

# Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday, 24th February, 2016.

**Present:** Cllr Jim Beall(Chair),

Cllr Sonia Bailey, Cllr Lynn Hall, Cllr Di Hewitt, Tony Beckwith (Healthwatch), Jane Humphreys, Peter Kelly, Alan Foster (NTHFT), Paul Williams (CCG), Ali Wilson (CCG)

**Officers:** Margaret Waggott, Michael Henderson, Emma Champley, Peter Acheson (SBC)

**Also in attendance:** Graeme Niven (CCG), Carole Wood (Director of Public Health - Gateshead Borough Council) and Cllr Lynne Caffrey (Chair of Gateshead Borough Council's Health and Wellbeing Board)

**Apologies:** Cllr Mrs Ann McCoy, Cllr David Harrington, Barry Coppinger (Police and Crime Commissioner), Audrey Pickstock (NHS England), Martin Barkley (TEWV), Steve Rose (Catalyst)

## 1 **Declarations of Interest**

There were no declarations of interest.

## 2 **Minutes of the meeting held on 26 January 2016**

The minutes of the meeting held on 26 January 2016 were confirmed as a correct record and were signed by the Chair.

## 3 **Minutes of Partnership**

Members noted the minutes of the Adults' Health and Wellbeing Partnership held on 5 January 2016 and the Children and Young People's Partnership held on 20 January 2016.

## 4 **North Tees and Hartlepool NHS Foundation Trust - Care Quality Commission Report (CQC)**

Members considered a report that provided details of inspection findings following the announced Care Quality Commission (CQC) announced inspection of services at North Tees and Hartlepool NHS Foundation Trust held from 7 to 10 July 2015 and an unannounced visit on the 29 July 2015.

The report was published on 3 February 2016 and identified 14 'must dos' and a number of should do's for the organisation to consider.

The Trust was inspected in line with the CQC process which considered whether the organisation services were, Safe, Effective, Responsive, Caring and Well Led. Each core service was assessed individually against the five domains and given one of the following ratings, Outstanding, Good, Requires Improvement or Inadequate. A rating for the organisation was then given for each domain with a final overall rating for the Trust. It was noted that where an organisation was rated as requiring improvement in two or more domains the overall rating could not be more than requires improvement.

The following overall ratings were applied to the Trust:

- Good – Safe, Caring and Responsive domains
- Requires Improvement - Effective and Well Led domains

As two domains were rated as requires improvement the overall Trust rating was Requires Improvement.

It was explained that prior to Publication of the report, a Quality Summit was held on the 26 January 2016 and included key stakeholders from both health and social care. At the summit the CQC presented its findings and the Trust presented its response. Workshops were held to consider the actions to date and further planned actions to address the issues raised and to identify any support required.

The Trust was developing an action plan for submission to CQC by 29 February 2016.

There was a lengthy discussion on the outcomes and that discussion could be summarised as follows:

- the report was 7 months old and lots of actions had been taken to deal with the issues that the CQC inspection had raised.

- compliance with policies was complex given the number and turnover of staff in the organisation. The issue of communication and leadership was an on-going task to ensure things were done in the right way.

- staff were being trained in necessary areas and refresh training was also being put in place.

\_ when A and E was particularly busy resources were brought in from other areas.

- Health Visitors numbers were below the national trajectory goal of 79.49 wte. This would be looked at via the action plan.

- Board Members, who had been present at the CQC's presentation of findings agreed that, despite the rating, the presentation by inspectors had been very positive.

RESOLVED that the report and the Trust's response to the inspection findings be noted.

## **5 Performance Update - February 2016**

Members considered a report that provided an update regarding key indicators from the performance monitoring framework for the Joint Health and Wellbeing Strategy delivery plan, as at February 2016.

The following specific areas were highlighted to the Board:

- Obesity in Children was a mixed picture with some age groups (reception) seeing a rise in obesity and others (age 6) reducing, though numbers remained

above the national average. It was explained that there were plans for an Obesity Action Plan to try and tackle the issue. Also a national Obesity Strategy was expected. Members were reminded of the Family Weight Management Service that was working to support families and specifically focus on reaching families that lived in the more deprived wards.

- Smoking - Prevalence had reduced in Stockton but there were some challenges in terms of people accessing smoking cessation services. This was a national issue and was potentially associated with the use of e-cigarettes and smokers using these to try and quit, rather than traditional approaches.

