

Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday, 27th April, 2016.

Present: Cllr Jim Beall(Chair), Cllr Mrs Ann McCoy, Cllr Sonia Bailey, Cllr Lynn Hall, Cllr Di Hewitt, Tony Beckwith, Jane Humphreys, Peter Kelly, David Brown (sub for Martin Barkley), Alan Foster, Sheila Lister (Sub for Audrey Pickstock), Paul Williams, Ali Wilson

Officers: Michael Henderson, Sue Reay, Sean McEneaney

Also in attendance: Derek Marshall (HENE)

Apologies: Martin Barkley, Barry Coppinger, Steve Rose, Audrey Pickstock, Cllr David Harrington

1 **Declarations of Interest**

Cllr McCoy declared a personal/non prejudicial interest as she served on the Board of Stockton and District Advice and Information Service.

2 **Minutes of the meeting held on 24 February 2016**

The minutes of the meeting held on 24 February 2016 were confirmed as a correct record and were signed by the Chair.

3 **Minutes of Partnerships**

Members received a report introducing the minutes of the Adults' Health and Wellbeing Partnership and the Children and Young People's Partnership meetings as detailed below. The report also highlighted particular issues discussed by the Partnerships and provided brief details of any subsequent action.

- Adults' Health and Wellbeing Partnership - 2nd February 2016
- Adults' Health and Wellbeing Partnership - 2nd March 2016
- Children and Young People's Partnership - 16 February 2016
- Children and Young People's Partnership - 16 March 2016

RESOLVED that the report and minutes be noted.

4 **Commissioning Group Minutes**

Members were provided with the minutes of the following Health and Wellbeing Joint Commissioning Groups:

- Adults - 25 January 2016
- Adults - 30 March 2016
- Children and Young People's - 1st February 2016
- Children and Young People's - 1 March 2016

RESOLVED that the minutes be noted.

5 **Health Education North East - Shortage of Nursing Staff**

Members received a presentation from, Derek Marshall

Chief Workforce Strategist and Planner at Health Education North East.

Members were provided with information relating to

- the process for identifying investment needs, leading to the creation of a national investment plan.
- the levels of investment in nursing and midwifery training.
- training content and standards of competence.

During discussion the following main points were raised:

- During 2016 almost 14,000 people would be recruited into nursing and midwifery across the North East. Work to reduce attrition rates had been successful and this had fallen from 20% to 15%.
- Universities undertook value based recruitment, to test students' commitment to the course. It was explained that, since the introduction of tuition fees there had been concerns that a few people were looking to get a nursing degree, paid for by the NHS, without any real intention of staying in nursing.
- There were a number of factors that had created a shortage in nurses available:
 - Mid Staffordshire and the Francis report which highlighted the need for higher staffing levels than those planned for.
 - a change in government policy on visas had meant it was more difficult to get staff from other countries.
 - The number of people completing training this year was based on projections formulated 5 years ago.
 - Accelerated retirement
 - revalidation of nurses
- There was an initiative to run an 18 month programme using Health Care Assistants to try and increase numbers being registered.
- noted that it was difficult to get people to apply for learning disabilities training. It was highlighted that a joint degree around learning disabilities and social work was available.
- there were no plans to train more people and there were proposals that, from next year, students would pay their own tuition fees. The government's view was that this would deliver 10,000 more qualified nurses, to the system, nationally, by 2020. There was a school of thought that bursaries created a cap on the number of people that could be trained.
- the proposed changes to tuition fees may change the demographics, as people will be faced with £50K of debt. Also, universities may not provide some courses that may not be cost effective, such as learning disabilities. Market forces may determine courses available.

- the size of the bursary available to people with families and the loss of benefits was a deterrent to people wanting to come back in to nursing.
- when care home staff had better training they were less likely to involve hospitals in a patients care, at too early a stage. HENE was keen to work with organisations who represented the care sector in an effort to reduce pressures on hospitals.

The Board was informed that if it, or its members, had any issues they wished to raise they could contact Derek Marshall at HENE and he would be happy to respond or take up nationally.

RESOLVED that the presentation and discussion be noted.

6 GPs' Federation

Members received a verbal report relating to the GPs Federation.

It was explained that within Stockton on Tees there were 23 different practices and within the CCG area 38 practices. Though the practices had a contractual relationship with the NHS, they were, in fact, private, independent businesses with an NHS ethos. Each of the practices operated independently of other practices. There was no common provider strategy or leadership. Each practice in Stockton did the same thing 23 times over, there were 23 practice managers, 23 teams collecting data, 23 payroll etc. It had been recognised that there was a leadership void and the model of operation was not particularly sustainable.

In order to strengthen general practice, potentially reduce the variation in quality, improve resilience, encourage collaboration the Federation had been formed.

