronger and more fluent working relationships between Adult Social Care, NHS commissioners, service providers and third sector organisations and in doing so, develop an integrated approach to the identification, assessment and support for Carers and their families across health and social care.

There is currently no single profession or organisation in North Tyneside that can ensure the best outcomes for carers in terms of health and wellbeing. Therefore, if the Health

and Wellbeing Board to deliver on objective 5 of its work plan, a mechanism is needed to enable the health and care system to understand and address many of the issues faced by carers in terms of accessibility to services and on-going support.

In June 2018, the Health and Wellbeing Board endorsed the recommendation to establish a North Tyneside Carers Partnership Board with the brief to take the carers agenda forward and in doing so, adopt a system wide approach.

Prior to the establishment of the Partnership Board, a stakeholder event was held on the 28 June 2018 to scope out a future work plan and determine the main functions of the Board moving forward.

The event highlighted a number of high level themes:

- There is at present variation in the type, range and quality of information collected across the system making it difficult to quantify and qualify any baseline activity.
- Variation in the quality and timeliness of carers information.
- Limited processes in place across all aspects of the patient journey that allows for the identification and subsequent assessment of need.
- Limited education within the health and social care workforce on the physical and mental health effects that caring has upon a person and how it impedes the person's ability to pursue opportunities socially, educationally and vocationally.
- Carers and their health and wellbeing needs are not always seen in equal footing to that of the person they care for with some carers often feeling isolated both in terms of their own needs but also failure of services to recognise and value their contribution as experts in care.
- The complexity and challenges facing young people needed to be further understood.

The above themes have been considered by the newly formed Carers Partnership and incorporated into 8 key objectives

1. Ensure safeguarding is considered with regard to all agenda items, developing new systems, processes and pathways
2. Develop a programme to support Primary Care to identify carers
3. To improve carer health and wellbeing e.g. carers breaks, crisis support
4. To improve timely access to information and support by increasing opportunities for carers to find out what is available to support them and how to access it
5. To review quality and assurance processes across education, health and care to ensure carers needs are identified and met during assessment and review processes
6. To ensure a targeted workforce is trained to recognise adult and young carers and parent carers to assess their needs across education, health and care
7. To ensure all young carers assessments consider whether it is appropriate or excessive for the young carer to provide care for the person in question, in light of the young carer's needs and wishes

8. To ensure that actions required safeguarding and promoting the welfare of carers are implemented.

4.3 Areas of focus covered to date

The Carers Partnership Board has met three times since its inauguration in July 2018. The first meeting focussed on the outcomes of the scoping event and to identify key priorities and future work streams moving forward. The second meeting focussed entirely in the issues facing Young Carers and the role the Partnership Board in terms of safeguarding. The third meeting in November focussed on the challenges secondary care have in identifying and supporting carers.

The Partnership Board have identified a set of overarching priorities for all ages and specific areas of focus for adult carers and young people respectively

Priority 1. Strategic Planning and Opportunities for investment

- Ensure all partner organisations have Executive sign up to the Partnership Board's objectives.
- Identify areas for investment and align with future commissioning intentions
- Explore opportunities to influence national, regional and local policy developments.
- Market the national policy brand of 'Think Carer' across organisational communications strategies.

Priority 2. Optimise the use of qualitative and quantitative information to inform decision making

- Complete a scoping exercise and identify what information is currently being collated by organisations, understand it's use and establish a baseline.

Priority 3 Ensure Carers experience influences whole system change

- Establish a mechanism to ensure there is a two way information flow between carers and the Partnership Board.
- Provider organisations to review their current in house policies to ensure organisation responsibilities and statutory duties are effectively deployed across all patient setting to reflect the role of the carer on the planning, delivery and discharge of care.
- Develop quality standards for friendly GP practices

Priority 4 Develop a Task and Finish Group to develop a clear information offer for carers

- Map out current carers information provision
- Develop a 'carers passport' with vital information to be used as part of shared decision making between the carer, the person and the professional
- Ensure GP practices and community services make available to carers a range of information, contact information etc. on where and how to access support including how to get a carers assessment.

Priority 5 Workforce Development

- Ensure front line workers have the skills and confidence to identify carers and are able to deliver a consistent message
- Support Primary Care in identifying carers and provide the necessary tools and training on how to support them.
- Ensure all hospital staff receive mandatory training on 'Think Carers' and to apply techniques and approaches to support carers through the system.
- Promote a culture that embraces the contribution carers make, are valued and listened to and are encouraged to make choices about their caring role and access appropriate services and support

Priority 6 Young Carer Pathways

- Improve access to practical and emotional support for young carers.
- Improve the identification, recognition and registration of young carers in primary care.
- Promote awareness in all parts of the health and care system on the importance in identifying young carers.
- Review current transition pathways for young carers in to education, higher education, employment or training and identify areas for improvement.

