

Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday, 24th July, 2013.

Present: Cllr Jim Beall (Chairman),

Barry Coppinger, Jane Hartley (substitute for Liz Greer), Jane Humphreys, Peter Kelly, Cllr Terry Laing (substitute for Cllr Ken Lupton), Cllr Ann McCoy, Graham Niven (substitute for Ali Wilson) Audrey Pickstock and Dr Paul Williams

Officers: Margaret Waggott, Michael Henderson and Sarah Bowman

Also in attendance: Colin Morris

Apologies: Alan Foster, Liz Greer, Cllr David Harrington, Cllr Ken Lupton, Cllr Steve Walmsley, Ali Wilson

HWB 15/13 Declarations of Interest

There were no declarations of interest.

HWB 16/13 Draft Minutes of the Health and Wellbeing Board - 5 June 2013

The minutes of the meeting of the Board held on 5 June 2013 were confirmed as a correct record.

HWB 17/13 Minutes of Health and Wellbeing Partnership - 14 May 2013

The minutes of the meeting of the Health and Wellbeing Partnership held on 14 May 2013 were noted.

HWB 18/13 Health and Wellbeing data to inform Board Priorities (presentation)

The Board received a presentation from Peter Kelly, Director of Public Health, which included statistical data from Public Health England's Longer Lives publication.

It was recognised that the data could assist with identifying priorities for health and wellbeing improvement.

The Board was reminded of the major causes of death of people aged under 75 and noted where the Borough stood nationally and its national decile group ranking. These causes of death were cancers, heart disease and stroke, lung disease, liver disease. Factors that contributed to these conditions, and deaths from them, included poverty, smoking, alcohol, poor diet, inactivity and high blood pressure.

The Board discussed measuring wellbeing and agreed that this was difficult and much more subjective than health.

Members agreed that tackling the common causes of premature death was a priority. Consideration would need to be given to targetting specific geographical areas of the Borough, where rates of premature deaths were particularly high. Priorities should also be drawn from commissioning intentions and unmet needs in the JSNA. If successful, this approach was likely to have a positive effect on wellbeing, though there were other issues that needed to be considered in this

regard, such as the environment, fear of crime, access to activities, open spaces. It was noted that the Office of National Statistics was undertaking work on measuring wellbeing, capturing this information.

RESOLVED that the the presentation and discussion be noted and priorities referred to agreed.

HWB 19/13 Adult Health and Wellbeing Commissioning 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 Adults' Health and Wellbeing Commissioning Group. This group will have the same responsibilities as those carried out by the new Children and Young People's Health and Wellbeing Commissioning Group, but for the adult population.

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

It was suggested that the Head of Adult Operations be added to the membership of the Group.

RESOLVED that:

1. an Adults' Health and Wellbeing Commissioning Group be established as a Sub Committee of the Health and Wellbeing Board.
2. the Terms of Reference as detailed at Appendix 1 of the report be approved.
3. that the Rules of Procedure as detailed at appendix 2 of the report be approved subject to the inclusion of the Head of Adult Operations in the Group's membership.

HWB 20/13 Social Care Payments to Local Authorities 13/14

The Chairman explained that discussions with regard to this matter would be taking place between the Council and the Clinical Commissioning Group and a report would be presented at the Board's September meeting.

RESOLVED that the information be noted.

HWB 21/13 Forward Plan

The Panel was provided with a copy of the Board's draft Forward Plan.

A request was made by the Healthwatch representative that the Board look at the outcomes of a project funded by the Department of Education to help children with Special Educational Needs. It was agreed that this should be considered by the Children and Young People's Health and Wellbeing Commissioning Group.

The NHS England representative queried whether the Board wished to receive Winter Plans. It was agreed that this should be discussed further by appropriate

Board members and an approach identified.

It was noted that a fully developed set of performance metrics for the Health and Wellbeing Strategy delivery plan would be presented to the September meeting.

RESOLVED that the Forward Plan and the actions identified be agreed

**HWB
22/13** **Chairman's Update**

The Chairman referred to previous requests, from the Department of Health and Local Government Association, that the Board take the lead on the Winterbourne View Implementation Programme. The Chairman explained that he had raised this matter at an Association of North East Councils (ANEC) meeting, for Health and Wellbeing Board Chairs in the region, where concern was expressed at the Department of Health's approach to this and some other clinical issues that they had suggested Health and Wellbeing Boards should have a role in. It was considered that such issues were not an appropriate use of the Health and Wellbeing Board's time. In addition there had been no suggestion of additional resources being made available to undertake performance management role on behalf of the Department of Health/NHS. The Health and Wellbeing Board was assured that actions from the Winterbourne View report were being progressed with reference to the Safeguarding Vulnerable Adults Committee and Learning Disability Partnership.

It was agreed that if a local issue arose then the Board may have a role.

It was explained that there had been a delay in the Clinical Commissioning Group making a reponse to the Winterbourne View request, though this had now been sent.

