

Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Thursday, 29th January, 2015.

Present: Cllr Mrs Ann McCoy (Chairman), Steve Rose, Cllr Tracey Stott, Tony Beckwith, Jane Humphreys, Peter Kelly, David Brown (substitute for Martin Barkley), Ben Clark (substitute for Audrey Pickstock) and Paul Williams

Officers: Margaret Waggott, Michael Henderson (SBC - LD), Sarah Bowman- Abouna (PH)

Also in attendance:

Apologies: Cllr Jim Beall, Barry Coppinger, Cllr David Harrington, Cllr Steve Walmsley, Martin Barkley, Alan Foster, Cllr Ken Lupton, Audrey Pickstock, Ali Wilson

1 Declarations of Interest

There were no declarations of interest.

2 Draft Minutes of the Board meeting held on 20 November 2014

The minutes of the meeting held on 20th November 2014 were agreed as a correct record and were signed by the Chairman.

3 Minutes of Partnerships

The minutes of the Adults' Health and Wellbeing Partnership held on 10 November 2014 and the Children and Young People's Partnership held on 19 November 2014 were noted.

4 Minutes of Joint Commissioning Groups

The minutes of the Adults Health and Wellbeing Commissioning Group held on 25 November 2014 and 18 December 2014 were noted.

5 Adult Safeguarding - Annual Report

Members considered a report that presented the Annual Report of the Tees-wide Safeguarding Adults Board (TSAB)

It was explained that a Tees-wide Safeguarding Adults Board was in place, with an Independent Chair, Ann Baxter. The Board would be the Statutory Safeguarding Adults Board in line with the Care Act 2014, from April 2015. Local Executive Groups: Safeguarding Adults were in place in each Local Authority area. A number of Sub Groups had been established to look at particular issues and these were chaired by members of the Board.

It was explained that, for future meetings, the Independent Chair would present the Annual Report. She had also offered to provide a 6 monthly update on TSAB activity.

A Tees-wide Safeguarding Adults Board Business Unit was currently being recruited, which would support the TSAB and would be jointly funded by the four

Local Authorities, the NHS and Police.

Members were provided with information about the partner agencies and safeguarding activity. Activity information was also included in relation to the Mental Capacity Act Deprivation of Liberty Safeguards (DOLS).

The TEWV representative indicated that, since the DOLS ruling there had been national increases in people sectioned, or detained under the Mental Health Act.

RESOLVED that:

1. the Annual Report be noted.
2. the Board receive future Annual Reports and 6 monthly updates, to be delivered by the Independent Chair, if available.

6 Director of Public Health's Annual Report 2013/14: Addressing Inequalities in Stockton Borough

Members considered a report that presented the Director of Public Health's Annual Report 2013/14.

It was explained that, as part of his responsibilities under the Health and Social Care Act 2012, the Director of Public Health was required to produce an independent report on the health of the local population.

The report provided a strategic overview, setting out the key issues in improving and protecting the health and wellbeing of the population and reducing inequalities. It identified examples of key work and priorities for action. The report was supported by other strategies and more detailed plans e.g. the Health Protection Plan.

The report included issues relating to:

- Addressing inequalities in Stockton Borough.
- Creating population impact.
- Examples of addressing inequalities in 2013/14, including service reviews and providing specialist Public Health advice and support.
- Protecting the health of the population.

Members considered the report and supported its focus on addressing inequalities and the use of proportionate universalism

It was noted that the Council and the Clinical Commissioning Group (CCG) had, for some services, incentivised providers to focus in areas of greatest need. It was hoped that this approach could be built on and used for other services.

The Director emphasised his three challenges:

- Read to your child every day.
- sugary drinks should only be a rare treat.
- no alcohol in pregnancy

He also emphasised the importance of screening and health checks as a means of improving the population's health and reducing premature deaths.

RESOLVED that the draft report be noted.

7 Performance Update - January 2015

The Board considered 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 January 2015.

Members discussed the report and the following was highlighted:

- school readiness had improved and work continued through implementation of the Early Help Strategy and the Fairer Start Programme.

- with regard to smoking cessation it was queried if any measuring of e cigarette users was being undertaken. Locally, it was explained, only trade data was available and currently it was thought that 4/5 dedicated shops were in existence, in the Borough.

- it was explained that the new smoking cessation service would work with vulnerable groups.

- Influenza Vaccine - it was important that partners worked with the Area Team to encourage take up and fill any gaps. Noted that TEWV now had an extensive programme ensuring immunisation of its staff.

RESOLVED that:

1. the report and discussion be noted.

