

# Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday, 25th November, 2015.

**Present:** Cllr Jim Beall(Chairman)

Cllr Sonia Bailey, Cllr Matthew Vickers (Substitute for Cllr Lynn Hall), Cllr David Harrington, Cllr Di Hewitt, , Jane Humphreys, Peter Kelly, Martin Barkley, Alan Foster, Steve Rose, Graham Nivern (substitute for Ali Wilson)

**Officers:** Margaret Waggott, Peter Mennear, Michael Henderson (LD), Liz Boal (CESC), Peter Acheson, Mark McGivern, Emma Champley (PH), Donna Owens (HAST CCG)

**Also in attendance:**

**Apologies:** Cllr Mrs Ann McCoy, Cllr Lynn Hall, Tony Beckwith, Barry Coppinger, Audrey Pickstock, Paul Williams and Ali Wilson

## 1 **Declarations of Interest**

There were no declarations of interest.

## 2 **Minutes of the meeting held on 28 October 2015**

The minutes of the Board meeting held on 28 October 2015 were confirmed as a correct record and were signed by the Chairman.

There was a brief discussion relating to the Neonatal proposals, which had been considered at the meeting in October. It was explained that the Chair had, as requested by the Board, written to NHS England, raising a number of concerns and indicating that it considered that neonatal services should be reviewed, in a strategic manner, via the Better Health Service Programme.

A copy of the Chair's letter would be forwarded to Board members.

## 3 **Minutes of Commissioning Groups, Partnerships and HWB Chairs' Network**

Members considered the following minutes:

- CYP Commissioning Group - 1 September 2015
- Adults Health and Wellbeing Partnership - 3 September 2015
- Adults Health and Wellbeing Commissioning Group - 21 September 2015
- Children and Young People's Partnership - 21 October 2015
- Health and Wellbeing Chairs Network - 23 October 2015

RESOLVED that the minutes be noted.

## 4 **Learning Disability Fast Track Plan**

Members considered a report that provided an update on progress regarding the North East and Cumbria Learning Disability Transformation Regional Fast Track programme.

The information provided to the Board included:-

- North East and Cumbria had been successful in securing £1,432M from the £8.2 million fund. A further £623K has been allocated to ensure safe transition of service from in-patient care to community based provision.
- Money may need to be moved from one organisation to another and a dowry would be paid by NHS to the Local Authority for those patients who had had an inpatient spell of 5 years, or more, and would be linked to the person, ending with the death of that person.
- It was anticipated that the dowry would be paid by the responsible commissioner at the point of discharge and would apply in prospective terms only. There would be no retrospective application. NHS England National team was working closely with the LGA around cases where there was a complex package of care, and looking at the affordability envelope – the cost of existing levels of care vs the cost of the new level of care would provide the affordability envelope for the dowry.
- further work was required in terms of building up a better picture of how many patients would be eligible for dowries and to understand the financial implications for the NHS and LAs but also to factor in the proposed investment in the future care model moving forward.
- It was important to understand the geographic variation for possible dowry patients across the country. Therefore, any work that the North East & Cumbria could provide of numbers of dischargeable patients and the split of CHC/s117 funding going forward would help in understanding the cost implications across all the commissioners in the fast track area.
- The ambition across the North East and Cumbria was to reduce current Assessment and Treatment beds by 12% by the end of March 2016, with a future ambition to reduce by 50% by the end of March 2019. There was also an ambition to reduce the number of specialised commissioning beds which were occupied by North East and Cumbria patients. This ambition related to a 24% reduction in medium secure beds and 50% in low secure.
- Across the North East and Cumbria there are a number different commissioning arrangements that are being reviewed with the aim of establishing further pooled budget arrangements, joint contracts and alternative commissioning models to support delivery of this transformation plan.
- The Health and Wellbeing Board would be provided with progress updates on a regular basis.
- the Tees Integrated Commissioning Group had identified three key areas to build upon the progress already achieved locally, including;
  - Crisis Care and Early Intervention
  - Workforce development
  - Community Infrastructure.

It was proposed that through the delivery of these specific areas of the Tees Fast Track Locality Plan that there would be a stronger prevention and

intervention response to people who may require high levels of care and support.

Discussion could be summarised as follows:

- the Board highlighted the ambitious reductions in beds detailed in the plan and pointed out the significant amount of risk assessment that would be associated with this, in terms of assessing risks to the public and risks to the person moving to community based provision.
- wards must not be destabilised by the reductions.
- there were concerns that the plan could see a high number of in-patients moving to community provision in Stockton and a robust framework to manage those people did not exist at this time. The funding being provided would only pump prime services.
- Stockton did not have a significant number of residents who had been placed in facilities outside the Borough.
- the rationale for the 5 year rule for dowries was queried as such an approach took no account of need.

The Board noted that its concerns about risk/safety, financing of services and the consideration of need would be fed into the Regional Transformation Board by the CCG.

Members agreed that an update should be presented to the 27 April meeting of the Board.

RESOLVED that:

1. the Regional Plan and Tees Locality Plan be agreed.
2. the Board's concerns be fed into the Regional Transformation Board by the CCG.
3. the Board receive regular updates on the local progress in relation to Fast Track implementation, with the next update presented to the Board's meeting in April 2106.

## **5 NHS Five Year Forward View**

Members considered a report that provided the Board with an update in relation to work currently being undertaken by the NHS Hartlepool and Stockton- on - Tees Clinical Commissioning Group (CCG) in collaboration with the Council in regard to prevention and the opportunities for joint commissioning.

