

Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Tuesday, 24th February, 2015.

Present: Cllr Jim Beall(Chairman), Cllr Ken Lupton, Steve Rose, Tony Beckwith, Jane Humphreys, Peter Kelly, Alan Foster and Ali Wilson

Officers: Sarah Bowman-Abouna, Margaret Waggott, Michael Henderson, Emma Champley and Mark McGivern

Also in attendance:

Apologies: Cllr Mrs Ann McCoy, Cllr David Harrington, Cllr Steve Walmsley, Martin Barkley, Paul Williams, Cllr Tracey Stott, Barry Coppinger and Audrey Pickstock

HWB Declarations of Interest

95/14

There were no declarations of interest.

HWB Minutes of the Board Meeting held on 29 January 2015

96/14

The minutes of the meeting held on 29 January 2015 were agreed as a correct record and were signed by the Chairman.

HWB Minutes of Commissioning Groups

97/14

Children and Young People's - 16 October 2015
Children and Young People's - 19 January 2015
Adults - 20 January 2015

The minutes of the above meetings were noted.

HWB Minutes of Partnerships

98/14

The minutes of the Adults Health and Wellbeing Partnership held on 6 January 2015 and the Children and Young People's Partnership held on 26 January 2015 were noted.

The Chairs of the Partnerships provided a brief overview of areas considered at the above meetings, including:

Adults

- tobacco and alcohol action plans – discussion had identified some work that Stockton Riverside College and Durham University would undertake to try and understand some of the motivations and attitudes of young people relating to smoking.

- arrangements for an event, at which, partners, serving on the Adults Health and Wellbeing Partnership, could provide an overview of how they were contributing to achieving priorities.

Children and Young People

- an analysis of activity and performance in terms of services for children and young people who were looked after by the Council, including discussions around pressures and actions to support improvement.

- feedback from looked after children, who had attended a meeting of the Partnership, which had been excellent, and had generated a number of actions, including one around transitions and arrangements relating to looked after children wishing to access what the college offered.

**HWB
99/14** **Pharmaceutical Needs Assessment**

Members considered a report that summarised responses received to formal consultation on the draft Pharmaceutical Needs Assessment (PNA) for Stockton Borough, and presented the final draft to the Board for consideration and approval.

Members noted that a key issue coming from the consultation was that patients and health professionals were not always aware of the full range of services available in community pharmacies. Raising awareness would be picked up by Tees Valley Public Health Shared Services.

The Board noted that there were no gaps in service that couldn't be addressed through existing contractors and commissioned services. This included Port Clarence which had a geographically isolated population. However, it was considered that needs were met by existing provision. There was therefore no current need for any new providers of pharmacy services in the Borough.

It was noted that there was substantial endorsement by patients and stakeholders of the potential value of a Pharmacy First service but there was not currently a commissioned service. A pilot seasonal ailments service, which was an example of a 'Pharmacy First' type services was currently operating for 3 months to 31st March 2015 and was commissioned by the CCG. This scheme would be evaluated in due course. There was some discussion on whether such a service came within the statutory remit of the PNA. This point needed to be clarified, but it was agreed that it was useful to keep the reference to the service in the document.

Members noted that the document had been future proofed in terms of projected housing developments.

During discussion reference was made to large operators who delivered drugs to people's homes. It was suggested that this could have an effect on smaller pharmacies and some of the services anchored in them.

RESOLVED that the discussion be noted and the Stockton Pharmaceutical Needs Assessment 2015 be approved.

**HWB
100/14** **Primary Care Co-commissioning**

Members received a report that provided an update on primary care co-commissioning.

It was explained that NHS England had chosen a standardised approach across

the country to implement co commissioning of primary care. This presented the CCG with three proposed models of co commissioning.

Model 1 - Greater Involvement

Model 2 - Joint Commissioning

Model 3 - Delegated Arrangements

Members noted the models and the associated opportunities and risks that each presented.

It was explained that that the CCG Council of Members had determined that it wished to progress with model 2 - Joint Commissioning during 15/16. The Council of Members did not want to opt for full delegated arrangements as it was not possible to have certainty around budgets at this time. It was anticipated that NHS England would look for full delegation after the first year.

It was explained that CCGs could create joint committees with each other and with NHS England. It was for the NHS England Area Teams and CCGs to agree full membership of their joint committees. It was noted that a local Healthwatch representative and a local authority representative from the Health and Wellbeing Board would have the right to join the joint committee as non-voting attendees. There was a suggestion that these positions should have voting rights on a par with the rest of the Committee. In regard to these specific positions the Board asked for:

- clarification of whether those appointed would be acting as attendees, or observers, as they were described in both of these ways, in different parts of the governance documents.
- clarification on whether there was any discretion around the voting rights of those appointed. Did guidance recommend/suggest their status on the committee or was it mandatory/directed.
- an indication of what the time commitments might be for those appointed.