2. the performance update is circulated to the Partnerships to inform their plans in addressing the issues in the report.

8 Board Development Plan Update - January 2015

Consideration was given to a report that provided an update of progress against the Board's development plan.

During consideration of the report the following was highlighted/requested:

- that the Chairs of the Children and Young People's Partnership and Adults Health and Wellbeing Partnership provide short covering reports to accompany the presentation of minutes of those meetings. The reports would highlight any issues the Chair considered to be key, including those that had been escalated to the Board.

- it was suggested that a report on Early Help should come to a future meeting of the Board to highlight issues and get the Board's views on this.

- members noted that the Adults Health and Wellbeing Partnership had considered issue relating to Tobacco Control and, at a recent meeting, some

research work, with the Stockton Riverside College and Durham University, had been identified to try and help understand some of the attitudes and motivations of young people in relation to smoking. This research could help in terms of targeting interventions to discourage young people from starting smoking.

- it was felt that regular reports were needed on the progress of BCF plans and particularly with regard to dementia.

RESOLVED that:

1. the update and discussion be noted.
2. the Chairs of the Board and Partnerships discuss a mechanism for presenting minutes and issues from the Partnerships to the Board.
3. the Board receives a report on Early Help, at a future meeting of the Board.
4. regular reports on BCF, particularly with regard to dementia, be presented to the Board.

9 Community Based Urgent Care Update

Members considered a report that provided an update as to how the Clinical Commissioning Group (CCG) , working with the Health and Wellbeing Board, intended to deliver plans for a community based integrated urgent care service as described in the Clear and Credible Plan Refresh 2014/15 - 2018/19 to ensure delivery of our agreed joint vision.

It had been clear from engagement events that future community based urgent care needed to be more accessible and easily navigated than current provision.

Building upon the joint vision developed between the Health and Wellbeing partners the expectation was to commission and develop a simple, accessible, high quality service, managing patients at the point they present in a sensitive and person-centred approach, yet robust and resilient way. This was with a view to reducing the need for urgent care with the better management of long term conditions with primary and secondary prevention as a focus.

The urgent care model must provide the highest standard and quality of care, based on nationally and locally agreed outcomes. The urgent care model had primary care at the heart of the service; GPs must have ownership accountability and lead the urgent care agenda. Urgent care provision must be aligned to changes within primary care, taking into account changes in the National GP contract as well as the emerging changes that would be informed by national and local pilots for extending GP access as it was clear the strategy and future model of care could not be delivered in isolation of primary care.

The CCGs long term strategic aim was to provide local people with a fully integrated, 24/7, seamless urgent care service across Stockton-on-Tees (and Hartlepool). A simple vision was, for those people with urgent but non-life threatening needs, to be able to access clinically appropriate, highly responsive, effective and personalised services, outside of a hospital environment when clinically appropriate. These services should deliver care in, or as close to,

people's homes as possible, minimising disruption and inconvenience for patients and their families.

The CCG was committed to continuing engagement with partners and the residents of Stockton-on-Tees (and Hartlepool) to inform the service specification and to take this forward it was developing a communication and engagement plan which would support the continued involvement and engagement of patients and partners.

It was emphasised that the close involvement of the Board was vital in this matter.

It was suggested that any improved model needed to have a strong branding to provide clarity for users.

Reference was made to a Volunteer's Strategy that had been developed and lead by Catalyst. It was queried if the Strategy should be presented to the Board and it was agreed that this would be considered. It was noted that TEWV were looking at engaging with volunteers and it was suggested that it meet with Catalyst to see if the work it had undertaken on the Strategy could be helpful.

RESOLVED that:

1. the report and discussion be noted.
2. consideration would be given to whether the Volunteer's Strategy, referred to during discussion should be considered at a Board meeting.

10 Forward Plan

Members considered the Board's Forward Plan.

RESOLVED that the Forward Plan be agreed.

11 Chairman's Update

The Chair referred to recent changes at NHS England and its representative on the Board provided a comprehensive update on those changes. The Board would be kept updated of any further developments.

The Chair also referred to Co-commissioning and the increased role that the CCG had been invited to take in the commissioning of primary care services. The CCGs representative at the meeting provided an update and it was noted that a report, on this issue, would be presented to a meeting of the Board very shortly.

Members noted that Stockton would be 1 of 9 pilot areas for the Integrated Personal Commissioning Programme. Stockton* would be piloting personal budgets for people over 65 with long term conditions, building on existing work with personal health budgets for people with continuing health care.

RESOLVED that the updates be noted.