Priority 7 Adult Carers

- Expand the current offer in mental health support for carers

4.3 Action undertaken to date

- Scoping exercise undertaken asking organisations to identify what information/data is collected on carers. Response has been slow and further actions are taking place to prompt organisations to respond.
- Opportunities for investment are being explored on building capacity for carers support in mental health. This would include building on current provision from the North Tyneside Carers Centre.
- Further opportunities are being explored to support carers through the secondary care pathway and to provide guidance, advice and emotional support.
- Further funding has already been secured to expand the Young Carers Project in response to the increasing numbers of young carers being identified.

A three year action plan is in the process of being developed encompassing both adult and young carers. It is expected that Partnership Board representatives progress the plan through their respective organisations/bodies for sign up.

5. Decision options:

To note the contents of this report.

6. Reasons for recommended option:

N/A

7. Appendices:

N/A

8. Contact officers:

Tom Dunkerton, Commissioning Manager, North Tyneside CCG: Tel: 01912931156
Susan Meins, Commissioning Manager, People Based Commissioning Team,
01916437940

9. Background information:

N/A

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

There are no known financial implications associated with this report.

11 Legal

There are no known legal implications associated with this report.

12 Consultation/community engagement

Engagement has taken place with Health, Social and Voluntary Sector professionals in shaping this programme of work.

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

There are no significant risks identified in the delivery of the recommendations indicated in this report. The relationship between social isolation and health is complex, and no one sector can tackle the issue working alone. A wide range of organisations are required to work together in order to address improving population health and reducing social isolation for people of all ages

16 Crime and disorder

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

North Tyneside Health & Wellbeing Board Report Date: 10 January 2019

ITEM 8

Title: Strategic Objective No. 8 - Reduce social isolation and increase cultural engagement to improve health and wellbeing

Report from : North Tyneside Council

Report Author: Steve Bishop (Senior Manager, Cultural Services); Tel: 0191 643 7410
Christine Jordan (Senior Manager, Public Health) Tel: 0191 643 2880

Relevant Partnership Board: Children and Young People Mental Health and Emotional Wellbeing Partnership
Mental Health Working Age Adults Board
Older People's Mental Wellbeing In Later Life Board

1. Purpose:

The purpose of the report is to provide the Board with a summary of progress towards achieving its objective to reduce social isolation through increased cultural engagement, and present a first draft of the Culture and Health and Wellbeing Action Plan for North Tyneside.

2. Recommendation(s):

The Board is recommended to agree that -

- a) The establishment of the Culture Health & Wellbeing Delivery Group, to deliver the Board's Strategic Objective No. 8, be noted;
- b) The progress made to date by the Group to develop a multi-agency action plan, to deliver the objective and the recommendations contained in the All Party Parliamentary Group report, *Creative Health*, be endorsed; and
- c) All relevant partners be requested to demonstrate their commitment to delivering the strategic objective by participating in the work of the group and taking responsibility for actions contained in the plan.

3. Policy Framework

This item relates to the priority, to Improve Mental Health and Emotional Wellbeing, of the Joint Health and Wellbeing Strategy 2013-23.

This item relates to objective 8 of the Health and Wellbeing Board workplan 2018-20 to reduce social isolation and increase cultural engagement across the population of North Tyneside to improve health and wellbeing.

This item relates to Goal 2 of *Great Art for Everyone: A Strategy for Arts Development in North Tyneside 2014-21*, to provide an inspiring arts offer.

This item relates to Priority 6 of *Words, Well-being and Wi-fi: Library Strategy 2016-21*, libraries for a healthier life.

This item relates to Theme 6 of *Past, Present and Future: A Heritage Strategy for North Tyneside 2014-21*, celebrating diversity.

[A connected society: A strategy for tackling loneliness](#), 2018, HM Government

4. Information:

At a previous meeting of the Health and Well Being Board on 21 June 2018 it was agreed to receive a further report, with a plan of action and performance measures, indicating progress towards achieving the objective of reducing social isolation and increasing cultural engagement, at its meeting on the 10 January 2019.

At its meeting on 21 June 2018 the Board agreed the objectives of delivering a planned workshop, to be held on 29 June 2018. It further agreed to the establishment of a delivery group to take forward the recommendations of the All Party Parliamentary Group (APPG) report, *Creative Health: The Arts for Health and Wellbeing*, and objective 8 of the Health and Wellbeing Board workplan 2018-20.

