

Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday, 29th October, 2014.

Present: Cllr Jim Beall(Chairman), Cllr Mrs Ann McCoy(Vice-Chairman), Cllr Ken Lupton, Ben Clark (Substitute for Audrey Pickstock), David Brown (Substitute for Martin Barkley),Cllr Tracey Stott, Cllr Steve Walmsley, Tony Beckwith, Peter Kelly, Alan Foster, Paul Williams, Ali Wilson

Officers: Sarah Bowman, Emma Champley, Jo Heaney (Public Health), Margaret Waggott, Michael Henderson, Peter Mennear (LD); Liz Hanley (CESC)

Also in attendance:

Apologies: Cllr David Harrington, Steve Rose, Jane Humphreys, Martin Barkley, Barry Coppinger and Audrey Pickstock

HWB 62/14 **Declarations of Interest**

Councillor Ann McCoy declared a personal/non prejudicial interest in item 6, Development Session - Mental Health, as she was a member of the Council of Governors for Tees, Esk and Wear Valleys NHS Foundation Trust.

Paul Williams declared a personal/non prejudicial interest in item 8, Primary Care Services commissioned in support of the Better Care Fund, as he was involved in the provision of primary care.

HWB 63/14 **Minutes of the Board meetings held on 25 September 2014.**

The minutes of the meeting held on 25 September 2014 were confirmed and signed by the Chairman.

HWB 64/14 **Minutes of Joint Commissioning Groups**

Children and Young People - 18 July 2014
Adults - 4 September 2014

The minutes of the Children and Young People Joint Commissioning Group and Adults Joint Commissioning Group were noted.

HWB 65/14 **Minutes of Partnerships**

Adults - 4 September 2014
Children and Young People - 24 September

The minutes of the Children and Young People's Partnership and Adults' Health and Wellbeing Partnership were noted.

HWB 66/14 **Development Session - Mental Health**

Members received a presentation on Public Mental Health that mainly dealt with its prevalence and highlighted points for consideration. A session dealing with other elements of Mental Health, including prevention services,would be provided at the Board's next meeting.

The presentation covered:

- Responsibilities - Public Health England's and the Council's
- Prevalence in Children and Young People including national figures and local figures
- Service Data - CAMHS and TAMHS
- Prevalence in Adults including projections of future prevalence.
- The Mental Capacity Act and a recent Supreme Court Judgement.

A number of issues were highlighted, including:-

- at least one in four people would experience a mental health problem at some point in their lifetime.
- one in ten children aged between 5 and 16 yrs, had a mental health problem.
- Mental Health conditions were strongly associated with socioeconomic deprivation
- the estimated economic cost of mental health problems was £105bn a year.
- there was a high level of psychiatric illness within the borough of Stockton
- there was a high level of social exclusion
- there were limited opportunities for people with mental health conditions, so there were reduced social mobility and limiting life chances for those people.

The Board was reminded that it had previously considered a number of presentations and reports that touched on mental health issues including causes and consequences.

Discussion, following the presentation, could be summarised as follows:

- issues associated with mental health were many and complex
- there was a lack of available data and this would be flagged as part of the Health Needs Assessment. It was suggested that there may be a means of getting useful information from organisations in the Borough and this was something that the Children's Partnership could look at.
- mental health problems may not be directly linked to poverty, in itself, but were a symptom of relative poverty within the area.
- many of the causes of poor mental health could not be influenced by the Board. The Board needed to identify what it could work on locally - prevention was the focus.
- work was underway with the Citizens' Advice Bureau to help people with Mental Health problems connected to benefit reforms
- two thirds of schools had, so far, bought into the TAMHS service.
- initiatives in the work-place were being developed.
- Deprivation of Liberty test was having a significant effect on budgets and staffing capacity.

It was noted that the next development session may help the Board to consider where any gaps existed.

RESOLVED that the presentation and discussion be noted/actioned where appropriate.

HWB 67/14 Funding Transfer from NHS England to Social Care 2014/15:Stockton on Tees

Members considered a report relating to the NHS funding Transfer for 2014/15. It was explained that the total value of the fund to Stockton on Tees Borough Council was £3,874,010. The allocation included the integration payment relating to the BCF, with the remaining main allocation in line with the 2013/14 allocation

Members were provided with an appendix that detailed the plan for the use of the funding for 2014/15. The plan included investment in the following:

- Community Bridge Building Project
- Reablement
- Supporting existing services
- Development and review of services

It was explained that the plan had been jointly agreed between Stockton on Tees Borough Council and Hartlepool & Stockton on Tees CCG. A draft s256 agreement had been drawn up that set out the legal basis for the transfer and the monitoring arrangement that would be established.

RESOLVED that the plan for use of the social care funding, as detailed in Appendix 1, which was in line with the 2013/14 plan, be approved.

