

Minutes

Health & Wellbeing Partnership

Tuesday, 14 May, 2013, 1.30 p.m. at Conference Room, Education Centre, Junction Road, Norton, Stockton on Tees, TS20 1PR

Present:

Members:

Cllr Carol Clark, Peter Kelly, Alan Foster, Richard Poundford, Cllr Ken Lupton, Julie Nixon, Reuben Kench (SBC) Chief Inspector Lynne Beeston (Substitute for Superintendent Alastair Simpson)(Cleveland Police), Andrea Walker (HM Prisons), Steve McCarten (Cleveland Fire Brigade), Cllr Maureen Rigg (Western Area Partnership), Steve Rose (Catalyst), David Brown (TEWV), Liz Greer (Healthwatch) , Dr Jonathan Berry (HAST CCG)

Officers:

Sarah Bowman, Margaret Waggott, Michael Henderson (SBC); Karen Hawkins (HAST CCG)

Apologies

Superintendent Alastair Simpson(Cleveland Police), Jim Scollen (Northern Area Partnership), Lucia Saiger (Tees Probation Service),

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ITEM/ISSUE	ACTION
<p>1. Appointment of Chairman 2013/14</p> <p>AGREED that Alan Foster be appointed Chairman for the Municipal Year 13/14</p>	
<p>2. Declarations of Interest</p> <p>Cllr Lupton declared a personal/non prejudicial interest further to being a non executive member of the North Tees and Hartlepool NHS Foundation Trust.</p> <p>Cllr Mohammed Javed declared a disclosable 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.</p>	
<p>3. Appointment of Vice Chairman 2013/14</p> <p>AGREED that Peter Kelly be appointed Vice Chairman for the Municipal Year 13/14.</p>	
<p>4. Minutes of the Joint Health and Wellbeing Board and Partnership – 12 March 2013</p> <p>The minutes of the Joint and Health and Wellbeing Board and Partnership meeting were agreed subject to minor amendments to those members detailed as being present and submitting apologies.</p> <p>Members received updates on/discussed issues relating to</p> <ul style="list-style-type: none">• Medical Examiner this was an important role that would now come into force April 2014, but information was still awaited.• A Children and Young People's Health and Wellbeing Commissioning Group had been established that would ensure delivery on the elements of JHWS relating to children and young people.• Telehealth – Noted that work continued on this and lots of groups had come together to take it forward. It	

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<p>was pointed out that Telehealth would be most effective based on evidence and targeted at the correct cohort of patients.</p>	
<p>5. Rules of Procedure</p> <p>Members noted Rules of Procedure for the Partnership. These had been agreed by Council at its meeting held on 8 May 2013.</p>	
<p>6. Terms of Reference</p> <p>Members noted Terms of Reference for the Partnership. These had been agreed by Council at its meeting held on 8 May 2013.</p>	
<p>7. Update on Joint Health and Wellbeing Strategy Delivery Plan</p> <p>Members were presented with a progress update on the draft delivery plan for the Joint Health and Wellbeing Strategy Delivery Plan and proposed an approach to performance monitoring for the delivery plan.</p> <p>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.</p> <p>It was noted that, in some cases, identifying plans/accountable groups was dependent on the structures that were developing under the Health and Wellbeing Board and its member organisations. As structures evolved and plans were developed and embedded, the delivery plan and gap analysis would need to be updated.</p> <p>The report also set out proposed headline performance monitoring metrics for the JHWS Delivery Plan. It was</p>	

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<p>suggested that the Partnership would receive performance reports on a quarterly basis with the Partnership and Board receiving the full set of performance metrics on an annual basis.</p> <p>During consideration of the report the following issues were raised/discussed:-</p> <ul style="list-style-type: none">• Noted that issues often needed different approaches, for example obesity needed a locally based plan, whereas Sexual Health may be best served with a Tees-wide approach.• There was no overarching plan for population screening programmes and this may or may not be required.• Consideration of plans for local employees to take forward Health in the work place was ongoing.• Tees Valley Public Health Board consisted of the five Tees Valley Directors of Public Health with monitoring reports going to the Chief Executives' Group• Performance Monitoring timescales would be added if the Partnership and Board were happy with the proposed approach.• Noted that many contracts were on going and consideration would need to be given as to whether the Council wished to commission in the same way having regard to plans being developed by the CCG.• Reference was made to Welfare Reforms and the effect this was having on sectors of the public. There was evidence of an increase in Mental Health problems and visits to GPs. It would be important to help people affected e.g creation of a pathway of help. It was suggested that a report be presented to a future meeting of the Partnership regarding this matter. Noted that any strategic approach to this would need to be in line with the Board's aims.• The Partnership agreed that some achievable local performance targets needed to be identified.	<p>Julie Nixon</p>

