

Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Tuesday, 16th June, 2015.

Present: Cllr Jim Beall(Chairman), Cllr Mrs Ann McCoy(Vice-Chairman), Cllr Lynn Hall, Cllr Gillian Corr (substitute for Cllr David Harrington), Tony Beckwith, Jane Humphreys, Peter Kelly, Martin Barkley, Barry Coppinger, Ben Clark(substitute for Audrey Pickstock), Steve Rose, Paul Williams and Ali Wilson

Officers: Emma Champley, Sarah Bowman-Abouna, Sue Reay, Shaun McLurg, Michael Henderson (SBC), Debbie Blackwood (NTHFT)

Also in attendance: Gemma Clifford (Catalyst), Paul Crawshaw, Rob Crow (Teesside University)

Apologies: Cllr Sonia Bailey, Cllr David Harrington, Cllr Di Hewitt, Audrey Pickstock, Alan Foster

1 **Declarations of Interest**

Councillor McCoy declared a personal non prejudicial interest in the item relating to an evaluation of the VCSE Health Initiatives Programme 2014- 2015 as she was a member of the Stockton and District Advice and Information Service Board. Cllr McCoy also declared an interest in the item relating to CQC's Inspection of Tees, Esk and Wear Valleys NHS Foundation Trust as she served on the Trust's Council of Governors.

Councillor Beall declared a personal non prejudicial interest in the item relating to an evaluation of the VCSE Health Initiatives Programme 2014- 2015 as he was the Chair of the Eastern Ravens Trust Board.

Cllr Beall also declared an interest in the item relating to CQC's Inspection of North Tees and Hartlepool NHS Foundation Trust as he served on the Trust's Council of Governors.

2 **Minutes of the Board meeting held on 26 March 2015**

The minutes of the meeting held on 26 March 2015 were confirmed as a correct record and were signed by the Chairman.

3 **Minutes of Commissioning Groups**

Adults Health and Wellbeing Joint Commissioning Group - 24th March 2015.

Children and Young People's Health and Wellbeing Commissioning Group - 1st April 2015.

Members considered and noted the minutes of the above meetings.

4 **Minutes of Partnerships**

Adults Health and Wellbeing Partnership - 4 March 2015 and 1 April 2015

Children and Young People's Partnership - 18 March 2015, 15 April 2015 and 20 May 2015.

Members considered and noted the minutes of the above meetings.

During consideration members were advised that recent health profiles indicated that the gap in life expectancy between the most affluent and the poorest areas had grown to 17 years for men.

5 Scrutiny Review - Child Sexual Exploitation

The Board received a report that presented the Children and Young People's Select Committee findings, following its Scrutiny Review of Child Sexual Exploitation (CSE).

It was explained that a review of Stockton's Local Safeguarding Children Board was planned for 2015/16 and would build on the CSE review.

Members discussed the report and recommendations. Specific reference was made to recommendation four - 'that the Health and Wellbeing Board be asked to consider and commission appropriate prioritised services for children at risk of CSE' It was agreed that this recommendation would be referred to the Children and Young People's Joint Commissioning Group. Any Commissioning would need to take account of a number of factors, including the number of children concerned, risks, hot spots, movement of activity etc.

RESOLVED that:

1. the CSE review report be noted.
2. that recommendation four of the report be referred to the Children and Young People's Commissioning Group for consideration.

6 Care Quality Commission Inspection of North Tees and Hartlepool NHS Foundation Trust - Pre Inspection update

The Board received a further update on the planned inspection of North Tees and Hartlepool NHS Foundation Trust, by the Care Quality Commission on 7 - 10 July 2015.

Members noted that:

- the Trust had provided a raft of information to the CQC but it was anticipated that more would be requested.
- the Trust had held some stakeholder events and staff road-shows. These were going well and there had been lots of interest.
- a patient event had been organised for July.
- a public facing meeting was planned for 1st July at Community Resource Centre. Catalyst was promoting involvement.

RESOLVED that the update be noted.

7 Evaluation of the VCSE Health Initiative Programme 2014-2015

Members considered a report that presented an evaluation report of the

Voluntary, Community and Social Enterprise (VCSE) Health Initiatives 2014-15.

The Programme was jointly funded by the Hartlepool & Stockton Clinical Commissioning Group (HaST) and Stockton Borough Council. The value of the programme was £633,333.

The 2014-15 Health Initiatives Programme was managed by Catalyst with governance on behalf of the Health & Wellbeing Board being undertaken by a multi-agency panel comprising Chair of Health & Wellbeing Board, Public Health Lead Commissioner, CCG GP Lead, NECS Officers & Catalyst.

An application process was developed with clear details of expected outcomes. 31 bids were received and 16 projects were commissioned by the middle of June 2014.