HWB 68/14 Primary Care Services commissioned in support of the Better Care Fund

Members were provided with a report that presented services that NHS Hartlepool and Stockton - on - Tees Clinical Commissioning Group (CCG) had commissioned to support delivery of the Better Care Fund (BCF) plans and performance measures, whilst also improving patient experience and health outcomes.

It was explained that the CCG had jointly, with the Council, commissioned services from the Voluntary and Community Sector relating to:

- Healthy Weight activities.
- decreasing smoking.
- awareness of low level anxiety and depression.
- early identification of dementia.
- reducing social isolation.
- targeted intervention for those at highest risk of hospital admission.

Within Primary Care the following schemes were highlighted as contributing to the delivery of BCF:

- longer GP appointments to patients over 75 years of age and patients with complex needs.

- proactive management of patients in care homes.
- proactive care for patients with mental health conditions.
- Quality Improvement for practices.
- Community Based Services, including the emergency eye care scheme
- Unplanned Admissions - Direct Enhanced Service - this required practices to, amongst other things, identify 2% of patients with complex needs and provide personal care plans for them.
- Operational Resilience and capacity plan initiatives.

In addition to the schemes identified above the CCG was developing a strategy to deliver quality improvements in primary care. Reference was also made to the Frail Elderly Project Group, which would design and implement a new Frail Elderly Pathway and creation of a Frailty Register.

The Board discussed the initiatives being taken forward to support BCF plans.

Reference was made to winter resilience and it was explained that, within primary care, extra GP sessions and clinics may be provided to help with any additional demand. This was currently the subject of consultation with practices.

It was noted that the improving quality in primary care strategy would be shared with the Board as it was developed.

During discussion of the Frail Elderly Register it was explained that once established, patients, on the register, would receive enhanced services to take account of their needs e.g. occupational therapy and physiotherapy.

Members heard that it was estimated, through modelling, that 2000 people in the Borough suffered from dementia. It was explained that 1400 patients had been diagnosed and it was hoped that this number would be increased.

Concerns were raised about operational capacity pressures being experienced by neighbouring hospitals and the effect that the provision of mutual aid could have on North Tees Hospital and Borough residents in such situations. This was particular concern going into winter months when pressure on systems traditionally increased. Reference was made to resilience funding and a disparity of funding between areas and the need for all trusts' resilience plans to be robust. Discussions about capacity would be held between local trusts and there was also dialogue between relevant CCGs. NHS England provided support, including development of resilience plans.

Discussion continued on the schemes detailed in the report and it was explained that most were one-off, non-recurrent resources, over and above BCF funding. The schemes focused on achieving the reduction in emergency admissions, and they would be evaluated to gauge impact and value for money.

The Board noted that GPs would be delivering more proactive work and it was hoped that this would reduce the demand on urgent care. Plans to expand practices' capacity were being taken forward and included discussions with doctors, currently, working part time, who might wish to extend their hours.

RESOLVED that the report and discussion be noted.

**HWB
69/14**

Momentum: Pathways to Healthcare Programme

The Board received a report that provided an update on the progress of Momentum: Pathways to Healthcare Programme.

The Board noted the Momentum Programme Structure, governance arrangements and the three projects it was comprised of:

- service transformation
- primary and community estate
- Hospital Capital planning

It was explained that Phase 1 of service transformation had been successfully implemented and had seen the centralisation of critical care, acute medical, complex surgical and associated support services to the University Hospital of North Tees and the establishment of the Holdforth unit at the University Hospital of Hartlepool. Planning for service transformation 2 was underway and would encompass integrated pathway development spanning hospital, community and integration with primary and social care. These initiatives were integral to the planning for the implementation of BCF.

The report provided an update on the new hospital programme but it was noted that this now needed revising. Following a meeting with the Department of Health, Monitor, the CCG and NHS England the Trust's Board had been looking to move the new build forward via PF2 as all requirements were in place. However, the Treasury had blocked any further progress and was asking for a further financial review. Given the time it would take for a review there was little chance of a decision being taken before the General Election in May 2015. In view of this the Trust's Board felt it better to pause the programme and avoid any unnecessary work. The Trust would still put pressure on the Department of Health, as it was felt that there was already more than enough information to make a decision.

The Board noted that new build was considered to be the best option for the Trust, as its proposed location would provide better access for the whole population. Also, maintenance considerations on the existing site were becoming more and more of an issue. If the new build did not go ahead there would need to be a significant investment in the current hospital and the many benefits of a new build could not be replicated. Members voiced concerns about the current situation and how it might impact on other things, such as a community based facility in Stockton. It was noted that the underlying Strategy was still to develop services in the community and the location and accessibility of those services needed to meet the needs of residents of the Borough.

It was suggested that the pause in taking the programme forward, announced by the Trust would assist in allowing capacity to be used to sort out pressures in systems and implement the schemes supporting BCF.

RESOLVED that the report and discussion be noted.

**HWB
70/14**

Performance Update - October 2014

Members received a report that provided a performance update regarding key indicators from the performance monitoring framework for the Joint Health and Wellbeing Strategy delivery plan, at October 2014.