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<ul style="list-style-type: none">• A target that gauged the value added by the Partnership approach would be useful.• A target measuring how people feel (a feeling of wellbeing) was suggested.• Suggested that Crime Statistics be included in performance data <p>AGREED that the proposals around the identified gaps be accepted and the proposals with regard to performance management be supported with consideration given to comments made by the Partnership.</p> <p>8. Health Protection Presentation</p> <p>Members received a presentation on Health Protection and specifically:</p> <ul style="list-style-type: none">• Who was responsible for Provision and Commissioning.• What the HWB and HWP were responsible for,• Current Issues including Measles, C.difficile, MRSA, <p>Members asked a number of questions about the issues raised in the presentation and noted:</p> <ul style="list-style-type: none">• the targets for limiting the occurrence of MRSA (0) and C. difficile (40) at North Tees Hospital• Have you washed your hands campaign• Work the CCG had undertaken with hospitals relating to Health Care Associated Infections• Measles, MRSA etc. did not respect boundaries and a wider approach than just Stockton was often needed <p>AGREED that the presentation be noted.</p>	<p>Peter Kelly/Sarah Bowman</p>

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<p data-bbox="150 368 958 400">9. Clinical Commissioning Group – Assurance Framework</p> <p data-bbox="136 435 1480 467">The Partnership was provided with the Clinical Commissioning Group’s Assurance Framework 2013/14.</p> <p data-bbox="136 502 1581 603">It was explained that the CCG aims and objectives would be achieved through setting commissioning intentions and delivery through 5 clinical work streams. These workstreams were clinically driven and centred on the priorities for healthcare and patient need:</p> <ul data-bbox="188 639 887 815" style="list-style-type: none">• Health and Wellbeing• Out of Hospital Care• Acute in Hospital Care• Medicines Optimisation• Mental Health, Learning Disabilities and Dementia <p data-bbox="136 850 1570 914">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:</p> <ul data-bbox="188 954 875 1129" style="list-style-type: none">• Improve prevention of physical and mental illness• Improve early detection of illness• Address Health inequalities• Improve lifestyles• Focus on particular groups e.g Children <p data-bbox="136 1165 1126 1197">During consideration of this item the following issues were raised/discussed:</p> <ul data-bbox="188 1236 1592 1406" style="list-style-type: none">• there was a need for the CCG and partners to work in an integrated/joined up way.• elements of work would need to be delivered across larger areas e.g a Teeswide approach may be best rather than a local one.• The CCG would develop work streams to deliver against its plans and elements of the CCG work would deliver against the Health and Wellbeing Delivery Plan e,g health inequalities	

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<ul style="list-style-type: none">• Work stream and programme leads had been appointed – Dr Jonathan Berry and Dr Paul Pagni would lead on Health and Wellbeing.• All work streams had cross-cutting issues identified.• Chronic Obstructive Pulmonary Disease and the importance of targeted interventions in certain wards• Reference was made to the 3 local priorities agreed by the HWB and CCG namely:<ul style="list-style-type: none">- Estimate diagnosis rate for people with dementia- Increase in the number of women achieving quitting smoking at time of delivery- Reducing emergency admissions within 30 days of discharge from hospital <p>AGREED that the report be noted and further updates provided.</p>	
<p>10. Public Health Budget</p> <p>The Partnership was provided with a schedule detailing high level financial information relating to Stockton on Tees Borough Council's ring-fenced Public Health Budget. It was noted that the template identifying the areas under which spend was detailed was dictated by the Department of Health, therefore there was an element of best fit.</p> <p>The Partnership considered the schedule and the following points were raised:</p> <ul style="list-style-type: none">• It was important to get the maximum benefit out of the budget and to try to measure the impact and effect.• Going forward it would be important to consider priorities, perhaps try and line up budgets with CCG and others to make a real difference in particular areas• Many of the areas of spend were tied up with contracts.• Any future presentation of spend should include some analysis/ intelligence e.g was spend in respect of prevention, treatment, targeted at disadvantaged communities etc• There was a need to understand what flexibility existed in terms of spend – noted that there were five statutory duties that needed to be met out of the budget: appropriate sexual health services, duty to ensure health protection plans were in place, must ensure NHS commissioners received appropriate	

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<p>public health advice, National Child Measurement Programme, NHS Health Check assessment.</p> <p>It was suggested that it would be useful to have sight of the budgets of other Board Member Organisations.</p> <p>AGREED that the report and discussion be noted.</p>	<p>Peter Kelly/ Emma Champley</p>
<p>11. Development Programme</p> <p>Members considered a verbal report relating to a Development Programme for the Board and its members.</p> <p>It was suggested that the Partnership should hold development sessions, possibly as part of its scheduled meetings or, as work outside of those meetings, workshops perhaps. The Partnership considered the matter and potential development issues including budgets, priorities areas, joint commissioning approach.</p> <p>AGREED that proposals in this regard come back to the Partnership.</p>	<p>Peter Kelly</p>
<p>12. AOB – Review of Adult Mental Health Social Care Services</p> <p>Members were provided with a briefing note relating to public consultation that was taking place between 18 March and 7 June connected to proposals for Council Adult Mental Health Services.</p> <p>The briefing included detail of the proposals and why they were being made. There was also an indication of how organisations could provide views.</p> <p>Further updates would be provided.</p> <p>AGREED that the briefing be noted.</p>	<p>Julie Nixon</p>

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13. Date of Next Meeting:- 9 July at 1.30pm	