

Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday, 12th February, 2014.

Present: Councillor Jim Beall (Chairman,

Cllr Ann McCoy, Alan Foster, Cllr Ken Lupton, Jane Humphreys, Dr Paul Williams, Barry Coppinger, Cllr Steve Walmsley, Peter Kelly, Karen Hawkins (Substitute for Ali Wilson), Liz Greer (substitute for Tony Beckwith)

Officers: Victoria Cooling, Emma Champley (PH), Margaret Waggott, Michael Henderson (LD)

Also in attendance: Philipa Waters

Apologies: Cllr David Harrington, Audrey Pickstock, Ali Wilson, Tony Beckwith

1 Declarations of Interest

Cllr Ken Lupton declared a personal/non prejudicial interest as he was a non executive Director serving on North Tees and Hartlepool NHS Trust Board.

2 Draft Minutes of the Health and Wellbeing Board - 23 January 2014

The minutes of the meeting held on 23 January 2014 were approved and signed by the Chairman.

3 Better Care Fund

Members were provided with a report that included information relating to the Better Care Fund. The report also included the draft planning templates for Stockton on Tees for approval and sign off.

The templates contained the detailed information relating to the Stockton BCF schemes, including the financial summary, the investment required to deliver the schemes and the outcomes and metrics against which the BCF plan would be measured. The Board considered and approved the templates and noted that they would be submitted to NHS Local Area Team and NHS England by 14 February 2014. Final plans and savings would be submitted by 4 April, following sign off by the Board at its meeting to be held on 26 March. Papers detailing governance, project management and risk sharing arrangements would be presented to the Board in April and a detailed implementation plan would be developed and agreed by June 2014.

The Board considered the report and the planning templates that formed the draft BCF plan, at length. The Board approved the draft Plan for submission.

During consideration of the plan a number of matters were discussed. This included 'Self Care' and it was suggested that a discussion paper on accessing the health system, including health checks, screening etc should be provided to a future Board meeting. It was noted that Healthwatch had a statutory duty to provide details of how the public could access health and care services and it was asked to lead on the production of this report.

The Board also made reference to:

- the importance of reducing hospital admissions via the plan
- the possibility of developing an advice phone line
- how the plans would build on existing good work
- the potential for introducing additional money in future years

Members noted that updates relating to Better Care Fund Assurance process had recently been issued and these would be circulated to the Board outside the meeting.

RESOLVED that:

1. the updated information and guidance relating to the Better Care Fund (BCF) be noted.
2. the draft BCF planning templates for Stockton-on-Tees, as detailed in the report, be signed off.
3. it be noted that final plans would be presented to the Board on 26th March 2014 prior to final submission on 4th April 2014.
4. the next steps in the implementation of BCF, as detailed in the report be approved.
5. the discussion paper relating to accessing the health system and described above be prepared for consideration at a future meeting.

4 Pharmaceutical Needs Assessment

The Board received a report that updated Members on statutory duties, responsibilities and actions regarding the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 SI 2013/349 and Pharmaceutical Needs Assessments (PNA).

It was explained that the Health and Wellbeing Board (HWB) had key duties and risks in relation to these Regulations, including the requirement that the HWB must publish its first PNA by 1 April 2015. Experience suggested that development and publication of the new PNA for Stockton on Tees would take a minimum of 12 months.

The Board noted other duties and responsibilities it had, connected to the PNA, including:

- undertaking a consultation on its first PNA for a minimum of 60 days.
- taking on responsibility for the latest PNA published by the former PCT (NHS Stockton on Tees).
- publishing a revised PNA if there were significant changes to pharmaceutical services in the area.

The Board noted that it had inherited the existing PNA from the PCT and the Tees Valley Public Health Shared Service (TVPHSS) would be developing an

action plan towards the development of the HWB's first PNA, in line with its statutory duties.

It was explained that the new PNA 2015 had to reflect the priorities and needs of the HWB. For economy of scale and efficient use of resources, TVPHSS would establish and lead a Joint PNA Project Steering Group that provided clear direction and project plans, specialist pharmaceutical and PH intelligence, and other clinical advice, resource and action towards development of the PNA. TVPHSS would facilitate suitable learning events as required throughout the development process.

The Board was advised that the Director of Public Health had identified an Officer Champion from within Stockton's Public Health team to work within the context of this shared resource and lead the PNA development process for Stockton on Tees to ensure suitable engagement with local teams, partners, processes and population from the start. This was vital to the successful production of a high quality and valuable PNA.

Members were informed that a draft PNA would be presented to the HWB for approval mid-late summer 2014 prior to formal 60-day consultation. A final draft of the PNA would then be presented to the Board in late 2014/early 2015 to ensure approval and readiness for final formal publication in March.

In the intervening time, the HWB (facilitated by TVPHSS) was still required to perform certain duties, such as

- respond, as appropriate, to any invitation from NHS England to submit representation consultation in respect of pharmacy applications.
- undertake the decision-making required in relation to the publishing of any associated Supplementary Statement.
- maintain and publish an up to date map as required
- respond, when consulted by a neighbouring Health and Wellbeing Board on a draft of their PNA; the Health and Wellbeing Board must consult with the Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC) for its area (unless the areas were served by the same LPC and/or LMC) and have regard for the representations from these committee(s) before making its own response to the consultation.

