

# Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday, 27th November, 2013.

**Present:** Councillor Jim Beall (Chairman), Alan Foster, Councillor Ken Lupton, Jane Humphreys, Liz Greer, Dr Paul Williams, Barry Coppinger, Ben Clark (substitute for Audrey Pickstock), Ali Wilson

**Officers:** Margaret Waggott, Michael Henderson (LD); Kerry Anderson (PH)

**Apologies:** Councillor David Harrington, Councillor Steve Walmsley, Audrey Pickstock

## **1 Declarations of Interest**

There were no declarations of interest.

## **2 Draft Minutes of the Health and Wellbeing Board - 21 October 2013**

The minutes of the meeting held on 21 October 2013 were approved.

## **3 Minutes of Commissioning Groups**

The minutes of the Children and Young People's Health and Wellbeing Commissioning Group, held on 30 October 2013, were noted.

## **4 Forward Plan**

Members were provided with a draft Forward Plan.

A number of additions were identified relating to the Integrated Transformation Fund, CCG 2 and 5 year plans and a Peer Review of Safeguarding Vulnerable Adults.

Members noted that the CCG could provide a presentation and/or table a report on its Commissioning intentions to the December meeting of the Board.

RESOLVED that the draft Forward Plan be agreed, subject to the amendments identified.

## **5 Chairman's Update**

The Chairman referred to an issue he had previously raised at the Board relating to the increasing number of letters he was receiving, usually from government, but with the Local Government Association's (LGA) backing, for the Board to lead on and take forward certain issues/initiatives. Often the issues already had identified leads and were not the direct responsibility of the Board. A regional meeting of Health and Wellbeing chairs had recently discussed this issue and agreed that it was important for Boards to focus on their key purposes and not to get diverted by other issues. At the meeting, this issue was raised with a representative from the LGA, who had indicated that she would raise the concerns expressed.

The Chairman made the Board aware of a forthcoming event that Board

members may wish to attend.

RESOLVED that the update be noted.

## **6 Integration Transformation Fund Update**

Members considered a report that provided information regarding the Integration Transformation Fund (ITF) including background and current guidance, timescales, indicative allocations and initial governance arrangements.

It was explained that there were six National Conditions that must be met in order for the pooled money to be accessed. These were:

- Plans to be jointly agreed by Councils and Clinical Commissioning Groups CCGs, with engagement of providers and sign off by the Health & Wellbeing Board.
- Protection for social care services (not social care spending)
- Provision of seven day services in health and social care to support hospital discharges and prevent unnecessary admissions at weekends.
- Better data sharing between health and social care using the NHS number.
- A joint approach to assessments and care planning with an accountable professional for integrated packages of care.
- Agreement on the impact of changes in the acute sector.

The fund would be allocated to local areas where it would form a pooled budget, jointly governed by the CCG and local authority. In order to access this fund, CCGs and local authorities must jointly agree plans for how the money would be spent, and the plans must meet certain requirements.

Strategic and operational planning by the CCG must take place within the context of a 'unit of planning' that would be the North of Tees. Whilst an oversight /partnership group across the North of Tees would ensure that there was strategic alignment of plans across that footprint and would encourage the sharing of best practice. The Adults' Health and Wellbeing Commissioning Group, that reports into the Health and Wellbeing Board, would be responsible for the development of local plans for recommendation to the Health and Wellbeing Board.

It was explained that the Board was required to submit a completed planning template for Stockton by 15 February 2014. The Plan had to provide specific information and identify:

- How the six National Conditions will be met.
- The expected outcomes and performance measures for the planned changes.
- How the pooled budget will be spent.
- Contingency plans if planned improvements are not achieved; and
- Key risks and plans to mitigate those risks.

A draft template was provided to Members.

Members were informed that the CCG was required to submit draft five year plans through its Health & Wellbeing Boards (including a two year operational plan that covered the ITF) by 4 April 2014.

The Board noted that funding allocations had not yet been confirmed and CCG allocations were expected to be issued later in December.

Members noted that the Board would receive notification of its share of the pooled fund for 2014/15 and 2015/16. The allocation letter would also specify the amount that was included in the pay for performance element of the funding. The performance measures had not been agreed but were likely to focus on delayed discharges from hospital, emergency admissions, effectiveness of reablement services, admissions to residential and nursing care and patient / user experienced

Locally the CCG had commenced public engagement, as part of Call to Action which included a public meeting on 3rd December using a market place process to understand the views of local people on the following key areas:

- Long term Conditions
- Maternity care
- Children and young people
- Urgent care
- Frail and Elderly including End of Life
- Mental health, Learning Difficulties and Dementia

In addition, Catalyst, via Healthwatch, had been commissioned to undertake a series of meetings/focus groups with 20 different local and voluntary groups to ensure that views were gathered from all parts of the community.

The information from this and responses via questionnaires would be used, alongside other information, already collected from Council public engagement and consultation processes, to inform the plans.

The Board would receive regular updates on ITF progress.

RESOLVED that:

1. the information be received.
2. further reports be provided including the completed planning template prior to 14 February 2014.

## **7 Safeguarding Vulnerable Adults Committee - Annual Report**

Members received a paper that presented the Safeguarding Vulnerable Adults Committee's Annual report for 2012/13.

The report provided details of the Committee's activity as well as plans for 2013/14 and other information.

The Board noted the on-going work associated with the Teeswide Board arrangements.

The Board also noted that a peer review of adult safeguarding was planned for February 2014. Outcomes would be reported to a future meeting of the Board.

RESOLVED that the information be noted.

## **8 Telehealth - Next Steps**

Members were provided with a presentation on Telehealth.

The Board noted that Telehealth/Telemedicine technology was most beneficial in managing chronic conditions. Studies had suggested positive impacts for heart failure, diabetes reductions in Aand E attendances emergency admissions, bed days and costs.

The Board discussed the presentation and there was a general discussion:

- There was general agreement that any move to Telemedicine had to be significant and required a new approach, service redesign and strong collaboration. 'Buy in' by GPs and other health professionals would be a prerequisite of any implementation of Telemedicine.
- It was queried where liability for the use of the technology would lie. This was unclear and would be looked at.
- Before embarking on Telemedicine there was a need to get the basics right, such as improving the diagnosis of COPD and Dementia, increasing smoking cessation and the take up of flu vaccinations.
- Telemedicine could provide great benefits for Health and Wellbeing and could support re-ablement
- Members noted that there was a lack of data into how patients viewed telemedicine. There was also concerns about how the patient/ doctor relationship would be affected.
- There were potential opportunities within the ITF process.
- The population was aging and Telemedicine could help, as resources became scarce.
- Teesside University would be involved in work looking at issues associated with Telemedicine and it was suggested that the work should include a focus on patient experience.

RESOLVED that the presentation and discussion be noted

**9 Development Session - Adult Substance Abuse presentation**

It was agreed that this item be considered at the Board's next meeting.