Minutes Health & Wellbeing Partnership

Tuesday, 12th March, 2013, 1.30 p.m. at Conference Room, Education Centre, Junction Road, Norton, Stockton on Tees, TS20 1PR

Chair:

Cllr Jim Beall (Chairman)

Members:

Cllr Ken Lupton, Cllr Ann McCoy, Mike Batty, Jane Harvey, Jane Humphreys, Lesley King, Simon Wilson, Reuben Kench, Peter Kelly, Emma Champley, Sarah Bowman (Stockton on Tees Borough Council); Dave King (Synergy VCS Consortium); Audrey Pickstock (NHS Commissioning Board); Alastair Simpson (Stockton Police); Peter Lowe (The Children's Society); Paul Thomas (Central Area Partnership Board); Jim Scollen (Northern Area Partnership Board); Maureen Rigg (Western Area Partnership Board); Jonathan Berry, Ali Wilson; Paul Williams (NHS Hartlepool and Stockton on Tees CCG); James Newton (Stockton LINk); Shirley Erskine (Stockton LINk); Leon Green (NHS Tees Public Health); David Brown (TEWV), Julie Nixon (SBC).

Advisors:

Fiona McKie (LD).

Apologies

Members:

Alan Foster, Steve McCarten, Khalid Azam, Steven Rose, Richard Poundford, Lucia Saiger

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1. Welcome and Introductions	
2. Declarations of Interest	
Cllr Lupton declared a personal/non prejudicial interest further to being a non executive member of the North Tees and Hartlepool NHS Foundation Trust.	
Cllr Mohammed Javed declared a disposable pecuniary interest as he was employed by Tees, Esk and Wear Valley NHS Foundation Trust. Cllr Javed had been granted a dispensation in this regard.	
3. Minutes of the Health and Wellbeing Board - 22nd October 2012	
The minutes of the Health and Wellbeing Board of 22nd October 2012 were noted.	
4. Minutes of the Health and Wellbeing Partnership - 24th January 2013	
The minutes of the Health and Wellbeing Partnership held on 24th January 2013 were noted.	
5. National Policy and Regional Updates	
Members were updated on the role of the medical examiner which had been put back a year until April 2014. It was reported that the consultation document would be released soon.	
Public Health England had been undertaking regional work on MRSA cases.	
Members were updated on the minimum unit cost for alcohol. It was reported that Stockton had made the largest	

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number of responses to the consultation in the North East.	
6. Health and Wellbeing Board / CCG - Working Relationship	
Members were provided with a governance structure and working relationships between the Health and Wellbeing Board (HWB) and the Clincial Commissioning Group (CCG) in Stockton for discussion.	
Members were informed that there was currently a refresh of the LSP underway and consideration would be given in relation to the ongoing linkages and relationships as part of the refresh.	
Discussion was held on the importance of ensuring that the focus was on children as well as adults within the structure. The Children's Trust Board had now been disbanded and there needed to be a children's focus in the commissioning board membership/arrangements.	
It was stated that the document would be updated to reflect this and the role of the NHS CB and presented at the next meeting.	
The commissioning priorities would be identified through the JSNA and JHWS and the Board and Partnership would be responsible for delivering those strategies.	
Comments and Decisions AGREED that the update be noted.	
7. Update on Joint Health and Wellbeing Strategy	
Members were provided with the draft delivery plan for the Joint Health and Wellbeing Strategy together with a process for identifying health and wellbeing priorities to support decision-making by the Board.	

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Members were requested to consider the strategy and highlight any gaps.	
Discussion was held on the framework for prioritisation and how the performance of the strategy would be measured.	
The strategy would need to be put in priority order and resource allocations would need to be determined by the Board.	
Comments and Decisions AGREED that the content of the draft delivery plan be noted, that a framework for prioritisation would be used and that a further report be brought back to a future meeting.	
8. Clinical Commissioning Group Update	
The PCT would not be in existence from April 2013. Its duties would be split into 3 directions ie. NHS Commissioning Board, Local Authority and CCG.	
The Membership of the Governing Body would be as follows:- 5 GP's, Secondary Care Consultant, Nurse, 2 Lay Members, 2 Executives (Chief Officer and Chief Finance Officer).	
There would be five workstreams:-	
In Hospital Care Out of Hospital Care Mental Health Health and Wellbeing Optimisation of Medicines	

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Each of the workstreams would have a clinical lead.	
There were three key local priorities:- Smoking in Pregnancy, emergency re-admissions and Dementia.	
A comprehensive plan and funding regime would be put together.	
Members held discussion on the changes to NHS Structures and requested that a presentation be provided to refresh Members.	
Discussion was held on the development of community health facilities. It was noted that the CCG does not have responsibility to develop buildings. NHS Property Services were responsible for developing buildings and it was requested that they be invited to a future meeting to clarify their role and responsibilities.	
Comments and Decisions AGREED that:-	
 The update from the CCG be noted. A Presentation be provided on current NHS Structure. NHS Property Services be invited to provide an update at a future meeting. 	
9. Progress on Public Health Transition	
There were nine members of staff that were transferring into the Local Authority. Contracts were currently being looked at. Pioneering Partnerships had been awarded the contract to develop Healthwatch from 1st April 2013. It was suggested that Healthwatch be invited to the next meeting of the Partnership.	
Comments and Decisions AGREED that the update be noted.	

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10. Health and Wellbeing Board Development	
Members were informed that a report had been presented to Cabinet on 7th March 2013 regarding the Health and Wellbeing Board and Partnership - Governance Arrangements that would come into effect from 1st April 2013. The recommendations took into consideration the recent peer review recommendations.	
Comments and Decisions AGREED that the update be noted.	
11. Telehealth	
Members were provided with a report by Tees Valley Unlimited on Telehealth: A Potential Tees Valley Approach.	
A large amount of work had been carried out in relation to telecare and telehealth, exploring the possibilities and opportunities open to Tees Valley in this fast developing area of healthcare.	
The report stated that Telecare was part of the social care responsibility of local authorities, and was relatively well established (with potential for further expansion and possible collaboration in certain areas) whereas telehealth was the responsibility of the NHS (CCGs and Trusts) and real life applications have been extremely limited. Trusts were keen on the activity, as were a number of local authorities and there was funding available which could interest the private sector and start to generate a sense of momentum for telehealth in Tees Valley.	
Chief Executives were requested to consider the following recommendations:-	
 i) Tees Valley Directors of Public Health to examine the evidence base of the health population in Tees Valley to start to assess the willingness of commissioners (the CCGs) to invest in telehealth. ii) TVU to work with local authority officers, with particular input from Directors of Adult Services and Directors of 	

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Public Health, on a draft action plan	
iii) TVU to work with Durham and Teesside Universities to explore potential research funding opportunities (from	
the DH and other sources) iv) TVU to work with Teesside University to highlight the opportunities for digital firms in telehealth and the NHS	
as a whole	
 v) TVU to support and work with NHS Trusts on telehealth projects (e.g. South Tees NHS Trust and Teleinnovations) 	
vi) Work to be undertaken to consider establishing a focus group of Tees Valley businesses interested in accessing this market	
Members would like to see further information and evidence as very limited information currently and would also like to know what the demand for this service would potentially be.	
Comments and Decisions	
AGREED that the report be noted and that further information be sought.	
12. Any other business	
The LINk were thanked for their participation and contribution to the Health and Wellbeing Partnership and Board.	
13. Date of Next Meeting:-	
Health and Wellbeing Board - TBC Health and Wellbeing Partnership - 14th May at 1.30 p.m.	