- Childhood Flu Programme - Children in years 1 and 2 were offered flu vaccinations with a national target of 40 - 60%. Stockton had achieved a 58% uptake, which was at the upper end of the target and the highest within the Tees Valley. It was agreed that this was a very positive consented programme with pleasing results, that could be built on. The programme not only helped the children vaccinated but also protected family/friends and other people from being infected by the child. It was noted that there was a national message pushed each year, about the importance of the flu vaccinations and it was important that this message was supported locally too. It was explained that there were pilot programmes in other parts of the country where all primary school children were being vaccinated and this pilot would be reviewed. All children and adults who were in risk groups were targeted for vaccination.

It was noted that there were variations in terms of rates of vaccination at schools and this would need to be monitored for future years. The Director of Children's Services asked if details of school rates of vaccination could be sent to her for review.

The Board agreed that smoking cessation and reducing hospital admissions for alcohol related harm were key areas to work on in terms of improving outcomes for the population and reducing the strain on services. Success in these areas would help free up resources. There was a suggestion that there be a major push to reduce smoking. Stockton organised big events very well and a large community event, to encourage people to stop smoking may have a significant impact. Also, perhaps there needed to be a discussion about incentivising people to stop smoking and, perhaps, discussions with manufacturers of e-cigarettes. These suggestions could be considered outside the meeting, through the Adults Health and Wellbeing Partnership.

It was highlighted that considerable amounts of work had been undertaken to improve uptake of NHS Health Checks and Lung Checks and focus on the areas of greatest deprivation had been very successful.

There was a need to focus on areas that would make the biggest differences, so prevention had to be a major part of all future plans.

RESOLVED that:

1. the update and discussion be noted.
2. school level data, relating to the take up of the Childhood Flu Programme be provided to the Director of Children's Services.

3. consideration of a large community event/engagement, to encourage people to stop smoking be considered by the Adults Health and Wellbeing Partnership.

## **6 Director of Public Health's Annual Report 2015**

Members considered the Director of Public Health's Annual Report for 2014/15. The report built on the previous Annual Report and the theme of health inequalities underpinned it. The focus of this report, however, was the life course and included information and a key recommendation for each of the following areas:

Pregnancy

Age 0 -3

Nursery and Primary School Ages

Children and Young People

Adults

Alcohol

Cardio Vascular Disease

Smoking

Better Health and Work

The elderly but also anyone vulnerable to living in a cold home.

RESOLVED that the report be noted.

## **7 Public Health Budget Update 2016/17**

Members were provided with an update on the allocation of Public Health Ring Fenced Grant for 2016/17 and indicative allocations for 2017/18

It was explained that Stockton had received £14.6 million for 2016/17, which was effectively £1.25 million down on what the previous profile had been. The reduction made in year for 15/16 of £895k had been made recurring. The actual reduction for Stockton, from last year was 8.5%.

Members were provided with an indication of the areas that the public health budget was spent in.

Members briefly discussed the issues associated with delivering prevention in the context of grant reductions.

RESOLVED that the update be noted.

## **8 Planning Update 2016/17**

Members considered a report that outlined the planning requirements released by NHS England and how NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) and its partners were progressing against these requirements.

As with last year, there was an expectation that commissioners would work with

their providers and other organisations e.g. local authorities to develop local plans. Assumptions related to activity and outcomes must be aligned. Plans must reflect the local Joint Health and Wellbeing Strategy and commissioners must demonstrate that providers and local communities had been fully engaged in the process.

The guidance:

- outlined goals for 2020, deliverables for 2016/17 and nine 'must dos' for 2016/17
- asked that health care systems came together to create its own ambitious blueprint for accelerating its implementation of the Forward View; called the Sustainability and Transformation Plan (STP).
- detailed the 'national challenges' to help set out ambitions for the population - reducing the health and wellbeing, care and quality, finance and efficiency gaps.
- required the CCG and Council to agree a joint plan to continue to deliver the Better Care Fund.
- required that contracts were closed off by the end of March.
- asked that plans would need to contain final planning assumptions, including fixed allocations for the next three years. Plans would also need to be triangulated with work undertaken in 2015/16, with clear links between activity and finance and commissioners and providers.
- indicated that the CCG would need to tailor commissioning intentions for 2016/17 to meet the requirements and deliverables of the operational plan and the five year STP.

