

Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday, 23rd July, 2014.

Present: Cllr Jim Beall (Chairman), Cllr Mrs Ann McCoy, Ben Clark (Substitute for Audrey Pickstock), Tony Beckwith, Peter Kelly, Ali Wilson

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

Also in attendance: Boleslaw Posmyk (CCG)

Apologies: Barry Coppinger, Alan Foster, Cllr David Harrington, Cllr Ken Lupton, Cllr Steve Walmsley, Jane Humphreys, Audrey Pickstock, Paul Williams

1 **Declarations of Interest**

There were no declarations of interest.

2 **Minutes of the Board meeting held on 25 June 2014**

The minutes of the Board's meeting held on 25 June 2014 were confirmed as a correct record and were signed by the Chair.

3 **Commissioning Group Minutes**

CYP - 16 May 2014
Adults 27 May 2014

The minutes of the following were provided to the Board.

Children and Young People's Health and Wellbeing Commissioning Group held on 16 May 2014

Adults' Health and Wellbeing Commissioning Group held on 27 May 2014.

During consideration of the minutes the Board was provided with a brief update on placement arrangements related to the requirements of the Winterbourne View report.

The Board also discussed the Childhood Immunisations programme and discussion widened to vaccination programmes for other parts of the population and, in particular, over 65s, other vulnerable groups and those who come into contact with those groups. The Board heard of initiatives to incentivise GP practises to increase take up of vaccinations.

It was agreed that the promotion of opportunities to take up vaccinations on offer was important and it was suggested that an article in Stockton News may help with this.

RESOLVED that the minutes and discussion be noted and consideration be given to an article on immunisation be included in a future edition of Stockton News.

4 **Better Care Fund**

Members received a report that provided an update on the recent announcements in relation to the Better Care Fund (BCF) and the possible impact on Stockton's Plan.

The Board noted the key changes announced by the Department of Health and the Department for Communities & Local Government, which included:-

- a system of payment for performance and risk sharing
- a requirement to submit revised plans by the end of the summer which would need to include additional financial data.
- Plans would be reviewed by a national BCF Programme Team.

An initial analysis of impact on the Stockton BCF plan had been undertaken based upon the information received to date:

- The amount of funding to be held back in the Stockton BCF performance pot, dependent on the achievement of the target reduction in emergency admissions, would be between £1.4m and £3.9m.

- 3.5% of Stockton's emergency admissions equated to approximately £1.4m

- Stockton's share of £1bn from the performance pot equated to £3.9m

- The Stockton BCF plan set an ambition of a 6.3% reduction in emergency admissions with expected savings of £2.55m

- Work was underway to determine which parts of the plan would be affected by the described funding changes and determine the overall impact on delivery of the outcomes.

The Board was provided with an update on Stockton's implementation of the BCF.

The Board discussed the changes and it was suggested that they were a reaction to anticipated problems in other parts of the country. It was agreed that the preparation of the plan in Stockton had been robust and had the commitment of all partners. There was a degree of confidence that the schemes would deliver and the existing plans would not need major changes.

The Chairman advised members that he had initiated a letter from ANEC Health and Wellbeing Board Chairs Forum, to the Secretary of State, outlining concerns about the latest changes.

RESOLVED that the proposed changes to the Better Care Fund, the initial analysis of impact and the implementation update be noted.

5 Securing Quality in Health Services - Feasibility Analysis Report

Members were provided with a report and a presentation, delivered by Boleslaw Posmyk of the NHS Hartlepool and Stockton on Tees Clinical Commissioning

Group, that provided the findings from the feasibility analysis undertaken following the completion of Stage 1 of the Acute Services Quality Legacy Project (now known as Securing Quality in Health Services (SeQUiS)).

The feasibility analysis report described which clinical quality standards would be met by 2015 and those that could not be met and set out 7 key themes, or areas, which all the trusts were failing to meet and would struggle to achieve, without a change of approach, either in funding, or collaborative working, or changing the pattern of services across providers.

Having identified the clinical quality standards required during stage 1 of the project, there was a need to assess the implications and feasibility of implementing the standards.

This had entailed:

- Reconfirming the commitment of the County Durham and Darlington NHS FT, North Tees and Hartlepool NHS FT and South Tees Hospitals NHS FT, to delivering the standards across five clinical areas:

Acute Paediatrics, Maternity and Neonatology (APMN)

Acute medicine

Acute surgery

Intensive care

End of Life.

- For each of the clinical quality standards, carrying out an independent assessment at each hospital site of the timetable and implications of implementing the standard, including:

- Identifying those standards met since the last assessment in 2013
- Reviewing the financial and workforce implications of implementation
- Evaluating the achievability of planned milestones and critically assessing the risks, aiming for implementation by 2015

Whilst the feasibility report reflected the commitment to and progress made in achieving the clinical standards, it also highlighted significant challenges encountered in achieving full compliance and a sustainable health economy given workforce and resource constraints.

