

HEALTH & WELLBEING BOARD CHAIRS NETWORK
Friday 3 July 2015
County Hall, Durham

NOTES

PRESENT:

Stockton on Tees Borough Council
Durham County Council
Middlesbrough Borough Council
Newcastle City Council
North Tyneside Council
Sunderland City Council

Councillor Jim Beall (*Chair*)
Councillor Lucy Hovvels
Mayor David Budd
Councillor Jane Streater
Councillor Lesley Spillard
Councillor Mel Speding

IN ATTENDANCE:

Durham County Council
Local Government Association
NHS England
Balance
ANEC

Anna Lynch
Caroline Bosdet (*for item 19*)
Dr Mike Prentice (*for item 20*)
Colin Shevills (*for item 21*)
Melanie Laws
Andy Robinson
Jonathan Rew

APOLOGIES:

Darlington Borough Council
Gateshead Council
Hartlepool Borough Council
Newcastle City Council
Northumberland County Council
Redcar and Cleveland Borough Council
South Tyneside Council
Sunderland City Council

Councillor Bill Dixon
Councillor Lynne Caffrey
Councillor Christopher Akers-Belcher
Councillor Nick Forbes
Councillor Scott Dickinson
Councillor Sue Jeffrey
Councillor Iain Malcolm
Councillor Paul Watson

18. NOTES

The notes of the meeting held on 30 January 2015 were AGREED as a correct record.

19. LOCAL GOVERNMENT ASSOCIATION - HEALTH AND WELLBEING SYSTEM IMPROVEMENT PROGRAMME 2015/16

Caroline Bosdet introduced the LGA's System Improvement Programme for 2015/16, which had been updated to focus on enabling the leadership of Health and Wellbeing Boards (HWBs) to take a system leadership role in commissioning adult social care and health and addressing the wider determinants of health. The programme extended beyond local government into other areas such as Clinical Commissioning Groups. The LGA's offer included induction and leadership essentials sessions for HWB chairs and vice-chairs, mentoring, self-assessment, bespoke support and a refreshed peer challenge methodology to fit the new context. Caroline also introduced the LGA's 'call to action' on the future of HWBs; this document, co-produced with NHS Clinical Commissioners, set out ways in which

HWBs and local commissioners could work better with each other and their communities to improve the health of their residents. It also set out a series of asks to Government around budgeting, information governance, accountability across the system, a focus on joint outcomes and a joined-up and cohesive workforce.

Members raised a number of issues in discussion including:

- most authorities represented at the meeting had either had a peer review or were planning to have one. Those authorities who had taken part in a review had found it a valuable experience, for example in focusing on areas where more needed to be done, such as developing relationships with partners. Thorough preparation was needed prior to the review in order to maximise the benefits;
- the issue of health devolution in Greater Manchester was raised - had the LGA looked at this, for example in terms of the relationship between individual HWBs and the strategic body? Caroline responded that the situation was still developing but the LGA hoped to do some work on this in the autumn;
- following the election there was some lack of clarity about Government expectations of HWBs - were they expected to take on a broader role or was it 'business as usual'? Caroline commented that it was up to HWBs to seize the opportunity for local system leadership;
- it was important to get the NHS to deliver on its commitment (in the Five Year Forward View) to move money upstream to preventative services; and
- different parts of the health system had different interests and spoke a different language - HWBs therefore had a key role in breaking down cultural differences and promoting a commonality of approach.

The Chair thanked Caroline for her presentation.

20. NHS ENGLAND AREA TEAM - UPDATE

Dr Mike Prentice thanked members for the invitation to address the Network. The key issue was how NHS England could best interact with HWBs. While NHS England had the money and the mandate to deliver health services within the Area Team's footprint (which now included Cumbria), in practice most of the money was handed over to CCGs, apart from some specialist services which were commissioned directly. The challenges were both small-scale and large-scale: at one end, about the local delivery of health care to communities and individuals, with patients increasingly managing their own conditions - local authorities and HWBs were at the heart of this; at the other end, how the 'sickness' part of the health service could survive within available resources and in the face of pressures such as the demand for a seven day service. The goal was to have more people leading active and healthy lives and fewer people going to hospital, but this was not the experience of the North East which had 20% more hospital admissions. NHS England had an important role in shaping services, including hospital services (where evidence showed that fewer and larger hospitals produced better outcomes for serious conditions) and GP services.

