

Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Monday, 21st October, 2013.

Present: Councillor Jim Beall (Chairman) and Barry Coppinger, Alan Foster, Councillor Ken Lupton, Councillor Ann McCoy, Councillor Steve Walmsley, Jane Humphreys, Peter Kelly, Liz Greer, Ben Clark (substitute for Audrey Pickstock), Dr Paul Williams, Ali Wilson

Officers: Sarah Bowman (PH), Margaret Waggott, Michael Henderson (LD)

Also in attendance:

Apologies: Councillor David Harrington

1 Declarations of Interest

Councillor Ken Lupton declared a personal/non prejudicial interest as he was a non-executive Director of the North Tees and Hartlepool NHS Trust.

2 Draft minutes of the Joint Health and Wellbeing Board and Partnership meeting held on 25 September 2013.

The minutes of the Joint Health and Wellbeing Board and Partnership meeting held on 25 September 2013 were considered by the Board.

Members noted that the minutes contained a recommendation that the Board approve proposals relating to a process and principles for agreeing commissioning intentions (Minute HWJ 12/13 refers)

RESOLVED that the minutes of the joint meeting be noted and the proposals relating to a process and principles for agreeing commissioning intentions be approved.

3 Draft minutes of the Health and Wellbeing Board meetings held on 24 July 2013 and 25 September 2013

The draft minutes of the meetings of the Board held on 24 July 2013 and 25 September 2013 were approved.

4 Minutes of Commissioning Groups

The minutes of the Children and Young People Health and Wellbeing Commissioning Group held on 22nd August 2013 and the minutes of the Adults' Health and Wellbeing Commissioning Group held on 12 September 2013 were noted.

5 Funding Transfer from NHS England to Social Care 2013/14: Stockton on Tees

Members considered a report relating to the funding transfer from NHS England to Social Care.

It was explained that, for the financial year 2013/14, the NHS Commissioning

Board would transfer £859 million from its global allocation to local authorities. The amount to be paid to individual local authorities was based on the adult social care relative needs formulae. The value of the fund to Stockton on Tees Borough Council was £3,025,250 for 2013/14.

Health and Wellbeing Boards had been identified as the natural place for discussion between the Local Area Teams, Clinical Commissioning Groups and local authorities on how the funding should be spent, as part of their wider discussions on the use of their total health and care resources.

It was proposed that the additional funding for 2013/14 was used to maintain services that supported people to remain independent in the community (including extra care, respite, domiciliary care and personal budgets) where the Local Authority currently had budget pressures and would be required to cut services without this investment.

The Board noted that the proposals for use of the funding met the requirement for investment in adult social care that provided health benefits and would make a positive difference to social care services and outcomes for people using the services.

The plan for use of the funding for 2013/14 was provided to members.

It was noted that a draft s256 agreement had been prepared by NHS England's Durham, Darlington and Tees Area Team and would be finalised and signed by the Area Team and Stockton Borough Council following approval of the plan.

RESOLVED that the plan for the use of social care funding, detailed at Appendix 1 to the report, be approved.

6 Winter Warmth

Members received an update that outlined the interventions currently in place through Health and Wellbeing Board partner organisations, to support vulnerable people against the effects of cold weather.

Members noted that evidence showed that winter weather could have a significant impact on the health of the population. In particular, it could result in:-

- exacerbations of Chronic Obstructive Pulmonary Disease
- increases in strokes
- increase in influenza cases, which could lead to bronchitis, pneumonia
- increases in falls

It was explained that multi agency action was important to effectively address the effects of cold weather and the Board noted some of the work that was in place, within the Borough, in this regard. Particular reference was made to the production of a draft seasonal Health and Wellbeing Strategy for Stockton Borough Council, which had been produced with a wide range of partners and overseen by the Seasonal Health and Wellbeing Strategy Steering Group

Members noted some current interventions:

- NHS Area Team was ensuring the implementation of the influenza vaccination in risk groups.
- Stockton on Tees Borough Council was providing influenza vaccinations to staff working with the most vulnerable groups.
- NHS Area Team and Public Health England were developing plans to implement a new influenza vaccination programme for children aged 2 - 16 years old
- In addition to the Falls action plan a reactive ,post fall service to prevent recurrence was in place, targeting the over 65s.
- Warm Homes Health People project.
- Collective energy switching auction.
- The Go Warm project, ran by the CES Group and the Council, had ensured cladding and heating systems in vulnerable homes.

Members discussed the report and the following points were raised;

- There was good and important work being undertaken in this area.
- Energy companies should be approached to ask if they would help with projects and actions designed to support vulnerable people, against the effects of cold weather.
- Work to increase coverage of the influenza vaccination was ongoing.

RESOLVED that;

1. the report be noted.
2. further consideration be given to how the suggestion, that energy companies be asked to contribute to projects/actions relating to supporting vulnerable people during cold weather could be progressed.

7 Development Session - Children's Dental Health

Members received a presentation relating to Child Dental Health in Stockton Borough.

Details of dental disease prevalence amongst 5 year olds (as at 2011/12) was provided. It was noted that poor dental health was a good indicator of deprivation and inequality - diet and nutrition.

It was explained that the best protection against poor child dental health was a low sugar diet, regular and effective brushing, fluoridation of water supplies.

Members were provided with evidence detailing the positive effects of fluoridated drinking water on dental health.

The Board noted proposals that were being developed by the Council's Public Health service with Public Health England:

- Toothbrushes and fluoride toothpaste to nursery and reception pupils in all primary schools.
- Fluoride varnish in all quintile 5 primary schools (20% most deprived)
- Fissure sealant - as adult teeth emerge in quintile 4 and 5 primary schools (40% most deprived)
- Health promotion messages regarding diet through services such as MoreLife and health visiting.

