



Health & Wellbeing Board

North Tyneside Council

5 September 2018

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

on **Thursday 13 September 2018**

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

at **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 22 August 2018.</p>	4
5.	<p>Northumbria Healthcare Trust's Five Year Strategy and Prevention and Population Health Strategy</p> <p>To receive a presentation from Jim Mackey, Chief Executive of Northumbria Healthcare Trust, in relation to the Trust's Five Year Strategy and Prevention and Population Health Strategy, and how they are aligned to the Joint Health & Wellbeing Strategy and the Board's Work Plan 2018/19.</p>	-
6.	<p>Report on the Board's Strategic Objective No. 7 "Comprehensive support for people with dementia"</p> <p>To consider the delivery of Strategic Objective No. 7 contained within the Board's work plan 2018/2020.</p> <p>For reference purposes the work plan is included in the agenda papers.</p>	7 19
7.	<p>Appointment of Member to the Board</p> <p>To consider the appointment of a representative from YMCA North Tyneside as a member of the Board.</p>	23

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
Hugo Minney, 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

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.

North Tyneside Health & Wellbeing Board Report Date: 13 September 2018

ITEM 6

Title: Progress in
relation to Objective
No. 7 Comprehensive
support for people
with dementia

Report from : North Tyneside Council and Age UK North Tyneside

Report Authors: Susan Meins, Commissioning Manager Tel: 0191 643 7940
(NTC)
Alma Caldwell, Chief Executive Tel: 0191 280 8484
(Age UKNT)

Relevant Partnership Board: Mental Wellbeing in Later Life Partnership Board

1. Purpose:

To update the Health and Wellbeing Board on the current provision of support for people with dementia; and

To propose how the Board's Strategic Objective No. 7 - Comprehensive support for people with dementia might be taken forward.

2. Recommendation(s):

The Board is recommended to:

- a) Note the current provision of support for people with dementia in North Tyneside and possible gaps; and
- b) Agree that the newly established Mental Wellbeing in Later Life Partnership Board will take over responsibility for Objective No. 7 and also coordinate the development of a comprehensive, integrated dementia pathway of support for people pre and post dementia diagnosis and their carers.

3. Policy Framework

The Joint Health and Wellbeing Strategy 2013-23 includes improved mental health and wellbeing as one of the strategic objectives.

Specifically, this item relates the following priorities:

- Improving the Health and Wellbeing of Families
- Improving Emotional Health and Mental Wellbeing

One of the key joint objectives that the CCG and Authority have agreed as part of improving healthy life expectancy is 'We will implement our Dementia Strategy to ensure early diagnosis and quality care'.

The Health and Wellbeing Board's work plan for 2018-20 also identifies dementia as a priority area and has a high level objective of:

- Comprehensive support for people with dementia

4. Information:

4.1 What is dementia?

- Dementia is an umbrella term for a range of progressive conditions that affect the brain. There are over 200 subtypes of dementia, but the five most common are: Alzheimer's disease; vascular dementia; dementia with Lewy bodies; frontotemporal dementia; and mixed dementia
- The brain is made up of nerve cells (neurones) that communicate with each other by sending messages. Dementia damages the nerve cells in the brain so messages can't be sent to and from the brain effectively, which prevents the body from functioning normally
- Regardless of which type of dementia is diagnosed and what part of the brain is affected, each person will experience dementia in their own unique way
- Dementia can affect a person at any age but it is more commonly diagnosed in people over the age of 65 years. A person developing dementia before age 65 is said to have young onset dementia

4.2 Local and National Data

The current cost of dementia in the UK is £26bn. The cost of dementia in the UK is expected to more than double in the next 25 years, from £26bn to £55bn in 2040.

Dementia has higher health and social care costs (£11.9bn) than cancer (£5.0bn) and chronic heart disease (£2.5bn) combined.

Demand for dementia services is increasing:

- There are 850,000 people with dementia in the UK, this number is forecast to increase to over 1 million by 2025 and over 2 million by 2051¹
- 225,000 will develop dementia this year, that's one every three minutes.
- 1 in 6 people over the age of 80 have dementia.
- 70 per cent of people in care homes have dementia or severe memory problems.
- There are over 40,000 people under 65 with dementia in the UK
- More than 25,000 people from black, Asian and minority ethnic groups in the UK are affected
- In England and Wales, the number of people living with dementia who need palliative care will almost quadruple by 2040
- One quarter of hospital beds are occupied by people living with dementia who are over 65
- 72% of people living with dementia also have another medical condition or disability

Perceptions:

- 39% of people under 60 years and 52% of people 60 years and above said that Alzheimer's is the disease they are most concerned about. It is the most feared disease for people aged 60 years and above

¹ Dementia UK information 2018

- 49% of people are worried that they would be seen as mad after a diagnosis of dementia and 56% of people put off seeking a diagnosis for up to a year or more
- 31% of people believe that dementia is the biggest medical challenge facing the UK, second only to cancer²

Local statistics:

- The estimated diagnosis rate for North Tyneside as at July 2018 is 71.3% (national target 66.7%)
- Currently in North Tyneside 7% of people aged over 65 and 24% of people aged over 85 have a diagnosed dementia
- By applying prevalence estimates for the UK to North Tyneside's population there are around 2,807 people aged 65 years and over that are estimated to have dementia in North Tyneside in 2017
- 70% of people living with dementia in North Tyneside are aged 80 years plus
- The proportion of females estimated to have dementia is almost double than that for males, in keeping with a longer life expectancy for females in the borough. The numbers of females with dementia is highest in the 85-89 age range and for males the highest number is in the 80-84 age range
- By 2035, the number of people predicted to have dementia in North Tyneside is set to increase to 4,589
- In people aged below 65 years dementia is much less common, affecting less than 1% of the population. The estimated prevalence in those aged below 65 years is 57 people in North Tyneside
- North Tyneside – ranks 322 out of 650 constituencies for the percentage of people living with dementia

4.3 Pre and Post Dementia Diagnosis Support Services in North Tyneside

In 2014 following a two year Knowledge Transfer Partnership (KTP) with Newcastle University, Age UK North Tyneside identified post diagnosis support as a growing area of need and developed a best practice model for supporting people with dementia and their families pre and post-diagnosis in North Tyneside.

There is currently no Dementia Pathway or a comprehensive post-diagnosis support service available in North Tyneside. There are however a number of support arrangements that have developed across services, these are outlined below.

4.3.1 NHS

Northumberland Tyne & Wear NHS Foundation Trust

Northumberland Tyne & Wear NHS Foundation Trust offers a Memory Assessment Management Service (MAMS) which provides memory assessment and diagnosis of people with dementia to people who live in the North West area of North Tyneside and is based at the Campus for Ageing and Vitality. The Service also offers a range of short courses intended to help people with memory problems and their relatives and carers.

Northumbria Healthcare NHS Foundation Trust

The Mental Health Service for Older People (MHSOP) in North Tyneside includes a variety of services that are responsive to emotional, physical and social needs of people

² Alzheimer's Research UK 2018

in later life. The service offers specialist assessment and intervention for individuals and families to promote recovery in spite of chronic and complex mental health difficulties. Community services include Community Mental Health Teams, Nursing Home Support Team, Memory Clinic and an Early Onset Dementia Service. Acute services include Liaison Psychiatry and inpatient facilities for Mental Health and Dementia.

MHSOP has good working relationships with Primary Care to ensure people are referred in a timely way. There is no crisis service for older people in North Tyneside but the service operates an on call rota from 9am to 5pm, Monday – Friday so clinicians are available if people need urgent support.

To enhance partnership working and to keep GPs up to date about relevant information and resources, all GP surgeries in North Tyneside have a named worker from MHSOP.

MHSOP provides specialist assessment and intervention for complex mental health problems and dementia, according to best practice guidelines. For some people, staying in hospital for treatment is the best option. North Tyneside General Hospital provides purpose built units which have been specially designed for people living with dementia or with mental health illnesses such as anxiety, depression and psychosis. The range of interventions offered by MHSOP aim to reduce troubling symptoms, improve functioning, prevent relapse, increase awareness and predict obstacles to recovery.

To shift investment to focus on evidence based prevention and early intervention MHSOP Memory Clinic and Early Onset Service provide comprehensive assessment and support for people and families concerned about their memory or other problems with thinking. It has been through a comprehensive process of review and received national recognition from The Memory Services National Accreditation Programme (MSNAP) which assures good practice and high quality care. The service offers teaching sessions to GPs on a rotational basis to inform them about what the service provides and to improve awareness and early detection and diagnosis. People and families are offered specialist advice on how to keep healthy and things that are good for our brain such as exercise, healthy eating, encouraging social activities/ interactions. The service is also well placed to signpost to different services for financial support, safeguarding, advanced care planning and Lasting Power of Attorney.

The Memory Clinic provides Cognitive Stimulation Therapy (CST) and this is free for people under the care of MHSOP who have a diagnosis of mild to moderate dementia. CST uses a range of techniques to promote learning and build new connections through activities, and it can help to maintain skills and improve wellbeing in the longer term.

To build resilience in local services and communities through a whole system approach across statutory and non-statutory interventions MHSOP is able to provide people and families support before, during and after a diagnosis of dementia. As this can be such a transformational event, families and carers often make contact with the clinic long after discharge to seek emotional support and/or signposting. The service has good links with Age UK North Tyneside (Age UKNT), MH Reablement and Adult Social Care for people with less complex needs.

Community teams provide post-diagnostic or specialist care for people living with dementia who have concurrent mental health needs or more complex difficulties.

The CCG are continuing to work with localities to promote the early identification and diagnosis of dementia.

4.3.2 Local Authority

Older people are now living longer and, where possible, are being supported to live at home independently. However as people are living longer they are becoming frailer and have more complex needs. The support older people and their carers require, for a wide range of physical and mental health conditions including dementia, relates to both social care and health.

The Authority provides and commissions a range of services to support people with dementia to live independently, this includes:

- Mental Health Reablement Team – to provide time limited, intensive support to help people adapt to life beyond their diagnosis or disability. The service aims to support people to learn or relearn the skills necessary for daily living by providing short term, flexible, one to one support to enable people to develop and identify supportive strategies and coping skills;
- Building based day services including specialist provision for people with dementia to provide stimulating activity for the person attending and a much needed break for the carer;
- Home care services which may include support with personal care, activities of daily living and essential household tasks. Home care is primarily funded by local authorities or the person themselves, but can also be funded by healthcare commissioners;
- A range of housing options including sheltered accommodation and extra care; and
- Care homes which offer accommodation and personal care for people who may not be able to live independently. Some people may need nursing care which is provided by qualified nurses, some homes may specialise in caring for particular conditions.