Members raised a number of issues including:

- recruitment and retention of GPs was a problem. Dr Prentice acknowledged that this was sometimes the case but much could be done by changing the terms of the offer,

and introducing flexibility, to make it more attractive. He added that NHS England was happy to attend HWB meetings to discuss service redesign and commissioning issues if requested;

- reference was made to the diabetes prevention programme and to the cost of diabetes to the NHS. Dr Prentice recognised that this was a serious issue - it was not just about healthcare, lifestyle issues played an important part;
- a question was raised about possible devolution of health functions to structures such as combined authorities and city regions. Dr Prentice commented that NHS England's position was essentially one of delegating functions, not letting go of its responsibilities. With this caveat, there was a link to the devolution agenda in terms of using health services to promote economic growth;
- a comment was made that it was unfortunate that HWBs were not included in the governance of co-commissioning and had only an observer role. Dr Prentice responded that it would be reasonable to debate these issues at HWBs.

Members thanked Dr Prentice for attending the meeting. It was AGREED:

- a) to note the offer of NHS England to attend individual HWB meetings when requested (though for capacity reasons this might have to be at senior manager rather than director level);
- b) that in order to maintain a dialogue, NHS England should be invited to attend Network meetings on a six-monthly basis (it was noted that representation would be through Dr Prentice's successor); and
- c) that the draft notes of Network meetings should be circulated to local authorities as soon as possible after meetings so that issues from the Network could be reported into HWBs, if required.

21. ALCOHOL MINIMUM UNIT PRICE – UPDATE AND NEXT STEPS

Following a request from Hartlepool Borough Council, Colin Shevills introduced a report on the current position regarding Minimum Unit Pricing (MUP). He noted that ANEC had previously called for the introduction of MUP at national level and that MUP had been included in the Government's 2012 alcohol strategy but subsequently shelved. Among other initiatives, a number of local authorities in the North West had set up a 'Tackling Cheap Alcohol Group' (TCAG) to consider measures such as a possible byelaw or action under the Sustainable Communities Act and were looking to widen their membership outside the North West to build pressure on Government and on the Local Government Association.

Members expressed their continuing support for MUP as an evidence-based means of tackling the harms caused by cheap alcohol. They commented that

- while they would prefer to see change introduced on a national level, it was recognised that local action and pressure could play a part in creating pressure for national action;
- there were other levers that could be used as well, such as licensing. In this context, Colin reminded the meeting that Balance would be holding an event on licensing in September;
- with regard to joining the TCAG, there was support for the concept of working with others to have a stronger voice.

It was AGREED that the Network should make recommendations to the Leaders and Elected Mayors Group based on the above comments. It was further noted that any recommendation for action by the TCAG would need to be reported back through the Leaders and Elected Mayors Group before implementation.

22. PUBLIC HEALTH IN LOCAL GOVERNMENT – CASE STUDIES

At the previous Network meeting, members had felt it would be useful to review the progress of public health within local authorities two years after the transfer of responsibilities. Accordingly, Public Health England (PHE), working with Directors of Public Health and other partners, had collated a number of case studies from each local authority in the North East, which could be used as good practice guides as well as demonstrating the innovative approaches that North East councils had adopted.

Members commented that while the case studies contained much useful and interesting material, it would be helpful to include more examples of how public health was being embedded across the whole of an authority's functions. It was AGREED that PHE and Directors of Public Health (via Anna Lynch as Chair) be asked to look at this and produce a revised version.

23. HEALTH UPDATE

An update report was submitted for members' information.

24. WORK AND EVENTS PROGRAMME

A report was submitted on the progress of items in the Network's work and events programme. It was noted that:

- the Association had been carrying out some analysis of items on HWB agendas and in their forward plans, and that Alyson Learmonth had been conducting some comparisons between Health and Wellbeing strategies in the region. It was AGREED that this should form the basis of an agenda item for the next Network meeting and that Alyson Learmonth be invited to attend;
- ANEC was looking to hold an event around the health and social care integration agenda. It was suggested that this should also consider ways of disseminating best practice.

It was AGREED that

- a) the report be noted; and
- b) because of the volume of business, future meetings of the Network be scheduled for two hours rather than an hour and a half.

25. DATE OF NEXT MEETING

AGREED as 2-4pm on Friday 23 October 2015 at County Hall, Durham.