One of the overarching intentions of the programme was to try out new ideas and approaches to address intractable problems. Many of the projects were also commissioned with new initiatives such as the Better Care Fund (BCF) in mind. Criteria for proposals were geared, especially from the HaST perspective, towards meeting targets to be met under BCF priorities.

Monthly monitoring returns had been received by Catalyst and reported, in summary form, to the Steering Group. In addition there had been two meetings where all project leads had been brought together to discuss issues of mutual benefit, or concern.

Projects had, wherever possible, collected the NHS numbers of participants so that at some time in the future an evaluation of the impact of working with the VCSE could be better assessed.

It was considered important that a piece of formal evaluation should be undertaken to complement the returns made by projects and this was undertaken by Teesside University. The final evaluation report was provided to members, together with details of the methodology used.

Members considered the report presented and discussion covered the following:

- a control group comparator should be considered in any other evaluations.
- outcomes were mixed but this was often a feature of innovation and things that didn't work would help inform future projects.
- there were some very promising projects.
- future funding by Public Health would need to be considered following the budget in July.
- the evaluation was helpful in planning terms. Though BCF plans had been approved there may be opportunities to fund some of the Health Initiatives Programme from the BCF budget. Ali Wilson would feed into the Better Care Fund Board.

RESOLVED that:

1. the report be noted.
2. it be noted that the potential for future funding would be considered.

8 Stockton Better Care Fund - Quarterly Performance

Members received a paper that provided the first Better Care Fund quarterly performance submission. The paper also sought approval for the process for future submissions.

Members were reminded that the Stockton Better Care Plan set out the performance targets and an outline budget for 2015/16. A Pooled Budget Partnership Board had been established to make decisions regarding any detailed scheme proposals and for the overall monitoring of both the budget and performance.

Guidance was published on 12 May for the first quarterly performance report which was to be submitted to NHS England on 29th May. The Board was provided with a copy of the Guidance document. The return was completed and initially approved by the Pooled Budget Partnership Board, subject to final approval by the Health and Well-being Board. The Health and Wellbeing Board was not due to meet until this meeting and, therefore, the Chair of the Board was asked to approve the submission on this occasion. A copy of the submission was presented to the Board. Members noted that the report presented to them was light-touch and future reports would be much more rigorous.

It was explained that, wherever possible, it was proposed that the submission be approved by the Board, though it may be necessary to table the report, due to the tight timescales. If there was no appropriately timetabled meeting, it was proposed that the submission be approved, in consultation with the Chair, and then reported to the earliest subsequent meeting. If there were any particular issues arising then the Board would receive details and some details of how the issue was being addressed/had been resolved. Members were assured that the multi agency pooled budget partnership also reviewed performance and the CCG was constantly reviewing associated metrics.

RESOLVED that:

1. the quarterly performance submission be noted.
2. the process for future submissions, described above, be approved.

9 Performance Update

Members considered a year-end report that provided a performance update regarding key indicators from the performance monitoring framework for the Joint Health and Wellbeing Strategy delivery plan, at June 2015. The report described actions that were being undertaken to improve performance.

Members discussed the report and, in particular;

- members were aware that the uptake of vaccinations was less in disadvantaged wards and some work was being undertaken by Tees Valley Public Health Shared services in this regard.

- NHS Healthy Heart - noted that uptake had decreased since the last period and it was thought that this may be a result of work to incentivise GPs to focus on those in the most deprived wards - who may therefore have been more challenging to engage in the service.

- Levels of Self Harm were very high and incidents of depression were presenting in children and young people at a much younger age than had previously been the case. This was an area of concern for partners and a number of actions were in-train, including preparation of a children and young people's mental health needs assessment. It was noted that the government had previously indicated that it would be making considerable investment in CAMHS over the next 5 years.

Members felt the report was extremely useful but considered that it would benefit from some sub headings to help readers more easily distinguish between issues.

RESOLVED that:

1. the report be noted and consideration be given to the format of future versions of this report.

2. the report 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 in this report.

10 Report of outcomes following TEWV inspection by CQC

The Board received a report that provided members with an update on the outcome of the Care Quality Commission (CQC) Trust-wide inspection of Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV).

The inspection had a rating scale of Outstanding, Good, Requires Improvement or Inadequate and five key areas against which services were rated.

The Trust received an overall rating of good. CQC's rating for each of their key questions was:

Are services caring? - Good
Are services safe? - Requires Improvement
Are services effective? - Good
Are services responsive? - Good
Are services well-led? - Outstanding

The Trust received a rating of "requires improvement" for the key question "Are services safe" and this was partially due to an issue CQC raised around privacy and dignity in respect of same sex accommodation in a rehabilitation ward. The

trust has, with the backing of the lead inspector, lodged a formal appeal about the Safety Domain rating. It was considered that the methodology used disadvantaged the trust and was disproportionate, taking into account the few number of issues raised relative to the size of TEWV.