The workshop, chaired by Health and Wellbeing Board Chair, Cllr Margaret Hall, was addressed by Shadow Minister (Public Health), Sharon Hodgson MP, and successfully brought together a range of practitioners and providers from the health and cultural sectors to discuss the issues and recommendations raised in the APPG report.

The Culture Health and Wellbeing Delivery Group, was established as a result of the workshop and has subsequently met on 28 September 2018 and 5 December 2018, agreeing Terms of Reference (see Appendix One) and the Draft Culture Health and Wellbeing Action Plan 2018-20 for North Tyneside. (see Appendix Two).

While much of the work relating to the HWBB objective to date has been preparatory, this has been essential in order to build an understanding of the APPG recommendations and engage partners in considering how they can contribute to their delivery. The Action Plan as it stands summarises the work to date but it is anticipated that this will evolve as partners commit to actions over the lifetime of the plan.

Initiating this process has also revealed a lack of shared understanding between the cultural and health sectors regarding their respective priorities. The Chair and Vice-Chair of the Delivery Group have engaged in a series of meetings with practitioners and providers in order to increase engagement. However, the need to introduce confidence building measures in order to clarify how partners can contribute towards the delivery of the APPG recommendations and HWBB objective remains necessary.

The proposals are intended to ensure a commitment from key partners to engage proactively with the work of the Delivery Group, as a means to taking further step towards building confidence and securing agreed delivery actions.

In addition to raising awareness and initiating action throughout the year, the Delivery Group will encourage all partners to promote the national Creativity and Wellbeing Week, 10-16 June 2019 to showcase activity that is happening or planned in North Tyneside.

5. Decision options:

1. To endorse the recommendations outlined in section 2 and the work undertaken so far in pursuit of objective 8 of the Health and Wellbeing Board workplan 2018-20;
2. Not to agree the recommendations outlined in section 2

6. Reasons for recommended option:

Option 1 is the preferred option as this will give officers the basis upon which the delivery of objective 8 of the Health and Wellbeing Board workplan 2018 can be developed.

7. Appendices:

Appendix 1: Culture Health and Wellbeing Delivery Group - Terms of Reference

Appendix 2: Draft Culture Health and Wellbeing Action Plan 2018-20- North Tyneside.

8. Contact officers:

Steve Bishop, Senior Manager, Cultural Services [Tel:- 0191 643 7410](tel:01916437410)

Christine Jordan, Senior Manager, Public Health [Tel:- 0191 643 2880](tel:01916432880)

9. Background information:

Creative Health: The Arts for Health and Wellbeing (APPG July 2017)

<http://www.artshealthandwellbeing.org.uk/appg-inquiry/>

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

There are no known financial implications associated with this report. The development of the Culture HWB Delivery group is being managed through existing resources within North Tyneside Council, NHS North Tyneside CCG and the community and voluntary sector.

11 Legal

There are no known legal implications arising from the recommendations contained in this report.

12 Consultation/community engagement

Engagement has taken place with Public Health and Culture professionals in shaping the programme.

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

There are no significant risks identified in the delivery of the recommendations indicated in this report. The relationship between social isolation and health is complex, and no one sector can tackle the issue working alone. A wide range of organisations are required to work together in order to address improving population health and reducing social isolation for people of all ages.

16 Crime and disorder

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

SIGN OFF

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

North Tyneside Culture Health and Wellbeing Delivery Group**Terms of Reference 2018****1. Background**

The All Party Parliamentary Group (APPG) Report *Creative Health* was published in July 2017. The Health and Wellbeing Board in June 2018, held a workshop based on the APPG report outcomes for board members and key partners. The workshop considered the outcomes of the APPG report, as they relate to North Tyneside, and in the context of the Board's stated objective, "To reduce social isolation and increase cultural engagement across the population of North Tyneside to improve health and wellbeing."

The workshop agreed that partners should gain a deeper understanding of the health benefits of cultural activity and agreed a number of next steps. One of the key recommendations was to establish a multi-agency Culture Health and Wellbeing Delivery Group to oversee an agreed action plan.