Members were reminded that the Five Year Forward View stressed the importance of primary prevention (local authority lead) and secondary prevention (CCG lead) and the need to work closely along pathways.

The Council and CCG had discussed how it would respond to challenges

relating to the prevention agenda and an approach was identified. Initially the approach would centre on prevention activity and wider systemic impact related to alcohol. Alcohol had been chosen, as its presence, as a significant risk factor for disease/illness, was of concern, in terms of the upward trend of alcohol related hospital admissions within the CCG Area.

Alcohol treatment and prevention services had been mapped and the Board was provided with details. It was noted that there was a lack of balance between treatment and prevention. Also, interventions that focussed on prevention were generally in house Council services.

It was suggested that a brief review, be undertaken, of what other preventative activities could be considered to address alcohol related harms, or what existing services could be strengthened. Once completed, options could be presented to the Adults Health and Wellbeing Joint Commissioning Group to consider which preventative measures should be developed further. Commissioners might also consider reviewing existing services to identify any potential service changes that could allow a better distribution of funding towards a prevention agenda or strengthening existing contractual requirements to ensure a focus on the prevention agenda.

Members discussed the report and:

- agreed that prevention had to be the future focus.
- noted that the majority of public health spending on alcohol services went into treatment, rather than prevention, though the Council worked very closely with Balance, which focused on prevention, and provided some of its funding.
- agreed that minimum alcohol pricing was an essential aspect of dealing with excessive alcohol consumption.
- agreed preventative services must include targeting inequalities.

1. the report be noted.

2. a review of what other preventative activities could be considered to address alcohol related harms, or what existing services could be strengthened, be undertaken, and the Adults Health and Wellbeing Joint Commissioning Group be tasked to consider which preventive measures should be considered for further development, and how they could be commissioned, including review of existing services to identify any potential service changes that could allow a reallocation of funding.

## **6 Performance Report - November 2015**

Members 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 November 2015.

The Board considered all the data provided and particular discussion took place on smoking cessation. Members noted that the number of smokers accessing smoking cessation services remained below target and the Board was reminded that this was likely to be as a result of the impact of e cigarettes and smokers using these as an alternative to the quitters service. The extent of e cigarette usage in the Borough was impossible to monitor but the number of outlets that

sold such products was significant so this provided an indication of its prevalence. Public Health England had recently produced a report on e cigarettes.

The Board was informed that further planned work would focus on smokers with mental health problems, reducing smoking during pregnancy, reaching and helping the disadvantaged. Members noted that 60% tobacco products were purchased by people with mental health problems.

The Board continued to discuss issues associated with smoking and it was recognised that assessing the scale of the problem of young people taking up smoking was difficult, though Public Health England were undertaking work in this area. It was hoped that the school nursing service would have a positive influence in this regard and may provide useful data in the future.

RESOLVED that the performance data be noted.

## **7 Integrated Personal Commissioning**

Members considered a report that provided a general overview of the Integrated Personal Commissioning Programme (IPC), and an outline of its development.

Information provided to the Board included:

- the programmes care model would include personalised care and support planning, independent advocacy, peer support and brokerage.
- people would be able to take as much control as they wanted, including a clear offer of integrated personal budgets for those who would benefit. Stockton's approach had the person at the heart of IPC.
- an integral part of IPC was the development of community assets and the development of co-production throughout the programme. Catalyst were leading on this.
- a corporate communication plan has been developed through the IPC steering group
- the IPC financial model aimed to remove existing financial barriers to prevention and integration by aligning personal budget systems (health and social care) make integrated budgets possible.
- challenges around information governance and key stakeholder engagement.

Members were informed that action plans were being reviewed and further work with NHS England was being undertaken to develop IPC through the next phase.

RESOLVED that the report be noted and further updates be provided to future meetings.

**8 Feedback from Self Assessment and update on preparations for the Peer Review 26 - 28 January 2016**

Members were provided with a brief update on the Board's recent self - assessment facilitated by the Local Government Association. Details of preparations for the Peer Review, scheduled for January 2016, were provided.

RESOLVED that the update be noted.

**9 Chair's Updates**

The Chair updated the Board on the following matters:-

- the Chairman and Director of Public Health would be attending Gateshead's Health and Wellbeing Board in January with a reciprocal visit from Gateshead's Chairman and Director of Public Health, to the February meeting of Stockton's Board.

- Cleveland Fire Brigade had written to the Chair raising the issue of how the Fire and Rescue service could assist with promoting the health agenda with the public. The Chair had asked that a presentation be made to the Adults Health and Wellbeing Partnership and this was scheduled for early in the New Year.

- Community Service Review - the Chair had suggested that the diabetes element of the review should look across the whole system to develop a coherent strategy. This would be further considered by the CCG.

- Urgent Care - there had been a delay in when this service would commence, to April 2017. Any service would be linked to the 1-1-1 service. The Board would receive updates on progress.

- Catalyst had won, on behalf of all partners, the Compact Voice Chris Frost Award 2015, which recognised outstanding contributions to strengthening, supporting and improving partnership working between the statutory voluntary sectors.

RESOLVED that the update be noted and the Board receive updates relating to the urgent care service.

**10 Forward Plan**

The Board considered the Forward Plan.

RESOLVED that the Forward Plan be noted.