

Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday, 5th June, 2013.

Present: Councillr Jim Beall (Chairman)and

Alan Foster, Liz Greer, Cllr David Harrington, Jane Humphreys, Peter Kelly, Cllr Ken Lupton, Cllr Ann McCoy, Audrey Pickstock, Cllr Steve Walmsley, Dr Paul Williams, Ali Wilson

Officers: David Bond, Margaret Waggott, Sarah Bowman and Michael Henderson

Also in attendance:

Apologies: Barry Coppinger

1 Declarations of Interest

Councillor Mrs Ann McCoy declared a personal/non prejudicial interest as she was a Governor serving on Tees, Esk and Wear Valleys NHS Foundation Trust Board.

Councillor Lupton declared a personal/non prejudicial interest as he was a Member of North Tees and Hartlepool NHS Foundation Trust Board.

Councillor Jim Beall declared a personal/non prejudicial interest as he was a Governor serving on the North Tees and Hartlepool NHS Foundation Trust Board.

2 Draft Minutes of the Joint Meeting of the Health and Wellbeing Board and Partnership

The draft minutes of the Joint meeting of the Shadow Health and Wellbeing Board and Partnership held on 12 March 2013 were noted.

3 Terms of Reference

Members were presented with Terms of Reference for the Health and Wellbeing Board, which had been agreed by Council.

RESOLVED that the Terms of Reference be noted.

4 Rules of Procedure

Members were presented with Rules of Procedure for the Health and Wellbeing Board, which had been agreed by Council.

It was requested that a link to the Council's Constitution, detailing additional Rules of Procedure that the Board would be subject to, be forwarded to members.

RESOLVED that the Rules of Procedure be noted.

5 Strategic Direction - Presentation

The Board received a presentation from the Director of Public Health for Stockton on Tees, Peter Kelly.

There was a lengthy debate on this matter and there was considerable agreement with regard to the direction highlighted in the presentation. The following was indicative of the debate:

- It was agreed that the Board must be strategic and should not stray into operational matters. It was imperative that a high level Strategic Direction was maintained.
- There would need to be an assessment of how the strategy was working.
- Giving children the best start in life was an important factor in long term Health and Wellbeing. Educational attainment was a strong indicator to someone's health throughout their lives. Initiatives in this area would be important.
- Prevention must be the key focus of the Board, however, where things did go wrong interventions had to be in place.
- Prevention would remove some of the pressure on NHS Services and there had to be a long term approach to investment.
- the Board must reach those in the most deprived part of society
- Health and Wellbeing were both important and the balance between the two had to be correct.
- The Board would be most effective with all partners working together and, it was hoped, could do much more than the 'sum of its parts'. Resources must be channelled effectively and partners indicated their willingness to share views and talk early about where resources would go. It was agreed that initial discussions should be around the shifting of resources to preventative services.
- Stockton had the second largest gap in life expectancy, between rich and poor, in the country. The health of the poor must be improved. This was one of the areas that the Board would be judged on. Some high level statistics may be helpful to the Board.
- Social Care would be an important part of the Board's work.

Following the discussion the Board considered how to proceed and it was agreed that Peter Kelly and Jane Humphreys would pull together data , key facts etc. that may assist with identifying the Board's focus.

RESOLVED that

1. the presentation and subsequent discussion be noted.
2. Members of the Board pull together data, key facts for presentation to the next Board meeting.

6 Structures and working relationships between Stockton Health and Wellbeing Board and NHS Commissioners

Members considered a report that proposed governance structures and working relationship between the Board, the Clinical Commissioning Group and the NHS England Area Team, in Stockton.

Members noted that the proposed Adult Commissioning Group and Children's Group would be Sub Committees of the Board.

The Board supported the proposals subject to the following:

- the Children and Young People's Group should be referred to as a Commissioning Group, in line with the Adult Commissioning Group.
- the Adult's Commissioning Group should include a Police Representative.
- Clinical input, via the CCG, may be needed on the Adult's Commissioning Group.

RESOLVED that:

1. the proposals be agreed subject to the changes highlighted.
2. arrangements be shared with relevant partners to inform discussions on structures and relationships across Tees Valley.

7 Children and Young People Health and Wellbeing Group - Governance Arrangements

Members considered a report that proposed arrangements for the operation of a Sub Committee of the Health and Wellbeing Board, to be known as the Children and Young People's Health and Wellbeing Commissioning Group.

Members were provided with Terms of Reference and Rules of Procedure for the Commissioning Group.