Community Navigator for Dementia and Memory Loss

A Community Navigator for Dementia and Memory Loss has been appointed as part of the Authority's Care and Connect Team. The Navigator provides dedicated support to people with dementia, memory loss and their carers.

The role includes the following key aspects:

- Work into the community to support developments and build community capacity for people with dementia or memory loss and their carers;
- Offer unbiased advice and information;
- Provide assisted signposting;
- Reduce loneliness and isolation by empowering local communities to develop their own solutions;
- Care and support planning for adults if needed; and
- Actively encourage the person living with dementia or memory loss and their families/carers to develop 'circles of support' in their community and so enhance their quality of life.

The Navigator contributes to Dementia Friendly Communities work and is trained to deliver Dementia Friends sessions.

This Navigator attends the Age UKNT dementia team Multi-Disciplinary Team meeting and has access to clinical support from the team for case review.

4.3.3 Age UK North Tyneside

With three year funding from the Ballinger Trust (2017-2020) and a partnership with Dementia UK, Age UKNT established an Admiral Nurse Service.

Admiral Nurses provide the specialist dementia support that families need. When things get challenging or difficult, Admiral Nurses work alongside the entire family to provide one-to-one support, expert guidance and practical solutions. The unique dementia expertise and experience an Admiral Nurse brings is a lifeline and helps families to live more positively with dementia in the present, and to face the challenges of the future with more confidence and less fear.

From 2017/18 North Tyneside CCG has provided grant funding for the Senior Admiral Nurse post which is now commissioned on an annual rolling contract. The existing Ballinger Trust funding was redirected to support the further development of the Dementia Support Team which now consists of; one Senior Admiral Nurse; three locality based Admiral Nurses; and four Dementia Support Coordinators.

Admiral Nursing remains in high demand. During 2017-18 AUKNT Dementia Support Team supported 566 people with dementia and family carers in total. Since April 2018 average monthly numbers accessing the service have increased to:

- 29 new referrals
- 101 people with a diagnosed dementia
- 154 family carers
- 87 people receiving Admiral Nurse support
- 167 people receiving one to one support from the Dementia Coordinators
- 20 people per month on a waiting list for an Admiral Nurse

Across AUKNT care and support services, all staff are being trained by the Admiral Nurses in Dementia, Delirium and Depression (3Ds training).

During Dementia Action Week (21 -25 May 2018), the Dementia Team provided a wide range of awareness raising activities and support services for people with dementia and their carers.

Age UKNT also provide a range of activities across the Borough, these include:

- 1:1 Advice and Support sessions;
- Shiremoor Craft Group;
- Memory Cafes in Whitley Bay and Killingworth;
- Time Travellers Groups at Wallsend and Whitley Bay;
- 'Meet at the Museum' borough wide group;
- Peer Support Group at North Shields; and
- Monthly open access Admiral Nurse Clinics held at the Carers Centre.

11 AUKNT volunteers have been trained to support Dementia Services activities to date.

A Maintaining Cognitive Stimulation Therapy (MCST) course has been piloted by Age UKNT as a continuation of Cognitive Stimulation Therapy (provided by the Memory Clinics) as natural progression in the developing dementia pathway and recommended by new NICE guideline.

The Authority provides funding for the provision of two singing groups for people with dementia and their carers. The groups are operated by Age UKNT supported by North Tyneside Carers' Centre, from St Columbas Church in North Shields and Springfield Community Centre in Forest Hall.

The groups meet weekly and provide valuable opportunities for people to socialise and participate in singing based activity, either alone or with their carers. The groups also provide opportunities to provide information and signposting to other forms of support and local activities, which people may find useful.

4.3.4 North Tyneside Carers' Centre

North Tyneside Carers' Centre currently has 474 carers of people with dementia registered with the Centre. Support and advice for carers of people with dementia remains the highest requested service in the centre.

Support is tailored to individual needs but includes:

- One to one support - to ensure that carers are coping well with their caring role; emotional support; information about their rights as a carer and signposting to services that they can access; activities for themselves and the cared for; creating an emergency plan; and encouragement and support to look after their own health and wellbeing
- A dementia specific peer support group and other generic peer support groups across the borough which enables carers to meet and share experiences with each other
- Social activities where carers can go along with or without the cared for person, to access relaxation, mindfulness or singing activity etc.
- Group and one to one training to help carers to understand the condition; communicate more effectively; manage behaviour; understand the range of technology solutions available; and manage their own stress and emotions
- Counselling
- Support in employment if they are still working
- Advocacy to help them to have their voice heard and liaise with services etc.
- A monthly surgery in the Centre with an Admiral Nurse

4.4 Governance and Reporting

In June 2018 the Health and Wellbeing Board agreed to the establishment of new reporting and governance arrangements around mental health and wellbeing.