In terms of next steps it was explained that:

- a checkpoint meeting would be held, shortly, between the CCG and Trust Chief Executives.
- Operational Plans 16/7 would be aligned with contracts and activity by 11 April 2016
- Final versions of the STPs would be submitted by the end of June 2016, however, Hartlepool and Stockton CCG may need to have the plan available by April as it had been demonstrated as a potential exemplar.
- the planning footprint would be across Durham, Tees Valley and would also include Hambleton and Richmond. There would be a local emphasis for each area.

It was explained that the provider sector must return to a balanced financial position by 2016/17. This would be done by using part of the growth allocation but there would be some stretched targets for providers to meet next financial year.

Members were provided with details of the CCG allocations to 2020/21 and noted what this would mean locally. Taking account of numerous pressures the CCG had an £11 million gap for the next financial year.

The Board noted that there were some opportunities to contribute to the gap and transformation of services was key. NHS England was rolling out RightCare, which identified areas of focus. The CCG had already received support from the RightCare Team which had identified some high level clinical pathways that required further investigation, these included cancer, musculoskeletal and respiratory.

It was explained that fortnightly meetings were being held between the CCG and Council representatives to ensure a partnership approach to the development of the STP, reviewing the priority areas.

The Board had a lengthy discussion on the update which could be summarised as follows:

- It was agreed that transformation of services was key and making savings here and there was not an option as something much more radical was needed.
- there was a need to keep people well for longer, prevent disease occurring e.g. via interventions in smoking and alcohol etc
- those who did have disease would need to receive services that managed their care better and meant they didn't have to receive more costly medical services.
- it was noted that between the period 2010 and 2020 the Council would have had £73 million removed from its budgets.
- the Health and Wellbeing Strategy's priorities were in line with keeping people out of high cost medical services and maintaining their independence e.g. giving every child the best start and keeping people healthy for longer.
- the timescale for the plan's submission was extremely challenging and there was concern about producing a plan with sufficient detail It was noted that the CCG may receive significant technical support if it produced its plans early.
- there may be difficulty in getting a wholly owned plan, by partners, in such a short space of time.
- delivery of any agreed plan would be challenging but essential.
- there was references to integration in the guidance but little detail.
- the Board, again, discussed the need for prevention set in a context of the reduction of grants for such services.
- members noted that there had been some good work through the Better Care Fund and partners were already working collectively on a number of pieces of work and there had been some integration of teams. There had been discussion on how services should be put together and developed.

- the proposed footprint covered 7 local authority areas and it was accepted that this might create an extra layer of challenge in terms of different priorities, commitments, resources etc.

- smoking and drinking were life style choices so hard messages needed to be given to people who, potentially, would cost local authorities and the NHS considerable amounts of money in the future.

- it was noted that this was a huge agenda with many issues not within the control of the Board. It was suggested that it would be sensible for the Board to focus on some priorities that would lead to better health and wellbeing.

The Board recognised that there were groups undertaking the work, relating to the preparation of the Plans. It was agreed that updates/ a development spot would be part each future meeting of the Board.

RESOLVED that;

1. the planning guidance and discussion be noted.

2. the need to develop a clear overall shared vision and plan be accepted.

3. the actions that have been taken to date in the local health and social care community to meet the needs of the 16/17 planning period be noted.

4. that an update/development slot be placed, as a standing item, on the Board's Forward Plan

## **9 Members' Updates**

Members were given the opportunity to provide an update on any issues they felt should be brought to the attention of Board.

The Chair:

- referred to a event called System Leadership of Health and Wellbeing Boards to be held on 7th April. The Chair was attending as was the Director of Adults and Health and other members could attend if they were available. Details would be circulated.

- the draft report coming from the Peer Review had been received and a report would be brought to the Board in due course.

- the Learning Disability Transformation Fast Track Project. An invitation had been received for up to two Council members to be involved in a steering group. If any member wanted to be involved they were to liaise with Peter Mennear in the Democratic Services Unit.

RESOLVED that:

1. the update be noted.

2. details of the System Leadership of Health and Wellbeing Boards event be circulated.

**10      Action Tracker**

Members noted and discussed the Board's Action Tracker.

**11      Forward Plan**

The Board noted its Forward Plan.