RESOLVED that

1. a Children and Young People's Health and Wellbeing Commissioning Group be established as a Sub Committee of the Health and Wellbeing Board.
2. the Terms of Reference for the Commissioning Group, as detailed at

appendix 1 of the report, be approved.

3. the Rules of Procedure for the Commissioning Group, as detailed at appendix 2 of the report, be approved.

8 The Joint Health and Wellbeing Strategy - Update on Delivery Plan and Performance Monitoring Framework

Members considered a report that provided a progress update on the draft delivery plan for the Joint Stockton Health and Wellbeing Strategy and proposed an approach to performance monitoring on delivery plans.

The report included a gap analysis that had been compiled by mapping the existing key partnership plans/strategies and accountable groups for delivery against each strategic objective. Suggested groups had been identified to be accountable for areas of work where a gap existed.

It was noted that, in some cases, identifying plans/accountable groups was dependent on the structures that were developing under the Board. As structures evolved and plans were developed and embedded, the delivery plan and gap analysis would need to be updated.

The report also set out proposed headline performance monitoring metrics for the JHWS Delivery Plan. It was suggested that the Health and Wellbeing Partnership would receive performance reports on a quarterly basis, on a set of headline metrics, with the Partnership and Board receiving the full set of performance metrics on an annual basis.

Members considered the report and made a number of comments/requests, including:

- that the Board receive exception performance reports when appropriate.

- It may be appropriate to include the Adult or the Children and Young People Commissioning Group as one of the responsible groups for some of the potential gaps e.g. gap 11

- noted that minutes of the Commissioning Groups and the Partnership would be presented to the Board.

- it would be useful to have a web page that listed all relevant strategies with links to them. The Chairman indicated that he would speak with the Councils Head of HR and Communications and arrange this on the HWB page, which was being developed.

RESOLVED that

1. the proposals relating to the identified gaps be accepted, subject to consideration of the issues raised by the Board.

2. the proposals regarding performance management be agreed with exception reports being presented when necessary.

3. attempts be made to identify all relevant strategies on the HWB web page.

9 Assurance Framework - Annual Plan 2013/14

The Partnership was provided with the Clinical Commissioning Group's (CCG) Assurance Framework 2013/14.

It was explained that the CCG aims and objectives would be achieved through setting commissioning intentions and delivery through 5 clinical work streams. These work streams were clinically driven and centred on the priorities for healthcare and patient need:

- Health and Wellbeing
- Out of Hospital Care
- Acute in Hospital Care
- Medicines Optimisation
- Mental Health, Learning Disabilities and Dementia

Within Health and Wellbeing stream the CCG would aim to significantly improve the health of the population by working with patients, the public and others, including the Health and Wellbeing Board, in order to:

- Improve prevention of physical and mental illness
- Improve early detection of illness
- Address Health inequalities
- Improve lifestyles
- Focus on particular groups e.g. Children

The Board noted that the document highlighted the three locally identified measures agrees with Health and Wellbeing Boards and key stakeholders:

- Smoking in Pregnancy - Increase in the number of women achieving quitting smoking at time of delivery.
- Emergency readmissions within 30 days of discharge from hospital.
- Estimated diagnosis rate for people with dementia.

It was noted that the document contained lots of references to working with the Health and Wellbeing Board which clearly demonstrated the CCG intention.

It was noted that commissioning intentions were developed following a great deal of consultation and were influenced by the JSNA and JHWS. The Board would be involved in any consultation.

RESOLVED that the Assurance Framework for 2013/14 be noted.

10 Public Health Ringfenced Budget

The Board considered a report that provided a summary of high level spend of the Stockton on Tees Borough Council Public Health ringfenced budget.

It was explained that this was the inherited position of the Council for the ringfenced grant, which came directly from Government.

The Council had five statutory duties they needed to meet from within the budget:

- appropriate access to sexual health services
- the duty to ensure there were plans in place to protect the health of the population
- ensuring NHS commissioners receive the public health advice they need
- the National Child Measurement Programme
- NHS Health Check Assessment

Details of other responsibilities were also provided, including, smoking cessation programmes, alcohol and drugs misuse services, Healthy Child Programme etc.

The Board noted that most of the budget was contractually committed for 13/14.

Details of the 15/16 budget were unclear in terms of level and whether ringfenced.

The spend headings reflected a Government template that the Council had to use.

The areas of spend highlighted the need for a prevention approach

It was agreed that this information including what spend was committed to contracts should also go to the Children and Young People's Commissioning Group and the Adults Commissioning Group.