Discussion continued and touched on:

- an observation that the new arrangements were similar to the former Family Health Services Authority.
- conflicts of interest and capacity issues

RESOLVED that the update be noted and responses to the specific questions, relating to membership of the Joint Committee be provided to the Chairman.

HWB 101/14 Clinical Commissioning Group Operational Plans 2015/2016

Members received a report that presented an overview of planning guidance entitled 'The Forward View into Action: Planning for 2015/16', which built upon the vision set out in the 'NHS Five Year Forward View'. It was noted that the CCG had to undertake a refresh of the operational plan for 2015/16 and the report covered issues associated with that.

Members considered the key focus points of the Forward View into Action planning guidance and particular discussion took place on prevention and reducing local health and health care inequalities. It was suggested that further discussion on this should take place at a future meeting of the Board.

It was explained that for the refresh of the operational plans templates had been issued to complete in relation to activity, finance and planning outcomes.

In addition to these templates, the CCG was also required to submit, as part of the NHS England North East and Cumbria sub-regional team (formerly known as the NHS England Durham, Darlington and Tees Area Team) assurance process:

- a narrative
- a revised plan on a page
- a self-assessment of operational plan risk

The sub-regional team's approach to plan assurance was both to seek to add value to commissioner's plans, as a critical friend, and to provide assurance to NHS England that plans were credible, deliverable and met the NHS Constitution, supported by agreed contracts with providers.

Members noted the timetable for submission of plans.

Due to the tight timescales and current unavailability of key elements of the national plan template (e.g. the quality premium ambition part of the UNIFY template had not yet been released) the CCG was not in a position to share draft submissions.

Once the quality premium measures were released nationally, CCGs would be required to work in partnership with local government partners, where necessary, to review and set quantifiable levels of ambition.

Given the national timescales the CCG had to follow, to submit plans, it was suggested that the Board provide the Adult's Health and Wellbeing Joint Commissioning Group and Children and Young People's Health and Wellbeing Joint Commissioning Group with delegated authority to work with the CCG to set quantifiable levels of ambition where relevant. It was suggested that the Adults' Health and Wellbeing Partnership and Children and Young People's Partnership may be able to provide input into this process too, if timescales permitted.

RESOLVED that :

1. the report be noted.
2. the Adults Health and Wellbeing Commissioning Group and Children and Young People's Health and Wellbeing Commissioning Group be given delegated authority to work with the CCG to set quantifiable levels of ambition where relevant.
3. the Board be kept apprised of the developments and progress of all plans.

4. the Board receive a report, to a future meeting, on prevention and reducing local health and health care inequalities

**HWB
102/14** **Health and Wellbeing Board - Development**

Members received a report that provided suggestions to strengthen the overall Health and Wellbeing system across the themes of Governance, Risk and Assurance of Outcomes, Information and Intelligence.

Members supported the suggestions.

RESOLVED that:

1. the Chairs of the Children and Young People's Partnership and the Adults Health and Wellbeing Partnership provide a short covering report to accompany the presentation of minutes of those meetings.
2. the Board receive recommendations / outcomes from Select Committee reports to inform the work of the Board, following approval by Cabinet.
3. the Board engage with the Chairs and Vice Chairs of the Adult Services and Health Select Committee and Children and Young People Select Committee to compliment work in this area.
4. the overall performance of the Council's Health and Wellbeing system and activity be reviewed by the Board on an annual basis to inform the annual planning process.

**HWB
103/14** **Forward Plan**

Members considered the Forward Plan and agreed that a report be presented to the March meeting around arrangements for the CQC's inspection of North Tees and Hartlepool NHS Foundation Trust, in July, with a report on outcomes being provided following the inspection.

RESOLVED that the Forward Plan be amended, as detailed above.

**HWB
104/14** **Chairman's Update**

The Chairman provided an update, in which he highlighted:

1. a joint letter he had received from the Department of Health and NHS England, which provided an update on a number of developments relating to out of hospital care. The letter expressed a wish to see a significant reduction in medically fit patients unable to leave hospital and, in particular, in Delayed Transfer of Care.

The letter referred to :

- a temporary National Helping People Home Team to help drive and co ordinate action around out of hospital care.

- additional funding for social care
- capacity mapping and identifying what capacity was available within the residential, home care and voluntary sectors.
- applying best practice, including some examples.

2. an e mail detailing drop in clinics and interactive workshops regarding the implementation of the Better Care Fund.

3. a joint letter from the Association of Directors of Adult Social Care Services, Department of Health, Local Government Association and NHS England relating to a review on progress against the programme of work established in response to Winterbourne View. The letter also referred to a document, Transforming Care: Next Steps, which set out the plans for the next stage of work in this area.

RESOLVED that the update be noted.