Members were provided with the full Quality report but also received highlights of areas of good practice and some areas for improvement. It was explained that the Trust was developing an overall improvement plan to address the areas that the CQC thought needed improving.

Specific reference was made to the an area of improvement relating to ensuring that each patient in the learning disability wards had a comprehensive discharge plan which was holistic and person centred. The inspectors considered that there were some patients, on LD wards, that were ready for discharge, but no discharge plans were in place due to a lack of placements in the local area. The Trust had reviewed processes with partners and would be implementing a more commissioning specification approach to the formulation of discharge plans. Consideration of this issue led to a discussion on a recent announcement that there would be an opportunity for 5 'fast track' areas to bid for a share of a £10 million transformation fund, to help transform care for people with learning disability. Stockton on Tees Borough Council was within the Cumbria and North East fast track area, led by South Tyneside.

RESOLVED that the outcomes of the inspection and discussion be noted.

11 Integrated Mental Health Implementation Plan

Members received a report that outlined a proposal for the board to consider the formation of a task and finish group consisting of representatives of all members of the board to review the requirements of two government strategies:

- 'No Health without Mental Health' - 2011
- 'Closing the Gap' - 2014 two documents and develop an integrated strategy to address them.

The Board was reminded that Mental illness was the single largest cause of disability in the UK with around one in every fourth person suffering from a mental health condition. There was an estimated cost to the economy of approximately £100 billion annually, and. annual mean costs to UK society of mental illness during childhood and adolescence was estimated to range from £11,030 to £59,130 annually per child

Within Stockton & Hartlepool, the community mental health profile highlighted a range of issues in which levels of identified need, or outcomes were significantly worse than the England average. These included the prevalence of depression and anxiety and emergency admissions for self harm/ unintentional and deliberate injuries. The full mental health profile also showed significant variation for all measures between GP practises.

The national response to tackling mental health was the publication of a cross government strategy in 2011 for people of all ages 'No Health Without Mental Health'. This highlighted six high level objectives;

- a) More people would have good mental health
- b) More people with mental health problems would recover
- c) More people with mental health problems would have good physical health
- d) More people would have a positive experience of care and support
- e) Fewer people would suffer avoidable harm
- f) Fewer people would experience stigma and discrimination

The government released a further publication in 2014 entitled "Closing the Gap". Whilst supporting the six objectives in No Health Without Mental Health and the mental health strategy implementation framework and suicide prevention strategy, it set out a further 25 priorities.

A recommendation within 'No Health Without Mental Health' was that each locality area had a dedicated mental health partnership board to oversee the implementation of the recommendations within the strategy. Due to the changes which had taken place locally in relation to the infrastructure which supports the Health and Wellbeing board, how this partnership could be developed required review alongside the requirements of Closing the Gap.

Within Stockton, each of the different member organisations of the HWB already had a variety of plans & strategies in place. These include the Stockton Children's and Young Person Mental Health and Wellbeing Action Plan and HaST CCG Mental Health Strategy. Each of the member organisations of the board were responsible for commissioning different parts of the prevention and treatment pathway. However, in addition to commissioned treatment services, there was also a need to ensure that there was joined up strategic approach to promoting good MH across the population, alongside the prioritisation of prevention which was specified within the Joint Health and Well Being Strategy.

The two national publications highlighted outline actions which required commitment from all bodies who made up the Health and Wellbeing board, thus it offered an opportunity to develop an integrated implementation plan which would reflect the life course and encompass all required actions. An integrated plan would allow for a sharing of resources, a smarter use of intelligence, avoid duplication and assist with ensuring issues such as the transitions years were addressed.

RESOLVED that:

1. a task and finish group be convened that represented all commissioners, providers, service users and carers to review the actions identified within No Health Without Mental Health and Closing the Gap. This would work across the age spectrum and identify what actions were yet to be addressed locally.
2. the national strategy be adopted as the overarching mental health strategy and an integrated implementation plan be developed. This would incorporate all commissioning requirements, as well as the actions required to achieve the six priorities within the strategy and the 25 priorities within Closing the Gap. This integrated strategy should be implemented by 2018 and be based upon the needs identified within the locality.

RESOLVED that discussion on this matter be deferred to the next meeting.

13 Forward Plan

Members considered its current Forward Plan.

RESOLVED that the Forward Plan be approved.

14 Chair's Update

The Chair highlighted some potential clashes between the Primary Care Co-Commissioning Joint Committee and the Teeswide Safeguarding Adults Board. The CCG would look at the feasibility of rescheduling the former.