RESOLVED that the report be noted and information as detailed above be presented to the CYP Commissioning Group and the Adult Commissioning Group.

11 Health and Wellbeing Board Development

Members received a report that presented options for the development of the Board and its members.

The key purpose of a development programme for the board and its members was to maximise the opportunity that the creation of the Board had brought to the area. The board would want to establish its own ways of working, approach to setting strategic direction and understanding of matters for its attention. It would also be important for representatives to put time into understanding the role, priorities of all the organisations represented on the Board.

The Board agreed that there should be topic specific development at the beginning of scheduled meetings of the Board but also have a separate specific event to explore how the members on the Board might work together.

RESOLVED that topic specific development be held at the beginning of each meeting but also a separate event be organised to explore how the members on the Board might work together.

12 Measles Update

The Board was provided with an update report, relating to the measles outbreak in Stockton Borough.

Members noted that, as at 20 May, 335 confirmed cases had been reported across the North East since September 2012, 278 of which were in Teesside.

Overall, the rate of increase in cases seemed to be decreasing slightly (at 24th May) compared to previous weeks. In the main, new cases were in Middlesbrough and Redcar & Cleveland, though some new cases were still being reported in Stockton. The number of new cases overall was still significantly above normal.

A schools catch-up campaign began on 25 April 2013 across Stockton and Hartlepool (and across Middlesbrough and Redcar & Cleveland beginning a few days later). The plan was for all Teesside schools to have run the catch-up campaign by the middle of June.

In total, there were approximately 8,000 unvaccinated children across Teesside (i.e. with only one dose or no doses) at the start of the school-based catch-up campaign.

Response to the programme to-date (through consent forms returned) has been good. By close of play on 22nd May 2013, 2,516 children had been vaccinated across Tees. 747 of these were in Stockton.

There would be a national GP-based catch-up campaign from June, which will further 'mop-up' unvaccinated children. This would be implemented locally once the schools-based campaign was complete.

In-line with PHE and RCGP (Royal College of General Practitioners) advice, parents wishing to seek advice on their child's vaccination status or on the MMR vaccine were being advised to go to their GP.

The Director of Public Health and the Consultant in Public Health at Stockton-on-Tees Borough Council were handling all enquiries about the outbreak, including any media enquiries. All communications regarding the outbreak were being coordinated through and handled by PHE communications and Local Authority communications leads to ensure a coordinated, consistent and evidence-based message.

RESOLVED that the report be noted.

13 Schedule of Panel Meetings and Forward Plan

Members considered a draft Forward Plan for the Board.

It was explained that the Plan would be submitted to each meeting of the Board , so that consideration could be given to its content.

Between meetings members could submit items they wished to see included on the Forward Plan to the Council's Democratic Services Unit.

Members noted that some meetings would provide a focus on the Children and Young People theme and some on the Adults' theme.

During consideration of the draft plan it was suggested that references to CCG Commissioning Intentions should read Collective Commissioning Intentions.

It was also suggested that the Annual Report of Healthwatch could be included.

RESOLVED that the draft Forward Plan be approved subject to the suggested changes being incorporated.

14 Chairman's Update

The Chairman provided an update on the following:

- Minimum Pricing for Alcohol

The Chairman explained that he and the Director of Public Health had received a response to a letter they had sent to the Prime Minister, supporting the introduction of a minimum price per unit. The letter of response, from the Home Office, explained that the views received from the recent consultation on this issue were being considered. The response letter also referred to the Government's Alcohol Strategy and the commitments made by the alcohol industry to promote responsible drinking.

- H and SI Pioneers - Public Service Transformation Network (PSTN)

The chair informed the meeting of correspondence from the PSTN regarding collaborative working between various public sector bodies and the board noted its contents.

- Proposed Changes to Emergency Medical and Critical Care Services

The Chairman referred to the Consultation that had recently started relating to the above. Noted that the consultation process would end on 11 August 2013 and members may wish to make a response.

- Winterbourne View

The Chairman had received a letter from Norman Lamb, the Minister for Care and Support, urging the Board to give the Winterbourne View Implementation Programme due consideration. A similar letter from the Local Government Association on this matter had also been received suggesting that Health and Wellbeing Boards take the lead.

The Board agreed that there must be a response to Winterbourne View but this wasn't a direct responsibility of the Board and the lead must be the Clinical Commissioning Group.

Representatives from the CCG indicated that they would take this forward.

The Chairman explained that he had requested that this issue and the principle it raised be considered at an ANEC meeting.

RESOLVED that the Chairman's Update be noted