The ambition was to secure high quality care for the population of Durham, Darlington and Tees.

It was explained that the current levels of adoption of the clinical standards (and the risk of deterioration in compliance with these standards, as financial pressures increased in the system) meant that doing nothing was not an option, especially given the rigorous quality requirements of current national policy.

It was noted that CCGs needed to consider options for the future pattern of service delivery to meet the clinical standards within a more financially

sustainable model.

The Board discussed the project and a number of points were raised, including:-

- the next phase would need to provide a clear explanation to the public of what the issues were and why it may be clinically beneficial to site some services exclusively at certain hospitals to allow standards to be improved.

- there were no preconceptions about any future service pattern and there were many possible permutations.

- the 2015 elections were a factor that would need to be considered in terms of the progression of the project.

- the sometimes competing considerations of patient safety, access and affordability

- research with the public would need to include a wide range of groups and those views would need to be taken account of. At the end of the process pragmatic decisions would need to be taken

- reference was made to the shift of acute medical and critical care beds from Hartlepool to North Tees Hospital. There had been concerns about this, however, indications were that this had been a smooth transfer and was providing benefit.

- it was suggested that there should be a pilot where the ideas/options could be tested on a focus group and perhaps some members from local authorities could be involved. There was strong support for this suggestion.

RESOLVED that the report and discussion be noted.

6 Development Session - Self Harm

RESOLVED that this Development Session be deferred to the next meeting.

7 Health Profiles 2014

Members received a report that provided an overview of the main issues highlighted through the Health Profile 2014 for Stockton on Tees Borough, with some comparison to other Tees Local Authority areas.

Of considerable concern to the Board was the gap in life expectancy at birth for all Tees areas. This was worse than the England average for both males and females. Compared to its Tees neighbours, Stockton had the second highest life expectancy for males (after Redcar & Cleveland) and the highest for females. However, the life expectancy gap (between the most deprived and least deprived decile) had increased in Stockton, compared to 2009-11: the gap was now 16yrs for men and 11.4yrs for women. Members noted graphs showing the life expectancy for males and females, highlighting the gradient across deciles. It was explained that if there were no inequality, due to deprivation, the line would be horizontal. Particularly for men, the life

expectancy for the most deprived decile was especially low, compared to the others. This increased the gradient of the line significantly. This highlighted the importance of providing services across the population, but with increased intensity and targeting for those in the most deprived deciles (and with other vulnerabilities).

It was suggested that the data provided should be considered together with the Public Health Outcomes Framework and the JSNA to inform the overall strategic priorities formulated by the Board; and the priorities for children and young people and for adults formulated by the new Children and Young People's Partnership and the Adults' Health and Wellbeing Partnership respectively.

RESOLVED that:

1. the Health Profiles overview be noted.
2. the data be used to inform the overall strategic priorities formulated by the Board; and the priorities for children and young people and for adults formulated by the new Children and Young People's Partnership and the Adults' Health and Wellbeing Partnership respectively.

8 Early Help Strategy

Members were provided with the final draft of the Early Help Strategy for consideration and approval of the Board.

The Strategy sets out how the Council aimed to achieve its ambition for Early Help services, with partners. The ambition was to ensure that high quality, accessible and evidence-based early help services were in place and targeted to the children and families who need them most.

It was noted that the Council and its partners undertook various existing Early Help services and strategic coordination of these was needed. A recommendation from the recent Ofsted inspection also highlighted the need for an Early Help Strategy for Stockton Borough.

An initial version of the Strategy was presented to the Health and Wellbeing Board in September 2013 and was primarily focused on children who were at risk of entering the children's social care system.

Further work had been undertaken to broaden the focus of the Strategy to include prevention and early help for all children who needed it, through both universal and targeted services. It gave an overview of the work underway and set out priorities for the future, together with a multi-agency implementation plan.

It was proposed that an Early Help implementation group be established to ensure delivery against the implementation; this group could sit under the new Children and Young People's Partnership (CYPP). Multi-agency capacity would need to be dedicated to supporting this work.

During consideration the Chair highlighted the work that had been undertaken,

by a range of officers, in developing the strategy. He requested that the thanks of the Board be forwarded to those officers.

RESOLVED that:

1. the Early Help Strategy presented to the Board be approved.
2. an Early Help implementation group, sitting under the Children and Young People's Partnership be established, with updates being provided to the Board on a 6 monthly basis.

9 Forward Plan

Members considered the Forward Plan and agreed a number of amendments.

RESOLVED that the Forward plan be approved subject to the amendments identified being made.

10 Chairman's Update

The Board noted correspondence the Chair had received relating to

- the Prime Minister's Dementia Challenge.
- a funding opportunity to assist carers. Sanctuary had been asked to work with the Council to put forward a proposal.
- an application, signed by the Chair, for funding for IT, linked to the Better Care Fund and supporting the sharing of information.

RESOLVED that the update be noted.