

Minutes

Health & Wellbeing Partnership

Tuesday, 10th April, 2012, 1.00pm at Lecture Theatre, Stockton Central Library, The Square, Stockton on Tees, TS18 1TU

DRAFT: SUBJECT TO APPROVAL

Chair:

Mr A Foster (Chairman)

Members:

D.Brown, T.Churchill, V Cooling, M.Eltringham, L.Green, J.Hadman, Ruth Hill, L.King, Cllr Ken Lupton, R Poundford, J Scollen, P.Thomas, Dr P Williams, Simon Willson.

Advisors:

In Attendance - HWB Board Members:-Neil Schneider (Chief Executive-S.B.C.), Cllr Jim Beall (S.B.C.), Dr B Contractor, Cllr Mrs Ann McCoy (S.B.C.), J Newton (Stockton LINK), C.Willis (N.H.S. Tees), A Wilson (Director-NHS Tees).

Apologies**Members:**

Submitted on behalf of Darren Best, Dr J.Berry, M.Batty, J.Humphreys, J.Harvey, Cllr Inman, R.Kench, C.Langrick, J.Nixon, Cllr Mrs Rigg.

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<p>1. Welcome and Introductions</p> <p>The Chairman welcomed both members of the Board and Partnership to this joint meeting.</p>	
<p>2. Apologies</p> <p>Submitted on behalf of Darren Best, Dr J.Berry, M.Batty, J.Humphreys, J.Harvey, Cllr Inman, R.Kench, C.Langrick, J.Nixon, Cllr Mrs Rigg.</p>	
<p>3. Agreement of HW Board minutes from previous meeting</p> <p>Members were provided with the minutes of the previous meeting of the Health & Wellbeing Board held on 10th January 2012.</p> <p>AGREED that the minutes of the meeting held on 10th January 2012 be approved.</p>	
<p>4. Matters Arising from HW Board Meeting</p> <p>There were no matters arising.</p>	
<p>5. Agreement of HW Partnership minutes from previous meeting</p> <p>Members were provided with the minutes of the previous meeting of the Health & Wellbeing Partnership held on 28th February 2012.</p> <p>AGREED that the minutes of the meeting held on 28th February 2012 be approved.</p>	
<p>6. Matters Arising from HW Partnership meeting</p>	

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There were no matters arising.	
7. Conflicts of Interest There were no conflicts of interest declared.	
8. National Policy Updates Consideration was given to the most recent updates received regarding national guidance, along with regional updates on health and wellbeing issues. AGREED that the report be noted.	
9. Joint Strategic Needs Assessment Consideration was given to the content of the draft Joint Strategic Needs Assessment (JSNA) for 2012. The duty for Primary Care Trust's and Local Authorities to co-operate to produce a JSNA was introduced by the Local Government & Public Involvement in Health Bill in 2008 to describe the future health, care and well-being needs of the population, and the strategic direction required to meet those needs. The JSNA process, which for 2012 was web based, reflected both the medium and long term assessment of current and future needs which would influence commissioning decisions. The JSNA would shape the whole health and social care response so that it met the needs of local people more closely and provided an opportunity to direct and support change that needed to be made to services so as to make them more responsive, help reduce inequalities, improve engagement and promote more outcome-focused services. The Board/Partnership were advised that 37 separate topics were covered by the JSNA and a summary was	

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<p>given of some of the emerging detail.</p> <p>The next stages of development would see finalisation of the detail, quality and commissioning checks, prior to final reports being sent to PCT Boards and Cabinet.</p> <p>Members made reference to the importance of monitoring the long term impact of commissioning by learning from previous exercises and capturing the positive impacts made. Key performance indicators were therefore important for inclusion within the strategy.</p> <p>AGREED that the presentation be noted.</p>	
<p>10. Health and Wellbeing Strategy Development</p> <p>Consideration was given to the development requirements of the Joint Health & Wellbeing strategy, which provided the framework to guide and support the development for healthcare, social care and public health services.</p> <p>The strategy was also required to address the needs identified in the JSNA and to consider the use of pooled budgets thus fulfilling the requirement to demonstrate integrated working between NHS and Local Government commissioners.</p> <p>Members of the Board/Partnership were presented with the following options with regard to the structure of the strategy's development:-</p> <p>-Option 1-Using the Marmot model of Fair Society Healthy Lives as the basis of the strategy to:-</p> <ul style="list-style-type: none">•Give every child a best start in life•Enable all children, young people and adults to maximise their capabilities and have control over their lives	

