

(Note: These minutes are subject to confirmation at the next meeting of the Board scheduled to be held on 12 September 2019.)

## **Health and Wellbeing Board**

**13 June 2019**

Present: Councillor M Hall (Chair)  
Councillors T Brady, M A Green, T Mulvenna and K Clark  
W Burke, North Tyneside Council  
H Hudson, North Tyneside Council  
R Scott, North Tyneside CCG  
L Young-Murphy, North Tyneside CCG  
I Kitt, Healthwatch North Tyneside  
P Jones, Healthwatch North Tyneside  
N Bruce, Newcastle Hospitals  
J Coe, Northumbria Healthcare  
K Kale, NTW Trust  
S Thompson, TyneHealth  
K Soady, Tyne and Wear Fire and Rescue  
D McNally, Age UK North Tyneside  
A Watson, Pharmaceutical Committee  
R Burrows, Safeguarding Children Board  
D Titterton YMCA North Tyneside

Also Present:

J Holmes, North Tyneside Council  
R Nicholson, North Tyneside Council  
S Meins, North Tyneside Council  
A Paradis, North Tyneside CCG

### **HW01/06/19 Apologies**

Apologies for absence were received from Councillor M Wilson and Catherine Hearne (Voluntary and Community Sector).

### **HW02/06/19 Substitute Members**

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

Councillor T Brady for Councillor M Wilson  
S Thompson for P Stanley (Tynehealth)  
J Coe for C Riley (Northumbria Healthcare)  
N Bruce for K Simpson (Newcastle Hospitals)  
K Soady for L McVay (Tyne and Wear Fire and Rescue)

### **HW03/06/19 Declarations of Interest and Dispensations**

There were no declarations of interest or dispensations reported.

## **HW04/06/19 Minutes**

In relation to the last meeting on 11 April 2019, It was noted that Professor Burns had made reference to prevention and early intervention. It was suggested that organisations can have different understandings and approaches to prevention and it may be helpful to receive a future presentation on these different approaches.

**Resolved** that the minutes of the meeting held on 11 April 2019 be confirmed and signed by the Chair.

## **HW03/06/19 Report on the Board's Strategic Objectives No.s 4 and 7 'Comprehensive support for people with dementia' and 'To improve the mental and emotional resilience of the North Tyneside Population'**

### 1. Children and Young People

The Board considered the information contained in the report in relation to the Children and Young People's Mental Health and Emotional Wellbeing Strategy 2016-21.

It was noted that the three strategic priorities are:

- Promoting Resilience, Prevention and Early Intervention;
- Improving Access to Support
- Services for High Risk and Vulnerable Groups

In relation to promoting resilience, prevention and early intervention there has been a focus on the schools agenda. In support of this a trailblazer application has been submitted to NHS England in relation to funding for Mental Health Support Teams in schools.

There was some discussion about the CAMHS service and it was acknowledged that there are pressures on the service and increased waiting times, particularly in relation to neurodevelopmental assessments. This is believed to be linked with increasing awareness of AHAD and Autism and an increase in numbers coming forward for assessment. There has been some additional investment by the CCG through the Helios team aimed at reducing wait times through the introduction of core CAMHS assessment and interventions using an online/Skype type model of delivery.

It was noted that a peer review process was working with CAMHS to understand what can be done better and what other services could be provided to reduce the pressure on CAMHS. It was acknowledged that CAMHS may not always be the answer, but is often seen as the only service available to refer to. Members requested that an update report/presentation on CAMHS should be provided to the Board in 6 months time.

The Director of Public Health highlighted that the majority of young people do enjoy good mental health and well-being. But it is important to work hard across the system to support those who don't, and developing capacity in schools is a big part of this. It was also highlighted that universal services are important, in addition to the commissioning of specialist services.

### 2. Working Age Adults

The Board considered the update on the Joint Mental Health and Wellbeing Strategy 2016-21 Working Age Adults.

It was noted that this is a multi-agency strategy across the Local Authority and the NHS and is supported by partner agencies and organisations. The strategy highlights six achievements linked to the overarching objective of improving the mental health and emotional resilience of the working age population in North Tyneside.

The Board noted progress in relation to early intervention and prevention aimed at reducing the pressure on secondary mental health services.

The Board was interested to note that, as part of the recommendation from the Crisis review carried out by North Tyneside Healthwatch, the CCG has commissioned a new service called Together in a Crisis. This is a non-clinical response to people identified as being in crisis but who don't meet the threshold for statutory crisis provision.

The Board noted the update in relation to suicide prevention, including the suicide prevention work being carried out across the Integrated Care System and noted that 440K of funding has been awarded by NHS England to support this work.

In relation to reducing mortality in people with serious mental illness, there was some discussion about the target for carrying out a comprehensive physical health check. The national target is 50% but is rising to 60% next year. North Tyneside is currently achieving 46.2% which is in the top 15% nationally but below the standard. CCG is developing a scheme to address this with primary care practitioners. It was suggested that a report should be provided to a future meeting to show progress in this area.