It was agreed that there will be three boards responsible for a) children and young people, b) adult mental health and c) older people. All three boards will be accountable to the Health and Wellbeing Board.

The Mental Wellbeing in Later Life Board is currently being established and will be responsible for Health and Wellbeing Objective number 4 'To improve the mental health and emotional resilience of the North Tyneside population'.

It is proposed that Objective No. 7 'Comprehensive support for people with dementia' also becomes the responsibility of the Mental Wellbeing in Later Life Board. The key aim of the Mental Wellbeing in Later Life Strategy 2018-2022 is to improve mental health and dementia services and support for older people and carers, and to ensure that there is

targeted prevention for people at risk of mental ill health and early intervention for older people with symptoms of mental illness.

5. Decision options:

There are two decisions options open to the Board:

1. The Board is recommended to agree the recommendations included in this report at paragraph 2 above.
2. Alternatively, the Board may agree not to accept the recommendations and ask Officers to review further and come back at a later date.

Option 1 is the preferred option.

6. Reasons for recommended option:

This will allow Officers from the Authority and other Organisations to establish the Mental Wellbeing in Later Life Partnership Board and to progress plans and deliver on the priorities the Health and Wellbeing Board has set for 2018/20.

7. Appendices:

Appendix 1: Age UKNT Dementia Services

8. Contact officers:

Scott Woodhouse, Strategic Commissioning Manager, Adults
People Based Commissioning Team, North Tyneside Council, 0191 643 7082

Susan Meins, Commissioning Manager
People Based Commissioning Team, North Tyneside Council, 0191 643 7940

Alma Caldwell, Chief Executive, Age UK North Tyneside, 0191 280 8484

Rachel Watson, Admiral Nurse, 0191 287 7014

9. Background information:

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

Dementia UK – What is Dementia

<http://www.dementiauk.org/wp-content/uploads/2018/07/What-is-dementia-WEB-June-2018.pdf>

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10. Finance and other resources

There are no known financial implications arising from this report.

11. Legal

There are no direct legal implications arising from this report.

12. Consultation/community engagement

The draft Mental Wellbeing in Later Life Strategy was circulated for comment between December 2017 and February 2018, to a range of organisations that support older people for onward circulation and comment including: Age UKNT; Healthwatch North Tyneside; North Tyneside Patient Form; North Tyneside Carers' Centre; and also a range of other individuals working in the field of older people's mental health.

The feedback gathered as part of this consultation was used to strengthen the final document which was presented to the Health and Wellbeing Board on 21 June 2018.

13. Human rights

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

14. Equalities and diversity

Equality and human rights legislation in the shape of the Equality Act 2010 and the Human Rights Act 1998 both outline the individual's fundamental rights to freedom, respect, equality, dignity and autonomy.

There is a growing and ageing population of older people, however it should be noted that the older population is also now more diverse than ever before and will become more so. The Mental Wellbeing in Later Life Strategy seeks to tackle inequalities which may be experienced by some older people.

15. Risk management

Each partner organisation will be required to undertake its own risk assessment as part of the development and the implementation of the strategies outlined in this report.

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

Acting Chair of Healthwatch North Tyneside

X

CCG Chief Officer

X

Chief Finance Officer

X

Head of Law & Governance

X

Dementia services

At Age UK North Tyneside we are **committed to helping people** with dementia, their families and carers continue **to live fulfilling and rewarding lives**. We provide a comprehensive dementia support service, led by our experienced team of dementia specialists, which incorporates a wide number of activities to help assist people **along every step in the dementia journey**.



We support people living with dementia, their carers and families, on every step of their dementia journey from pre-diagnosis to end of life care. Our team of dementia specialists provide a comprehensive support service for people with dementia in their homes, in our Wellbeing Centres and in the wider community and care settings.

Dementia Support Services

We agree specific care and support plans which are appropriate to each individual's needs.

Whether you benefit from our peer support groups, care at home services, emergency carer relief or another support service, our specialist team will ensure your journey with us is integrated, holistic and flexible to meet your changing needs.

Our Dementia Support Workers are available throughout the dementia journey to offer practical information, advice and emotional support to all those affected by dementia.

Our Admiral Nurses are here to support families caring for someone with dementia from pre-diagnosis through to end-of-life care should they need it. The Admiral Nurse can support families during periods of change in the illness to help them gain the practical skills and ways of coping needed to care for someone with dementia. Our nurses work together with families to provide one-to-one support, expert guidance and practical solutions they need to live more positively with dementia each and every day.

Pre-diagnosis

We hold one-to-one support sessions, providing emotional support along with practical advice and guidance, for people and their families before a dementia diagnosis. These sessions provide a better understanding of dementia and help you to anticipate and manage your feelings and symptoms. We can signpost you to the most appropriate services for diagnosis of memory problems and clinical support as needed. For example your GP or Memory Support Clinic.

Information and advice at an early stage is beneficial to advise on entitlement to financial benefits, and the importance of getting your affairs in order, for example Power of Attorney.

Post-diagnosis

After a diagnosis, our one-to-one support sessions are still available to you, however, there are many other services we can introduce you to, offered both by Age UK and other agencies.