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<ul style="list-style-type: none">•Create fair employment and good work for all•Ensure a healthy standard of living for all•Create and develop healthy and sustainable places and communities•Strengthen the role and impact of ill-health prevention <p>Option 2- Emerging Themes</p> <p>Another alternative was to focus on some emerging themes and to collate them in similar ways:</p> <ul style="list-style-type: none">•Ensuring the best possible start in life for children and young people and supporting families to develop children's full potential.•Tackling key unhealthy behaviours, particularly smoking, inactivity, poor quality diet, alcohol and substance misuse.•Reducing key drivers of inequalities in life expectancy, including cardiovascular diseases, cancer, respiratory disease and mental health.•Improving care for vulnerable adults through increased tailoring, choice and control, and support to maintain independent lives and residency in their own homes.•Addressing the wider determinants of health, including inequalities in environment, housing, education and employment. <p>Option 3 – Life course Approach</p> <p>Another alternative might be life course approach which considers issues through:</p> <ul style="list-style-type: none">•Preconception/ conception•Children and Young People•Transitions•Adults – working age•Older Adults	

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<p>•Death</p> <p>Option 4 – Focus on a “Top 3 or 4” Topics</p> <p>This would refocus on some key themes and topics which had been flagged via our Vision work and captured a number of the priorities. Potential themes could be:</p> <ul style="list-style-type: none">•Emergency Care – potentially covering hospital emergency care but exploring wider issues of nursing and residential care and reablement issues and prevention•Early Intervention / child focus•Emerging assessment of the impact of Welfare Reform•Additional items (emerging from JSNA) <p>The Board/Partnership were presented with a proposed timetable for the completion of the strategy with a period of consultation over the Summer.</p> <p>AGREED that the Board/Partnership:-</p> <ol style="list-style-type: none">1. Note the requirements of the JHWS2. Approve the planned timetable for consultation.3. Notes the available options (or adaptation of) supporting the development of the Health and Wellbeing Strategy with a preference for the strategy to be focused around the 'marmot' principles.4. Approves the ongoing development of the JHWS and authorises updates to be provided to the Board and Partnership as it is developed.	

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<p>11. Clinical Commissioning Group Update</p> <p>Consideration was given to the first 'Clear and Credible Plan' produced by the Hartlepool & Stockton on Tees NHS Clinical Commissioning Group, setting out objectives for 2012-2017.</p> <p>The Plan set out the commissioning vision of the Clinical Commissioning Group (CCG) which was to build 21st century health services for and with the Stockton and Hartlepool communities so that health inequalities reduced and wellbeing continuously improved, whilst ensuring affordability was maintained.</p> <p>To ensure services continued to be commissioned on a locality basis, the CCG would retain a strong individual locality focus in the form of two locality commissioning sub groups with clear financial governance frameworks to allow them to deliver quality Health services to the populations of Hartlepool and Stockton-on-Tees in partnership with key stakeholders such as the Health & Well-being Boards, Local Authorities, community and voluntary organisations and the third sector.</p> <p>The plan would focus on addressing the quality needs of the local populations and would demonstrate how the CCG would improve the health outcomes for patients and the wider public through the efficient use of delegated resources. It would focus on how the CCG took forward the key transformational developments that will be required to deliver QIPP. The CCG would commission services to work towards nationally agreed outcomes and would use information and intelligence from the Joint Strategic Needs Assessment and Patient Engagement when commissioning services on behalf of the communities.</p> <p>The document took into account the key health challenges of the population of Hartlepool and Stockton-on-Tees in response to the JSNA which focus on:</p> <ul style="list-style-type: none">•Cardiovascular disease (diseases of the heart and circulatory system including strokes)•Cancer•Smoking-related illness e.g. Chronic obstructive pulmonary disease (diseases of the lungs)•Alcohol related illness	

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<p>In response to the JSNA and national requirements set out in both the operating framework and outcomes framework, a number of key initiatives had been identified that enable us to meet these challenges such as better outcomes and improved patient experience. These initiatives had clear measurable outcomes that would be monitored and supported by primary care.</p> <p>AGREED that the CCG update be noted.</p>	
<p>12. Progress on Public Health Transition</p> <p>Consideration was given to progress achieved on the transition towards local government assuming responsibility for the future delivery of public health.</p> <p>Details were provided of the structure of the transition plan, along with responsibility within the Health and Wellbeing Management Team for its ongoing development. Key milestones to be achieved were also noted leading to the formal handover of public health responsibilities by the end of March 2013. Interviews for the post of Director of Public Health were to be held next week.</p> <p>AGREED that the progress be noted.</p>	
<p>13. Stakeholder Issues</p> <p>There no stakeholder issues identified.</p>	
<p>14. Forward Plan</p> <p>Consideration was given to the draft Forward Plan for both the Partnership and the Board. Members were invited</p>	

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to consider the requirement for any further items to be added. AGREED that the Forward Plan be noted.	
15. Any Other Business There were no items of Any Other Business raised.	
16. Next Meeting of HW Partnership - 12th June 2012 at 1pm, Lecture Theatre, Stockton Central Library	
17. Next Meeting of HW Board - 12th July 2012 at 2.15pm, Conference Room 2, Municipal Buildings	