RESOLVED that:

1. the content of the report, including the outline plan and timetable towards publication of the first PNA of the Board, be acknowledged.
2. a Statement (or a link to a Statement) reporting this be made available on the Board's website as follows:

“Stockton on Tees Health and Wellbeing Board understands its statutory duties in relation to Pharmaceutical Needs Assessment and intends to publish its own first PNA within the required timeframe. The Board acknowledges that the PNA inherited from

the PCT was, according to the Regulations in place at the time, intended to 'expire' in Feb 2014. Notwithstanding any changes to pharmaceutical services and related NHS services that have taken place since first publication, and without prejudice to the assessment of need described in the existing PNA, the Board formally reports that the Pharmaceutical Needs Assessment of NHS Stockton (2011) is under review. The Board has commenced the process leading to publication of a revised assessment, its own first PNA; with a planned publication date in March 2015."

3. the TVPHSS continues to facilitate and advise on all issues related to the Regulations and the PNA on behalf of the Board.

4. agenda items related to consultation, review, maintenance (including Supplementary Statements) and future publication of the Stockton on Tees PNA be received as required at future Board meetings.

5 Commissioning Intentions Update 2014/15

The Board considered an update report relating to the Commissioning Intentions process that had been agreed by the Board, at its meeting in September.

It was explained that the intentions were presented, by partner organisations, according to the timescales fitting their internal processes. This meant a pragmatic approach was adopted, sharing commissioning intentions as each organisation was able to do so.

The process of sharing commissioning intentions was found to be very useful in ensuring a shared understanding of priorities and work areas; and in beginning to identify areas of synergy.

It was acknowledged that changes implemented through the Health and Social Care Act were significant for all partners, in particular the NHS and Public Health commissioning landscape had changed substantially and new organisations were embedding. This had presented challenges in implementing the agreed process. Despite this, relationships between individuals and organisations had ensured this had progressed to some extent.

It was acknowledged that each partner organisation had a different set of influences and timescales to manage. For example, the CCG was dependent upon the release of the NHS Operating Framework (which was published in December 2013) to shape their commissioning intentions and understand resources available. NHS England was also dependent on national advice around resource allocations.

Nevertheless, learning had been drawn from this year's process to ensure that partners would begin to draft and share commissioning intentions at a much earlier stage next year (even if they had to be, subsequently, revised).

Partnership working between organisations, through other forums was also continuing to develop. For example, Public Health attended the CCG Health and Wellbeing workstream and this forum would be used further next year to share partners' approaches for commissioning. Public Health would also attend

the other CCG workstreams from February 2014 to identify further potential areas of synergy.

Other external factors would also influence the commissioning intentions process and the potential for identifying joint commissioning opportunities – principally the Better Care Fund for adults' health and social care.

In addition, there was potential for better coordination of plans to spend any non-recurrent funds available across partner organisations. Processes to do this were being explored

The discussions on proposed commissioning intentions for 14/15 had highlighted several areas where joint working was underway and / or could be enhanced.

Examples include:

- The role of Children's Centres in forming the infrastructure to help deliver the multi-agency A Fairer Start project for early years.
- The contribution of (and synergy between) the Targeted Mental Health in Schools (TaMHS) and Child and Adolescent Mental Health Service (CAMHS) services to the mental health and wellbeing pathway for children and young people.
- The role of the school nursing service and other relevant services (commissioned by a range of partners) in fulfilling Healthy Child Pathway requirements.
- The need to ensure all Tiers of weight management provision (from prevention – Tier 1 - to surgery – Tier 4) were commissioned in a streamlined way.
- Intentions regarding alcohol.
- The falls service which was integrally linked to CCG commissioned services and social care as part of the Better Care Fund.

It was noted that there was the potential for partners to work together on the detailed planning of the commissioning intentions of each organisation (now that headlines had been shared); and in service development and commissioning in-year. Partners would also continue to discuss service reviews planned for 14/15, particularly where services formed part of a broader pathway.

RESOLVED that the update be noted.

6 Development Session - Alcohol Misuse

The Board received a presentation relating to Adult Alcohol Misuse and Young People's Substance Misuse.

The presentation was structured to provided information across the following areas:

- National and local drivers
- Local needs - demographics - prevalence
- investment
- treatment model
- challenges

During consideration of the information provided members noted that:

- the National Treatment Agency prevalence modelling suggested that there were 2470 dependant drinkers in Stockton, 26,300 individuals with increased risk drinking, 37,269 binge drinkers and 8,678 higher risk drinkers.
- Commissioned treatment service provision amounted to £885k.
- Recovery support was based on a hub and spoke approach.
- Public Health and the CCG worked together to ensure services were enhanced and not duplicated.
- alcohol was a major factor in Domestic Violence and other crimes.
- the Government may be reconsidering its decision relating to Minimum Unit Pricing.
- the challenges associated with alcohol misuse and Young People's Substance Misuse were picked up in a Multi Agency Action Plan.

It was suggested that Balance North East be asked to come to a future meeting of the Board to provide its perspective on alcohol misuse and what it was doing regionally, including its support for Minimum Unit Pricing.

RESOLVED that the presentation be noted and Balance North East be invited to a future meeting of the Board.

7 Forward Plan

The Board considered the draft Forward Plan.

RESOLVED that the Forward Plan be noted.

8 Chairman's Update

The Chairman provided updates and the Board noted that:

- an initiative providing support to Councillors to build their role in improving the health and wellbeing of their communities would be commencing at the end of the month.
- the Chairman would, shortly, be attending a Teeswide event involving Health

and Wellbeing Board leads and providing an in depth briefing on Alcohol and Tobacco.

RESOLVED that the update be noted.