We recommend joining us at our fortnightly Peer Support Group for people living with dementia, and their families and carers, early in your dementia journey. It is a great opportunity to meet people in a similar situation and to benefit from peer advice, making connections in your local community and discovering links to other services, support and care you can access. Professionals from a range of disciplines, such as legal and financial are also available to you at these sessions. We can support you to apply for benefits and ensure you are receiving any other financial support you may be eligible for.

Our Admiral Nurses, who are dementia nurse specialists, can support carers with their feelings around their relative's diagnosis and also provide education, advice and emotional support to families to assist them to understand a new diagnosis and the implications for the future.

Early stages

We understand that in the early stages of the dementia journey people can feel alone. We aim to provide a safety net for people living with dementia, and their carers and families, to ensure that wide-ranging and flexible support is available where and when it is needed.

For those struggling with tasks at home or who perhaps live alone, our EveryDay Living team can provide support such as gardening, cooking, cleaning and shopping. Our friendly companionship team can also provide much needed company and socialising for those feeling isolated by their diagnosis. These services provide respite so that a carer can have some time for their own interests or to merely have a relaxing cup of tea.

Our regular group activities in the local community provide fun, safe and positive environments to share thoughts, stories, memories and feelings with others in a similar situation. Our fortnightly Memory Cafe's offer the chance for a chat and a cuppa with support from our dementia specialists, whilst our six week Time Travellers groups reminisce together, linking to themes chosen by them. Family carers and friends are always welcome to all of our groups.

For those with an interest in crafts we have a fortnightly group offering craft projects and activities including knitting, arts and crafts.

Our experienced team offers support for carers throughout this journey with their loved one and encourage planned relief periods on a regular basis.

Our three Wellbeing Centres are a great opportunity for carers to take a break, and for people living with dementia to benefit from our personalised care and support service. Our Wellbeing Centres are not just a home-from-home, they are fun and inclusive places – and your time there can be as active as you want it to be. With trips, activities and much more, there is always something to get involved in. Activities most beneficial to exercising the brain are offered following an approach called Cognitive Stimulation Therapy.

All our Wellbeing Centres cater for people with dementia however our Linskill Wellbeing Centre is a specialist dementia Centre. This Centre supports people with more advanced dementia. All our staff are highly trained in dementia care, offering individual care and structured activities in a safe and supportive environment.



Later stages

There may come a point where it may be beneficial to carers, family members and those living with dementia to access our EveryDay Care at Home service. This can help to ensure you stay in your own home for longer, whilst still getting the personal support and care you need. Our highly-trained, caring team are available every day of the week, and can visit more than once a day depending on your circumstances.

Your dementia journey cannot be planned in advance, and should you need it, our EveryDay Rapid Response Team can provide emergency care packages at vulnerable times such as after being discharged from hospital (unplanned) and to provide emergency carer relief.

End of life care:

Our Admiral Nurses can continue to support families as the person they care for nears the end of their life and also with feelings of loss and bereavement. We appreciate and understand the feelings carers may have at this time and are here to help.

How we helped Susan & Peter Ogden:

“Admiral Nurse, Rachel Watson has been a tower of strength in supporting Peter and myself. Rachel has taken time and some considerable effort to get to know us both and to help us in more ways than you can imagine. When Rachel arrived she brought experience, understanding, common sense, humour and time which I appreciated more than words can say.”

Your Admiral Nurse

Admiral Nurses are specialist dementia nurses who give practical, clinical, emotional and psychological support to families living with dementia.

They are registered nurses who work in the community, helping people families live well with dementia. They are part of the dementia team and can help to co-ordinate your care alongside other health and social care professionals to ensure there is always a joined-up approach across various care settings and services.



For more information, please get in touch with our Dementia Service Team on 0191 280 8484.