Members discussed the presentation and

- supported the planned approach and saw the value in terms of improving dental health and reducing totally avoidable pain and suffering for children and cost to the health system.
- noted that there was no credible evidence that the fluoridation of water supplies could do any harm. Barriers to it being implemented included public perception, capital costs to water companies and the lack of a lead from central government.
- suggested that, when appropriate, the issue should be placed on school governing bodies' agendas.
- suggested that supermarkets and other retailers should be asked to sell cost price toothpaste.

RESOLVED that the presentation be noted and the proposal identified be supported.

8 NHS Review on Allocations

The Chairman explained that he had agreed to this item being considered at this meeting as an urgent item as he felt that it was important that the Board considered it at the earliest opportunity and it should not be delayed until the Boards next scheduled meeting, in November.

The Board noted that NHS England was considering proposals from the Advisory Committee for Resource Allocation to amend CCG allocations

The proposals would move significant resource away from northern CCGs, with a potential total loss for the North East amounting to £166m. Every CCG in the North East would receive a reduction in funding. The Association of North East Councils (ANEC) had produced a draft response to these proposals and a copy was provided for the Board's information. The Council's Leader would provide any input into the final ANEC response on behalf of the Council.

The Advisory Committee for Resource Allocation (ACRA) was an independent body which advised the Secretary of State for Health on the weighted capitation formula for national resource allocation.

It was explained that the weighted capitation formula incorporated a range of weighted population factors. It calculated the relative need of each area's population and was also known as the fair shares formula. It does not seek to

measure an absolute level of need for each area, only relative need across areas. Historically, deprivation has featured significantly in the formula.

It was noted that NHS Hartlepool and Stockton on Tees CCG had calculated that it expected to lose £8 million under the proposals but it was expected that application of those proposals would take some time. It was considered that the formulae did not take account of deprivation in the way it should and would further entrench health inequalities. The reduction in funding would impact on other services.

The Board did note however that the north of the Country would continue to receive more money, per head of population, than the south.

It was agreed that the Board's discussion be highlighted with the Leader. The final ANEC response would be circulated to the Board.

RESOLVED that:

1. the report and ANEC response be noted and that the Board's discussions be relayed to the Leader.
2. the final ANEC response be circulated to the Board.

9 A Call to Action

The Chairman explained that he had agreed to this item being considered at this meeting, as an urgent item, as he felt that it was important that the Board considered it at the earliest opportunity and it should not be delayed until the Board's next scheduled meeting, in November.

Consideration was given to a report relating to a Call to Action.

A Call to Action was the national engagement programme for NHS England, which would involve patients, the public, partners and health and social care staff. It was intended to be a 'big conversation' to elicit views on how best to meet some of the major challenges the NHS faces over the next 10 years if its future was to be secured. The NHS England launch document was provided to the Board.

The vision for the NHS must be to continue improving outcomes and quality, reducing health inequalities and to achieve financial sustainability but the reality is that this must be done in the context of a potential £30billion funding gap between now and 2020.

A Call to Action was a collaborative engagement activity with all key partners including local authorities, clinical commissioning groups and Healthwatch.

The engagement activities would run throughout Autumn and early winter of 2013 and the insight gained from these activities would be used to inform the 5 year commissioning plans for CCGs and NHS England Area Teams for 2014/15 and beyond.

There would be a range of local, regional and national engagement approaches

and opportunities covering a range of broad national themes but set in a local context. The broad themes for Call to Action were:

- Prevention and early diagnosis
- Valuing physical health and mental health equally
- Putting patients in control of their health needs
- Well co-ordinated care – integration/collaboration
- Learning from success – identifying and spreading best practice & innovation

The responses from the engagement events would be used to inform commissioning plans aimed at addressing a number challenges:

- How do we encourage people to take more responsibility for their health and put them in control of their own care?
- How do we release money from hospitals to invest more in prevention, primary care and other community services?
- How do we support health and social care services to be genuinely centred on patients and not organisations?

In the Durham, Darlington and Tees area, a joint NHS engagement plan had been developed between the five local clinical commissioning groups and the Area Team of NHS England. The implementation of the communication and engagement plan would be supported by both the North East Commissioning Support service (NECS) and the regional NHS Communications team.

A Call to Action provided an opportunity for Health and Wellbeing Boards to be critical partners in the design and delivery of Call to Action engagement plans. They could help the NHS understand the specific communities to engage during the campaign and supporting wider participation, ensuring community needs and requirements were considered at a local health economy level.

The Board noted that the CCG had been working with Healthwatch to identify the right questions to ask and would be using community groups to add real depth to the engagement activities. It was important that the CCG could demonstrate that it had engaged with as many people as possible.

The Board asked that an update on the programme be submitted to a future meeting.

RESOLVED that the report be noted.

10 Forward Plan

The Board was provided with a copy of the draft Forward Plan and members were encouraged to submit any items they wished the Board to identify for consideration at future meetings. They could do this at meetings or via the the Council's Director of Public Health, or Democratic Services Unit.

RESOLVED that the Forward Plan be agreed.

11 Chair's Update

The Chairman explained that there was ongoing work at a regional level relating to the current investment of Council pension funds in tobacco companies and the conflict this created in terms of public health considerations.

Members' attention was drawn to a web site relating to local population health data, available at ward level (www.localhealth.org). A demonstration of this could be brought back to a future meeting.

The Chair referred to arrangements for a half day development event for the Board and it was agreed that dates in the New Year would be identified and Forwarded to Board Members, in order to establish a suitable date.

RESOLVED that the update be noted.