

Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Thursday, 26th March, 2015.

Present: Cllr Jim Beall(Chairman), Cllr Mrs Ann McCoy (Vice-Chairman),Cllr Tracey Stott, Martin Barkley, Tony Beckwith, Jane Humphreys, Peter Kelly, Alan Foster, Paul Williams, Ali Wilson

Officers: Margaret Waggott, Michael Henderson, Sean McEneaney, Zoe Greaves, Aishah Waithe

Also in attendance: Claire Sullivan (Public Health England)

Apologies: Cllr David Harrington, Cllr Ken Lupton, Steve Rose, Cllr Steve Walmsley, Barry Coppinger and Audrey Pickstock

1 Declarations of Interest

There were no declarations of interest.

2 Minutes of the Board meeting held on 24 February 2015

The minutes of the meeting held on 24 February 2015 were confirmed as a correct record and were signed by the Chairman.

3 Minutes of the Adults Health and Wellbeing Joint Commissioning Group

The minutes of the Adults' Health and Wellbeing Commissioning Group held on 17th February 2015 were noted.

4 Report and minutes of the Adults' Health and Wellbeing Partnership held on 3rd February 2015 and the Children and Young People's Partnership held on 23rd February.

Members considered the minutes of the Adults Health and Wellbeing Partnership held on 3 February 2015 and the Children and Young People's Partnership held on 23 February 2015. The Board was also provided with a short report that highlighted some of the issues considered by the Board.

There was a brief discussion about drugs use and it was noted that GPs reported a relatively large number of their patients were cocaine users, but data didn't seem to bear this out.

It was noted that the Council's Scrutiny Programme for 15/16 included a review of Mental Health. It was noted that a request was to be made to the Tees Valley Joint Health Scrutiny Committee to undertake a review of CAMHS. The Board asked for an update on this request.

RESOLVED that the minutes and report be noted and discussion be actioned where necessary.

5 Development Session - Public Health England

Members received a presentation from Claire Sullivan, Public Health consultant in Health Improvement, that provided an overview of the role , priorities and local achievements of Public Health England (PHE), during 2014/15.

The presentation covered a number of areas, including:

- PHE's Core functions
- the new public health system with an integrated approach
- PHE's seven priorities
 - tackling obesity, particularly amongst children.
 - reducing smoking and stopping children starting
 - reducing harmful drinking and alcohol related admissions
 - ensuring every child has the best start in life
 - preventing dementia and reducing its prevalence in 65-75 year olds.
 - tackling the growth in antimicrobial resistance
 - reducing the rates of TB infection
- Health improvement work.
- Healthcare work
- Health Protection work
- Knowledge and intelligence work.

It was noted that PHE employed in the region of 5000 staff, most of whom worked in research and laboratories located at 150 buildings. PHE had allocated just under £2.8 billion in grants to local authorities, during 2014/15.

Members noted that the first five (of seven) priorities also reflected some of the priorities of the Board and it was agreed that it was important that there was no duplication of work. It was explained that PHE was very active in these areas, at a national level, but predominately provided support at a local level. It was requested that the PHE priority document be circulated to members

There was a query about reduction of TB infection being a priority, as there was a perception that this was a well controlled infection, within the population. It was explained that, in the North East, TB was not an issue. However, in London, particularly in certain communities, it was a significant problem. It was also a problem globally and strains of the infection were becoming resistant to antibiotics. More information on this would be provided to the Board's members, outside the meeting.

The Board discussed suicide prevention, the important role of suicide audits and how identifying near misses could help provide better understanding.

Members discussed the wider determinants of health and it was noted that PHE did undertake work in these areas, including work with government departments. However, PHE had to be sensitive to government policies and maintain its independence. It could not lobby for changes to policy. It was indicated that the Board would be provided with a review, commissioned by PHE, which focused on the wider determinants of health linked to education, employment and environment.

RESOLVED that:

1. the presentation be noted and additional information requested be provided to the Board.

6 Care Act

Members received a short video relating to the main features of the Care Act 2014, together with a report that outlined its key requirements and progress being made in preparation to ensure compliance.

Discussion centred on the following:

- there was uncertainty around the extent of any additional burdens and whether additional resources would cover them.
- the national eligibility criteria in the Act was likely to allow more people into the system.
- Better Care Fund plans had taken account of the Care Act.

RESOLVED that the information and report be noted.

7 Care Quality Commission inspection 7th – 10th July 2015, North Tees and Hartlepool NHS Foundation Trust

Members received a report that provided details of a planned inspection of North Tees and Hartlepool NHS Foundation Trust, by the Care Quality Commission, on 7th - 10th July 2015.

It was explained that the role of the Care Quality Commission (CQC) was to inspect health and social care settings inspections based on rigorous national standards. The CQC review provider services in relation to the five key domains which assess whether services were:

1. Safe
2. Caring
3. Effective
4. Responsive to people's needs
5. Well Led

On completion of the inspection a report would be written and the organisation would be rated against each of the five domains individually and an overarching rating would then be applied. The ratings were:

- Outstanding
- Good
- Requires Improvement
- Inadequate
- Poor

As of 1 April 2015, organisations would be measured against fundamental standards, as set down within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. There were 12 fundamental standards, each of

which had key lines of enquiry to support assessment by the CQC. These standards were:

1. Person-centred care
2. Dignity and respect
3. Need for Consent
4. Safe Care and treatment
5. Safeguarding service users from abuse and improper treatment
6. Meeting nutritional and hydration needs
7. Premises and Equipment
8. Receiving and acting complaints
9. Good Governance
10. Staffing
11. Fit and proper persons employed
12. Duty of Candour

It was explained that the Trust was preparing for the visit, with an identified project board and a lead with overall responsibility for project managing the preparation, inspection visit and post visit outcomes and actions.

Preparation would include mock inspections of clinical areas, implementation of a communication strategy to ensure all staff were aware of the visit and their responsibilities, focus groups, workshops and gathering and submission of required documentary evidence.

The inspection team would be led by a chair and would consist of clinical experts, experts by experience/patient and public representatives, CQC inspectors and managers.

The Trust would be expected to undertake a self-assessment and indicate, to the inspection team, where it believed the organisation was, in terms of an overall rating. It was suggested that it might be helpful to share the self assessment with partners,

Health and Wellbeing Board members would be invited to a focus group led by the CQC to discuss the working relationship with the organisation and to share any good practice.

A post inspection outcome report would be provided to a future meeting of the Board.

RESOLVED that the information be noted.

8 Forward Plan

Members considered the Forward Plan and agreed that it be amended as follows:

- TEWV CQC inspection outcomes to be scheduled for the 16 June 2016 meeting.
- Integrated Personal Commissioning update - 'to be scheduled'

RESOLVED that the Plan be agreed subject to the amendments.

9 Chairman's Update

The Chairman provided updates on :

- Operationalisation of the Better Care Fund 2015/16

- Hospital Services. The Chair informed the Board that Hartlepool Borough Council had contacted this Council and indicated that it had recently met with the Secretary of State for Health to discuss concerns it had, about hospital services in the area. Reportedly the SoS had suggested that a way forward would be to discuss options with the CCG and Hartlepool BC was now requesting this Council's views on participating in a potential Joint Health Scrutiny Committee arrangement to further discuss options. Any Joint Health Scrutiny Committee would include representatives from Hartlepool BC, Stockton on Tees BC and Durham CC. This Council had advised that it remained committed to the agreed Momentum model and was happy to meet with other authorities to gain a better understanding from what was expected from any proposed future Joint Committee.

RESOLVED that the update be noted.