The Chairman made reference to the Royal Society for the Prevention of Accidents and a document he had recently received from that organisation. The Board noted the significance of accident prevention particularly in terms of relieving pressures on services and contributing to the health and wellbeing of the community. The Chairman explained that he had asked the Director of Public Health to produce a position statement detailing, for example, the accident prevention activities that were taking place in the Borough and what accident prevention groups operated. The Board could then consider what further steps, if any, were required.

The Chairman and Director of Public Health explained that there was non-recurring funding (approx £500k) available to spend in year. The Director indicated that he would be bringing a report to the September meeting detailing 6 -10 evidence based ideas for utilising the money, with an early delivery. The Board would have an opportunity to prioritise. It was noted that the JSNA was very detailed and would provide much of the evidence in identifying any ideas coming forward.

Members noted and briefly discussed the recent government decisions not to introduce a minimum price for alcohol units and plain packaging on cigarettes. The Chairman explained that ANEC was looking at the use of by-laws to see if they could be used in a beneficial way with regard to this. It was explained that there was a regional conference on 22 November relating to alcohol, which was

likely to be of interest to Board Members. Details would be circulated.

RESOLVED that the update be noted.

**HWB
23/13** **Development Session - The Marmot Review (presentation)**

The Board received a presentation on the Marmot Review and discussed its findings, recommendations, indicators and Stockton on Tees data relating to those indicators.

Particular discussion took place with regard to:

- the gap in life expectancy of those most deprived and those least deprived.
- the relationship between early years cognitive development, socio economic status and life expectancy.
- Early interventions
- the Borough's statistical position in terms of male and female life expectancy, was statistically significantly lower than the England average. Within the Borough there was a considerable gap, across all indicators, between the wards with high rates of deprivation and the most affluent wards. Certain wards within the Borough had some of the worst figures in the country. It was noted that more unequal societies had poorer health and wellbeing outcomes.

The Board noted that the Government had accepted the Marmot principles but the Early Intervention Grant had been significantly cut.

The Board would need to link and focus resources to get the best outcomes and address inequalities.

RESOLVED that the presentation and discussion be noted.

**HWB
24/13** **Stockton Local Safeguarding Children Board - Annual Report**

The Board received a summary of Stockton on Tees Local Safeguarding Children Board Annual Report 2012/13. All Board members had been provided with access to the full report.

The Chairman of the Safeguarding Board was in attendance and presented the report. He referred to a number of issues contained within the report and, in particular, the Ofsted Local Authority Arrangements for the protection of Children inspection, which had resulted in the Board reviewing its Action Plan and identifying priority actions for 2013. Such as:

- reviewing the way it challenged the Council and partner agencies and addressing issues identified about performance of safeguarding services.
- establishing a strategy for engaging with children and young people in the child protection process.

- working with partners to develop a Tees approach to current and historic Child Exploitation.
- contributing to the development of and implementation of an overarching strategy for early help and preventative services.

Following the presentation it was noted that consideration would be given to Healthwatch's involvement with the Safeguarding Board.

Noted that during meetings of the Safeguarding Board there were opportunities for organisations to discuss problems.

The Board noted the importance of engaging with Children and Young People within the Child Protection system.

The Board noted that the Safeguarding Board would be investigating and trying to understand the reasons behind the rise in the number of children who were subject to a Child Protection Plan. It was requested that any findings be shared with this Board.

RESOLVED that report and discussion be noted/actioned.

HWB 25/13 Health and Wellbeing Board/Stockton Local Safeguarding Children Board - Statement of Principles

Members received a draft Statement of Principles relating to the working arrangements between the Board and Stockton on Tees Local Safeguarding Children Board.

The Principles had been developed at a joint meeting of the Boards, then later refined and the draft agreed by each Chair.

RESOLVED that the Statement of Principles be agreed.

HWB 26/13 Early Help and Early Intervention (Presentation)

The Board received a presentation relating to Early Help and Early Intervention.

Members noted the importance of early intervention services to assist with providing a social and emotional bedrock for children and young people.

It was noted that the Children and Young People's Health and Wellbeing Commissioning Group was developing an Early Help Strategy focussing on families and children with the greatest level of need; and would go on to develop a broader Early Intervention Strategy looking at the role of universal services in improving outcomes for children.

It was envisaged that there would be joint commissioning opportunities in this area.

RESOLVED that the presentation be noted

HWB School Nursing

27/13

The Board received a report that outlined progress to date on the school nursing review being carried out by the Council as new commissioners of the service.

Members noted that there would be two stages of the review. Stage one had been held throughout July and would look to map school service provision. The mapping exercise would clarify the current school nurse pathway and how the service exchanged information and communicated with key agencies.

The next step would be to review the outcomes of the mapping exercise against local child health data and the national Healthy Child Programme 5 - 19 years. This would identify how the service was operating and what areas of development were required to meet the new national service model.

Stage two of the review would be Consultation, and would take place from September and November 2013. Consultation would be held with service providers, stakeholders and communities in Stockton on Tees regarding their views on healthy child services for school-age children, to ensure school nursing services were reflective of local need and well designed for future sustainability.

RESOLVED that the update be noted.