There was some discussion about the work to reduce the suicide rate in North Tyneside and the impact this has had. It was noted that numbers are small and fluctuate and often those at risk are not known to mental health services. Although trends are not increasing, they are also not decreasing, and the rate in North Tyneside remains above the national average. In relation to training in this area, officers agreed to look to facilitate something with the third sector in North Tyneside if this would be useful.

### 3. Mental Wellbeing in Later Life Strategy 2018-23

It was noted that the Mental Wellbeing in Later Life Strategy is aimed at ensuring the needs of older people are properly considered and to improve mental health and dementia services and support for older people and carers.

It was noted that a new Mental Wellbeing in Later Life Board was set up in June 2018 to oversee the actions identified in the strategy. There had been some delay in establishing the Board, but members have now been identified and actions are underway to identify priorities and avoid any duplication with other areas of work.

There was a discussion about some of the areas of work that had been undertaken including consultation with residential and nursing homes, support to train staff in care homes so they are better able to deal with mental health issues, and the mental health transport service.

There was a discussion about 'Dementia Friendly Communities'. It was suggested that developments in this area have not been maintained over the last year and more resources are needed. Members of the Board expressed their support for North Tyneside to be registered as a Dementia Friendly Community and it was suggested that a small group of officers should be convened to scope out this work and bring a report back to the next meeting. Age UK stated that they would like to be involved in this group.

The Chair thanked officers for the comprehensive report.

**Resolved** that (1) the Board agreed progress to date and future work outlined in this report in respect of:

- Children and Young People's Strategy
- Join Mental Health and Wellbeing Strategy
- Mental Wellbeing in Later Life Strategy

(2) an update report on CAMHS should be presented to the Board in 6 months time;

(3) a report on progress against the target for carrying out physical health checks for those with a severe mental illness be presented to a future meeting of the Board; and

(4) North Tyneside should work towards being registered as a Dementia Friendly Community and that a report be brought back to the next meeting on this.

## **HW04/06/19 Healthwatch North Tyneside**

The Board considered the report from Healthwatch North Tyneside which provided a progress update on the work of Healthwatch North Tyneside (HWNT), set out identified priorities for 2019/20 and provided an overview of feedback received.

It was noted that Healthwatch North Tyneside had conducted their first annual survey which had been successful and had received 531 responses. This was a high response rate and included responses from groups who don't usually respond to health surveys, including men. This was proving a useful basis to feed back to health services and also for setting priorities going forward.

The following service priorities have been identified for 2019/20:

- Cancer Services
- Older People's Mental Health
- Access to GP and Primary Care
- NHS 111

It was noted that Healthwatch has been commissioned by NHS England to undertake some work in relation to the NHS Ten Year Plan.

The Chair thanked Healthwatch North Tyneside for the report.

## **HW05/06/19 Primary Care Networks**

Dr Richard Scott provided a presentation on Primary Care Networks.

It was noted that Primary Care Networks (PCNs) formed part of the developments around place based future care. This is focussed on providers working together, strengthening primary/community services and hospital by exception. The NHS Long Term Plan confirmed a £4.5 billion uplift to primary medical and community health services with the objective of improving out-of-hospital care. In addition, all of England will be covered by integrated care systems (ICSs) by April 2021 and key responsibilities placed on PCNs.

It was noted that PCNs will be formed by groups of GP practices commissioned to provide primary care services to scale. They will typically cover 30-50,000 patients and will be delivered and funded via a contract. It was noted that PCNs in North Tyneside would be based around four established GP localities: North West, Whitley Bay, North Shields and Wallsend.

It was noted that the PCNs will go live in July 2019 and that the contract covers the following three specific areas in the first year: Extended Hours Access; Clinical Pharmacy; and Social Prescribing. PCNs will be led by a Clinical Director in each locality.

There was some discussion about how the governance of the networks will work and where public accountability and the patient voice would fit into the structure. The Board was advised that PCNs are not intended to be organisational structures but more a way of working across groups of practices. The PCNs will be working under a contract with the CCG.

Members of the Board raised some questions about the involvement of other health organisations within the partnership area, and it was highlighted that GPs form only one part of the primary care picture. It was noted that PCNs are partnerships of GP practices, but it is not clear if this could develop further over time.

A specific issue was raised about the role of community pharmacies within the partnerships. It was noted that community pharmacies did not form part of the PCN contract but that this is something that could be discussed further outside of the meeting.

There was some discussion about the role of Physician Associates, which was one of the additional roles highlighted in the presentation as forming part of the workforce of PCNs in 2020/21. It was noted that these are doctor assistant roles that could be rolled out in the future, and was a role that was used in the US system.

At the end of the discussion an issue was highlighted about changes to child safeguarding arrangements which will come into effect in October 2019 with responsibility passing to the local authority, police and CCG on an equal footing. It was noted that an update on this would be available in September 2019.

The Chair thanked Dr Scott for the presentation.

**Resolved** that the Board should receive a further report on progress with PCNs once they have been in operation for a year.