2. Purpose of the group

- The group will report to the North Tyneside Health and Wellbeing Board (HWBB) through the designated Council officers from Cultural Services and Public Health as required, based upon an agreed Action Plan.
- The group will work to deliver the HWBB objective:-
"To reduce social isolation and increase cultural engagement across the population of North Tyneside to improve health and wellbeing."
- In line with the All Party Parliamentary Group (APPG) Report *Creative Health* the group will endeavour to deliver the following report recommendations in North Tyneside:-
 - To ensure that "at board or strategic level...each clinical commissioning group, NHS trust, local authority and health and well being board, an individual is designated to take responsibility for the pursuit of institutional policy for arts, health and wellbeing." (APPG recommendation 3)
 - To ensure that "those responsible for NHS New Models of Care and Sustainability and Transformation Partnerships ensure that arts organisations are involved in the delivery of health and well being at regional and local level." (APPG recommendation 4)
 - To ensure that "NHS England and the Social Prescribing Network support clinical commissioning groups, NHS provider trusts and local authorities to incorporate arts on prescription into their commissioning plans and to redesign care pathways where appropriate." (APPG recommendation 6)
 - To ensure that "Healthwatch, the Patients Association and other representative organisations, along with arts and cultural providers, work with patients and service users to advocate the health and well being benefits of arts engagement to

health and social care professionals and the wider public.” (APPG recommendation 7)

- Contribute to supporting the wider national objectives of the APPG Report as appropriate.
- Engage with other local and regional bodies, as appropriate, to support the North Tyneside HWBB objective and the recommendations of the APPG Report.

3. Subgroups

The Culture Health and Wellbeing Delivery Group will establish relevant task and finish groups on key areas which are identified as key priorities through the action plan.

4. Chair of the Group

The Chair of the group will be Steve Bishop, Senior Manager, Cultural Services, North Tyneside Council in the first instance. Christine Jordan, Senior Manager, Public Health will be the vice-chair. This will be reviewed after the 1st year.

5. Membership

- Cultural Services
- Public Health
- Helix Arts
- Children’s Social Care
- Adult Social care
- Commissioning
- Housing
- North Tyneside CCG
- NHS
- VODA
- Voluntary sector cultural organisations and creative practitioners
- Local schools, colleges and education providers

If partnership members are unable to attend then they should send a representative on their behalf.

6. Accountability of the Group

The Culture Health and Wellbeing Delivery Group will report to the Health and Wellbeing Board in terms of health (prevention, treatment and control) outcomes and to the Culture and Leisure Sub Committee in terms of cultural activity and community engagement.

Democratic overview and scrutiny of the work of the Culture Health and Wellbeing Delivery Group will be achieved via the Health and Wellbeing Sub Committee and the Culture and Leisure Sub Committee.

7. Frequency of Meetings

It is proposed that the group will meet on a quarterly basis.

Draft North Tyneside Culture Health and Wellbeing Action Plan 2018/20

Terms of Reference	Objective	Key Actions	Target Area (s)	Target Group (s)	Lead	By When	Evaluation Method
All Party Parliamentary Group (APPG) Recommendation 3 +4	Work towards strategic policy shift with key providers and commissioners	<ul style="list-style-type: none"> Ensure CCG, NHS trust, Council and HWBB each have an individual designated to take responsibility for Culture HWB agenda Integrated Care Systems (ICS) to ensure that cultural organisations are involved in the delivery of health and well being initiatives 	NT	CCG NHS Trust HWBB NTC	SB/CJ		
APPG Recommendation 7	Improve communication between services and improve access to information about community groups and support services	<ul style="list-style-type: none"> Establish an artists' hub to share information and good practice Develop a culture HWB section within SIGN directory Maximise the power of digital tools to connect Actively promote a range of activities for libraries week, October 2019 Promote national Creativity and Wellbeing Week 10-16 June 2019 	NT	Creative practitioners Community and Voluntary sector NTC Healthwatch	CH SB/CJ/CB AS All	Jan Jan/Feb Sept June	
APPG Recommendation 6	Incorporate Culture HWB offer into commissioning	<ul style="list-style-type: none"> Social prescribing service to include a range of cultural activities including arts participation, in a 	NT	Adults	SM		

	process of key contracts	range of art forms, and museums and library visits.					
Health and Wellbeing Board (HWBB) Objective 8	Refine work on target groups to link with Council's Tackling Deprivation agenda	<ul style="list-style-type: none"> Falling on your feet programme Arts volunteering in North Shields programme Promote the #endlonelinessinnorthtyne side campaign Work with the LCEP to engage young people at risk of social isolation 	NT	Adults	CH CH/RF RB CH/JD	Jan	External evaluation: Wavehill Consultants with Helix Arts
HWBB Objective 8	Improve access to suitable premises for activities	<ul style="list-style-type: none"> Conduct a building audit to unlock the potential of underutilised community space and use space in creative ways 	NT	--	SB	Dec	
HWBB Objective 8	Develop robust project evaluation. Develop impact measures of cultural engagement	<ul style="list-style-type: none"> Work to develop the Public Health England evaluation framework for projects Develop a model for measuring impact of cultural engagement on social isolation 			SH/AP/A F		