HWBB Objective	What does the Board want to Achieve?	Background Information	How will this be Achieved	Lead	Links to STP Work-streams	Delivery Against Joint Health and Wellbeing Strategy Goals
1. To tackle childhood accidents	<ol style="list-style-type: none"> Reduction in hospital admissions from accidents in children 0-14 years to rate same or better than the rate for England (PHOF) For partners, the parents, the public and children to work together to make sure that there are as few accidents as possible 	<p>PHOF North Tyneside hospital admissions from accidents in children 0-14 years -140.4 per 10,000</p> <p>PHOF England average hospital admissions from accidents in children 0-14 years -129.6 per 10,000</p>	a) Promote accident prevention through universal children's public health services in the borough particularly focussing on early years	North Tyneside Children and Young People's Partnership Board		<ul style="list-style-type: none"> To focus on outcomes for the population in terms of measurable improvements in health and wellbeing To shift investment to focus on evidence based prevention and early intervention wherever possible
2. To reduce the use of tobacco across the life course	<ol style="list-style-type: none"> Reduce smoking prevalence in adults in North Tyneside to 13% by 2020 Reduce smoking at time of delivery (for pregnant women) in North Tyneside to 6% or less by 2022 For partners and the public to work together so that as few people as possible take up smoking and as many who do are able to give up 	<p>PHOF North Tyneside Smoking Prevalence 2016 – 16.4%</p> <p>PHOF Smoking at Time of Delivery 2016 – 13.2%</p>	<p>a) Task the North Tyneside Smokfree Alliance to develop a whole system approach to treating nicotine dependency with commitment from all partner organisations</p> <p>b) Every NHS provider in North Tyneside is smoke free by March 2019</p> <p>c.) Ensure systematic implementation of Babyclear in maternity services</p> <p>d) Reduce the uptake of smoking in young people</p>	North Tyneside Smokefree Alliance		<ul style="list-style-type: none"> To focus on outcomes for the population in terms of measurable improvements in health and wellbeing To reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the borough To engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed
3. To tackle obesity across the life course	<ol style="list-style-type: none"> 0% rise in childhood obesity levels in Reception by 2025 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 	<p>PHOF 2015 / 2016 Childhood obesity levels in Reception - 34.3% in year 6</p> <p>QOF 2016 Prevalence of diabetes in adults in North Tyneside - 5.5% of the CCG population or 11,584 adults</p> <p>PHOF 2016 Adults in North Tyneside who are overweight and obese - 66.9 %</p>	<p>Develop an child action plan through a Healthy Weight Alliance with in the borough to:</p> <p>a) Promote healthy weight through pregnancy</p> <p>b) Promote breastfeeding and improve rates of initiation and at 6-8 weeks</p> <p>c) Focus on healthy weaning and reducing sugar consumption in early years and throughout childhood</p> <p>d) Promote CMO guidelines on levels of physical activity</p> <p>e) Deliver the NCMP and share the data widely with partners in areas where improvement is required</p> <p>f) Provide community based weight management programme for children/young people and families</p> <p>g) Promote Active North Tyneside programme</p> <p>h) Promote use of parks wagon ways and outdoor space</p> <p>i) Support the Local Plan Policy on regulating Hot Food Takeaways</p> <p>j) Working with planning on healthy place</p>	<p>North Tyneside Children and Young People's Partnership Board</p> <p>STP operational diabetes prevention group lead by North Tyneside CCG</p>		<ul style="list-style-type: none"> To focus on outcomes for the population in terms of measurable improvements in health and wellbeing To reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the borough To shift investment to focus on evidence based prevention and early intervention wherever possible

HWBB Objective	What does the Board want to Achieve?	Background Information	How will this be Achieved	Lead	Links to STP Work-streams	Delivery Against Joint Health and Wellbeing Strategy Goals
			Diabetes a) Implement the National Diabetes Prevention Programme in North Tyneside by 2018 b) Ensure all partners are engaged and are aware of the referral mechanisms for the programme c) Ensure that the exit programmes provide continued support for the population to maintain a healthy weight			
4. To improve the mental health and emotional resilience of the of North Tyneside population	1. To reduce the pressure on secondary mental health services by investing in early intervention and preventative work. 2. Reduction in the numbers of people in crisis presentation in A&E and crisis team as they are receiving appropriate services. 3. Reduction in suicide rate in NT to align with England average. 4. Recovery rates and reduction in return rates. 5. CQUIN Target 17/18 - improve physical health care and reduce mortality in people with serious mental illness. 6. For partners and the public to work together to promote good wellbeing and mental health.	<p>In 2016, 5,668 suicides were recorded in Great Britain. Of these, 75% were male</p> <p>Between 2003 and 2013, 18,220 people with mental health problems took their own life in the UK.</p> <p>Suicide is the most common cause of death for men aged 20-49 years in England and Wales.</p> <p>One person in fifteen had made a suicide attempt at some point in their life</p> <p>In England, women are more likely than men to have a common mental health problem and are almost twice as likely to be diagnosed with anxiety disorders</p> <p>10% of mothers and 6% of fathers in the UK have mental health problems at any given time</p> <p>Depression affects around 22% of men and 28% of women aged 65 years and over², yet it is estimated that 85% of older people with depression receive no help at all from the NHS</p> <p><u>Quarter 2 Adult Referral to Treatment Adults</u></p> <ul style="list-style-type: none"> 100% people seen within 18 week target 100% people on a CPA have a crisis plan 93.3% people on a CPA with identified risk had at least a 12 months crisis and contingency review. <p><u>Children & Young People</u></p> <ul style="list-style-type: none"> 92.8% referrals were seen in 12 weeks 92% referrals were seen in 10 week 	<p>Improve the access to mental health services in North Tyneside by aiming to achieve single point of access to services.</p> <p>Develop a robust, integrated partnership with voluntary and community sector to expand and extend the range of preventative and early intervention mental health services available in North Tyneside including through the delivery of properly resourced recovery college and social prescribing service.</p> <p>Improve the support for carers of mental health service users by increasing the uptake of carer's assessments and support plans.</p> <p>To review the pathways of support for people who are experiencing Mental Health Crisis and improve the service outcomes and experience.</p> <p>Review of the pathway and post diagnostic support service for ADHD and Autism to ensure timely and appropriate access to services for people with ADHD or autism, including both specialist services, community services including transition from child to adult services.</p> <p>Development of outcomes based contracting for mental health services to drive up standards and outcomes across health provision.</p> <p>To integrate mental and physical health services at a primary and secondary level to ensure that people with long term conditions and other physical health problems are effectively support through provision of liaison psychiatry services and psychosocial support into long term condition specific clinics.</p>	Mental Health Partnership Board		<ul style="list-style-type: none"> To focus on outcomes for the population in terms of measurable improvements in health and wellbeing. To shift investment to focus on evidence based prevention and early intervention wherever possible. To build resilience in local services and communities through a whole system approach across statutory and non-statutory interventions; delivering better outcomes for the public and making best use of public money To engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed

HWBB Objective	What does the Board want to Achieve?	Background Information	How will this be Achieved	Lead	Links to STP Work-streams	Delivery Against Joint Health and Wellbeing Strategy Goals																
5. An integrated approach to identifying and meeting carer health and wellbeing needs (all ages)	1. Increase carer reported quality of life 2. Improve health related quality of life for carers	ASCOF 1D carer reported quality of life <table><tr><td></td><td>14 / 15</td><td>15/16</td><td>16/17</td></tr><tr><td>North Tyneside</td><td>8.7</td><td>8.3</td><td>8.2</td></tr></table> NHSOF and ASCOF 1D health related quality of life for carers <table><tr><td></td><td>14 / 15</td><td>15/16</td><td>16/17</td></tr><tr><td>North Tyneside</td><td>0.81</td><td>0.80</td><td>0.78</td></tr></table>		14 / 15	15/16	16/17	North Tyneside	8.7	8.3	8.2		14 / 15	15/16	16/17	North Tyneside	0.81	0.80	0.78	a) Production of a Joint Plan for supporting carers, building on the existing North Tyneside Carer’s Commitment b) Map and describe carer pathways of support for Mental Health	Accountable Body to be Agreed		<ul style="list-style-type: none">To build resilience in local services and communities through a whole system approach across statutory and non-statutory interventions; delivering better outcomes for the public and making best use of public moneyTo focus on outcomes for the population in terms of measurable improvements in health and wellbeing
	14 / 15	15/16	16/17																			
North Tyneside	8.7	8.3	8.2																			
	14 / 15	15/16	16/17																			
North Tyneside	0.81	0.80	0.78																			
6. To reduce alcohol misuse	1. Reduce the proportion adults who drink more than 14 units of alcohol per week in North Tyneside to below the best rate in the region 20.2% (Fingertips) 2. Reduction in alcohol related and specific admissions in adults from to same or less than England rate 3. Reduction in alcohol admission for young people to same or less than England rate. 4. Reduction in Domestic Violence incidents involving alcohol.	Fingertips Proportion adults who drink more than 14 units of alcohol per week - 23.5% PHOF Alcohol related and specific admissions in adults from - 945 per 100,000 Fingertips Alcohol admission for young people - 67.6 per 100,000 2013/14- 2015/16	a)Widely promote CMO guidelines in particular alcohol free childhood, no safe alcohol consumption in pregnancy and max 14 units per week for adults b)Support social marketing campaigns with Balance NE particularly Dry January c)Further develop multiagency hub approach for change resistant drinkers d) Support the work with licensing and trading standards on illegal sales e) Provide alcohol treatment services	North Tyneside Alcohol Partnership		<ul style="list-style-type: none">To focus on outcomes for the population in terms of measurable improvements in health and wellbeingTo reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the boroughTo shift investment to focus on evidence based prevention and early intervention wherever possible																
7. Comprehensive support for people with dementia	1. Increased coordination of support pre and post diagnosis for those living with dementia	NHSOF 126a Estimated diagnosis rate for people with dementia <ul style="list-style-type: none">North Tyneside 2017 Q3 - 75.6%, upward trajectory and 3rd / 11 peer comparison NHSOF 126b Dementia post diagnostic support <ul style="list-style-type: none">North Tyneside 2015 / 2016 - 74.1%, downward trajectory and 11th / 11 peer comparison	<ul style="list-style-type: none">Identify and implement a fully integrated Dementia Support Pathway	Older People’s Mental Health Integration Board		<ul style="list-style-type: none">To shift investment to focus on evidence based prevention and early intervention wherever possibleTo build resilience in local services and communities through a whole system approach across statutory and non-statutory interventions; delivering better outcomes for the public and making best use of public money																