The Board was reminded that following its Away Day in February 2014, the structures underpinning the Board had been revised, generating the new Partnerships and Joint Commissioning Groups. The performance monitoring systems of the Partnerships would need to flow from and closely reflect the performance monitoring system for the JHWS, in order to monitor how the Partnerships were delivering on the JHWS. It was proposed that this performance update report was circulated to both Partnerships to inform their plans in addressing the issues highlighted in this report.

Recent data, together with the Due North report (Report of the Inquiry on Health Equity for the North, September 2014), had further highlighted the need to focus on and reduce inequalities. Stockton Borough was now the Local Authority area with the greatest inequality in life expectancy, nationally. A paper to this meeting outlined the proposed approach for addressing inequalities. This approach would require baseline data and progress monitoring on universal service provision and also on targeted activity for the most deprived decile. The Public Health Outcomes Framework would be used as the basis for this, with a small number of additional indicators where needed. The new plan to support JHWS delivery would be ready for implementation at the beginning of 2015/16. The report presented to the Board at this meeting was a summary of most recently available local performance data for key indicators under the 'current' performance monitoring system.

The local performance summary was provided together with some national benchmarking data from the Public Health Outcomes Framework. The Board was asked to consider how and where issues of good and poor performance were followed up across Board members organisations and then updates fed back to the Board.

The Board commented on the very user friendly format of the data provided.

Members were encouraged to contact Sarah Bowman should they have any queries about the data.

REOLVED that the update and example data be noted and the performance update be circulated to the Adults' Health and Wellbeing Partnership and the Children and Young People's Partnership to inform their plans in addressing the issues highlighted.

**HWB
71/14**

Implementing the Joint Health and Wellbeing Strategy 2012 - 2018

Members received a report that proposed an approach to implementing the Joint Health and Wellbeing Strategy to focus on reducing inequality, as a means of ensuring that delivery of the Strategy remained current and moved forward, as the context and systems surrounding the Strategy evolved.

The Board noted that it had been proposed that the new plan to support JHWS delivery would be ready for implementation at the beginning of 2015/16 and

would support discussions on prioritisation.

A delivery plan for the Strategy has evolved over the last 12 months, mapping current strategies and plans in place to deliver on the Strategy and highlight gaps. An associated performance management framework had also evolved, based on the Public Health Outcomes Framework and relevant indicators from the Social Care Outcomes Framework and NHS Outcomes Framework.

A proposed approach to reducing inequality was outlined and it included the Board in the implementation of proportionate universalism by constructing its work programme based on the six Marmot policy areas and illustrating both universal and targeted provision across these. It would be particularly important to outline how partners were targeting interventions for the population in the most deprived decile. The performance management framework would support this by setting out baseline data wherever possible for each theme, according to decile. The impact of targeted and universal activity would be tracked.

There was support for proportionate universalism and for incentivising providers to make contact with communities that needed services the most. There was evidence that making certain cohorts of people more valuable facilitated a more proactive approach to engagement. The Council's Public Health service and the CCG had applied this principle in some of their commissioning and it was suggested that it could be used in other areas.

RESOLVED that the approach, as detailed in the report be approved and it be noted that this fits with the Council's policy principle to support the most vulnerable.

**HWB
72/14** **Forward Plan**

Members were provided with the Forward Plan and were encouraged to identify issues that should be included in it.

During discussion it was agreed that the following be added to the plan:

- NHS England Five Year Forward View - next meeting.
- Development Session - Public Health England - possibly December meeting.

Members noted that, with regard to Co-commissioning, the CCG was awaiting guidance from NHS England and following receipt of this the Board would receive an update.

RESOLVED that the plan and amendments be approved.

**HWB
73/14** **Chair's Update**

The Chair drew the Board's attention to the following:

- correspondence he had exchanged with Simon Stevens, Chief Executive of NHS England. The Chair had received a holding response to a letter he had sent relating to the Board's concerns relating to proposed changes to NHS England Structures.

- a Health Summit due to be held the day following this meeting.
- an update on the Stockton Health Centre, Hardwick which had a 'walk-in' service operating in it. NHS England had proposed the following way forward:
 - to look to extend the current contract of the practice until 31 March 2016
 - work with the CCG and the Council to jointly undertake further work on patients needs and interdependencies between the registered and walk in elements of the service at the practice.
 - jointly develop a set of proposals for a sustainable solution for a service for these patients, re-consulting on these proposals, if necessary.
- a letter from Jeremy Hunt, Secretary of State for Health, urging Health and Wellbeing Boards to engage with mayor providers including having them as full members on the Board. It was pointed out that Stockton already did this.
- information from ANEC's Regional Health and Wellbeing Boards Chairs' Network relating to Teenage Pregnancies. This would be forwarded to the Children and Young People's Partnership.
- a proposal that the North East Joint Health Scrutiny Committee would undertake a review of North East Ambulance Service. This was likely to pick up patient transport issues and response times.

RESOLVED that the update be noted.