HWBB Objective	What does the Board want to Achieve?	Background Information	How will this be Achieved	Lead	Links to STP Work-streams	Delivery Against Joint Health and Wellbeing Strategy Goals												
8. Reduce social isolation and increase cultural engagement across the population of North Tyneside to improve health and wellbeing	<div>1. Increase the take up of People’s Network usage by those aged 70+ to 12% by 2020</div> <div>2. Consolidate the new Bookstart Bear birth registration scheme to target of 300 participants for first full year.</div> <div>3. Increase the issues of the Reading Well Books on Prescription collections in libraries to 600 by 2020</div> <div>4. Increase the % of those receiving care and support who have as much contact as they would like ,to the North East average</div>	<div>North Tyneside Council</div> <div>North Tyneside take up Of People’s Network Usage by those aged over 70 in 2017 – 10%</div> <div>North Tyneside Council</div> <div>North Tyneside Reading Well Books on Prescription collections in libraries – 423</div> <div>ASCOF</div> <div>% of adult social care users who have as much contact as they would like</div> <table><tr><td></td><td>14 / 15</td><td>15/16</td><td>16/17</td></tr><tr><td>North East</td><td>47.6</td><td>49.9</td><td></td></tr><tr><td>North Tyneside</td><td>42.4</td><td>46.1</td><td>46.2</td></tr></table>		14 / 15	15/16	16/17	North East	47.6	49.9		North Tyneside	42.4	46.1	46.2	<div>a) To establish a multi- agency delivery group to oversee the programme in order to increase access to a wide range of cultural activities which will promote independence, self-confidence and improved health and wellbeing of the population.</div>	Accountable Body to be Agreed		<div>• To focus on outcomes for the populations in terms of measurable improvements in health and well being</div> <div>• To shift investment to focus on evidence based prevention and early intervention and build wellbeing wherever possible</div> <div>• To engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed</div>
	14 / 15	15/16	16/17															
North East	47.6	49.9																
North Tyneside	42.4	46.1	46.2															
9. To reduce falls and fractures risk and ensure effective treatment, rehabilitation and secondary prevention for those who have fallen	<div>1. Reduce the number of admissions for injuries due to falls in people aged 65+ from 1,127 in 2016/17 to 1,023 in 21/22 (local target)</div> <div>.</div>	<div>PHOF</div> <div>2015/16 - the rate of admissions for injuries from falls in people aged 65+ in North Tyneside was 2,576 per 100,000, this is much higher than the England rate which was 2,169 per 100,000.</div>	<div>a.) Falls steering group to develop multi agency falls strategy for North Tyneside</div> <div>b.) Falls steering group to develop a multi-agency system wide falls pathway</div> <div>c.) Provide training for all interagency front line staff in relation to falls awareness and risk assessment</div> <div>d.) Implement a communications and engagement plan focussing on healthy ageing, falls prevention, and the benefits of being active</div> <div>e.) Implement a consistent falls risk assessment across North Tyneside</div> <div>f.) Implement a bone health assessment tool in all GP practices across North Tyneside</div>	North Tyneside Falls Steering Group		<div>• To focus on outcomes for the population in terms of measurable improvements in health and wellbeing</div> <div>• To build resilience in local services and communities through a whole system approach across statutory and non-statutory interventions; delivering better outcomes for the public and making best use of public money</div>												

North Tyneside Health & Wellbeing Board Report Date: 13 September 2018

ITEM 7

Title: Appointment of
Member to the Board

Report from : Law & Governance, North Tyneside Council

Report Author: Michael Robson, Democratic Services Officer (Tel: 0191 643 5359)

**Relevant
Partnership Board:** n/a

1. Purpose:

This report invites the Board to consider the appointment of a representative from the children and young people voluntary and community sector as a member of the Board.

2. Recommendation(s):

The Board is recommended to appoint a representative from YMCA North Tyneside to the Board.

3. Policy Framework

This item relates to the operation of the Board and so there are no direct links with delivery of the Joint Health and Wellbeing Strategy 2013-18.

4. Information:

- 4.1 In accordance with the Health and Social Care Act the membership of the Health and Wellbeing Board must comprise of certain prescribed individuals and such additional persons as the Board or the Council think appropriate.
- 4.2 The Chair of the Board, Councillor Hall, has suggested that it would be appropriate to appoint a representative of YMCA North Tyneside. This would enhance the contribution made by the voluntary and community sector concerned with children and young people to the work of the Board. The membership of the Board currently includes a representative appointed by the Voluntary and Community Sector Chief Officers Group (Catherine Hearne) and a representative appointed by Age UK North Tyneside (Alma Caldwell).
- 4.3 Based in Church Way, North Shields, YMCA North Tyneside provides 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, has indicated that the YMCA would be willing to appoint a representative to serve on the Board.

4.7 The Board currently comprises 22 members. The appointment of a representative of YMCA will increase the membership to 23 members. A recent survey of Health & Wellbeing Boards in the North East region revealed the largest Board has 27 members and the smallest 14. The average is 19.

5. Decision options:

The Board may decide to either:-

- a) not to appoint any further additional persons to the Board; or
- b) appoint a representative of the YMCA North Tyneside to the Board.

6. Reasons for recommended option:

The Board is recommended to agree option b) to secure appropriate representation on the Board.

7. Appendices:

None.

8. Contact officers:

Michael Robson, Law & Governance. Tel 643 5359

9. Background information:

The following background papers/information have been used in the compilation of this report and are available at the office of the author:

- (1) Health and Social Care Act 2012
- (2) The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013
- (3) Reports to the Board June 2013 and June 2016 and associated minutes.

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

9 Finance and other resources

There are no financial implications arising from this report.

10 Legal

Section 194 of the Health and Social Care Act 2012 states that a local authority must appoint specified persons to a Health and Wellbeing Board and that the Board may appoint such other persons as it thinks is appropriate.

11 Consultation/community engagement

Consultation has been undertaken with YMCA North Tyneside and key members of the Board.

12 Human rights

There are no Human Rights implications arising from this report.

13 Equalities and diversity

An equalities impact assessment has been undertaken in respect to the establishment and operation of the Board.

14 Risk management

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

15 Crime and disorder

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

16 Environment and sustainability

There are no environment and sustainability issues 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

Acting Chair of Healthwatch North Tyneside

X

CCG Chief Officer

X

Chief Finance Officer

X

Head of Law & Governance

X