The Federation would be known as Hartlepool and Stockton Health (HaSH) and all GP Practices in Stockton and Hartlepool had agreed to be involved. HaSH would hopefully help general practices to better deliver their existing contracts but there was also potential to do some things across the Board. The CCG had already commissioned the Federation to arrange for some practices to be open in the evening/weekends/ bank holidays, over the winter, and would see any patients from any practice. Obviously this needed lots of work behind the scenes, in terms of sharing data.

There was potential to collaborate with some of the other providers to remove some of the strategic or organisational barriers that currently existed.

The Federation would to some degree be able to represent all the different practices that it consisted of.

The Five Year Forward View depended on General Practice existing as a single entity, rather than lots of different entities. The big challenges and what needed to be done in the community would be much easier to achieve through discussions with the Federation.

There was potential for the Federation to be commissioned, sub contracted, used

to move work from hospitals into the community.

There was a brief discussion on whether the Federation should have membership on the Board. This would be further considered outside the meeting.

Discussion could be summarised as follows:

- Hope to see increase in quality and a reduction in some of the variations. As practices started to work together there would inevitably be sharing of good practice, improvements in access, improved uptake of prevention interventions, also more opportunity to use technology.
- Would be much easier for commissioners to have one contract across Hartlepool and Stockton rather than 38 contracts. Money available would have more impact too.
- Members were reminded that responsibility for Commissioning GP services had been delegated to the CCG.
- opportunity to make an impact on health inequalities, to make a difference to variations in care.
- the Federation had been constituted in a way that ensured anything earned would be reinvested. Practices had loaned money to get the Federation going. GPs were not looking to make more money but hoped they'll be able to operate a better work life balance
- practices could leave, if they wished, by selling their shares back to the Federation.

RESOLVED that:

1. the update and discussion be noted.
2. further consideration be given to the Federation being represented on the Board.

7 Sustainability and Transformation Plan

Members received a presentation relating to the Forward View and the Sustainability and Transformation Plan (STP).

Members noted:

- the challenges - including a £500 million financial gap
- the footprint - Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby
- integrated governance approach
- the timetable
- what the future might look like
- what it may mean for Stockton

It was explained that Alan Foster North Tees and Hartlepool NHS Foundation

Trust would be STP Lead for the footprint.

There was an opportunity to have a vision for the next five years and bring about the integration of health and care. Very challenging as 19 different organisations were involved.

Discussion following the presentations could be summarised as follows:

- there was no detail around integration and what it might look like.
- concern that the wide footprint, covering a number of different local authority areas, with different challenges and views may lead to the plan being general in nature.
- taking a joined up/holistic approach would mean that changes in some services would lead to improvements in others.
- it was important to drive down demand, which placed great emphasis on prevention.
- ANEC Regional Health and Wellbeing Chairs Network had ceased. It was likely that a Tees Valley Health and Wellbeing Chairs meeting would be established but, for issues like STP and the Better Health Programme Durham, at least, may also be invited.

RESOLVED that the presentation and discussion be noted.

8 Stockton Better Care Fund Plan 2016

Members considered a report that sought approval of the Stockton Better Care Fund Plan 2016, prior to its submission to NHS England for assessment.

Members were provided with a copy of the Plan and asked a number of questions.

RESOLVED that the Stockton Better Care Fund Plan 2016 be approved.

9 Strategic co-ordination of activities to prevent and respond to Domestic Abuse

Members considered a report that advised the Board of the current arrangements regarding strategic co-ordination of activities to prevent and respond to domestic abuse and to seek the Board's approval for a Domestic Abuse Steering Group to be established, reporting to the Board.

Members were informed that strategic oversight of domestic abuse was conducted by a number of Boards and Partnerships and a meeting of the Chairs of those bodies was recently held. It was acknowledged that whilst there was a considerable amount of work being carried out by a range of partnerships, organisations and individuals, there needed to be a single partnership in place to bring this work together.

This partnership would ensure that the aims and objectives of the strategy were

being addressed and provide additional scrutiny to on-going work, as well as assist in the identification and resolution of any emerging issues. For this purpose, it was proposed that a Domestic Abuse Steering Group be established reporting to the Health and Wellbeing Board.

Details of suggested membership of the Steering Group was provided, though this was not exhaustive.

RESOLVED that:

- 1.the establishment of a Domestic Abuse Steering Group be approved.
2. relevant Boards and Partnerships be advised accordingly.
- 3 a protocol be developed between relevant bodies to provide clarity regarding decision making and reporting mechanisms.

10 Stockton - on - Tees Health and Wellbeing Board Peer Challenge

Consideration was given to a report that presented a letter from the peer challenge team that visited Stockton in January. The letter provided a summary of the team's findings and built on the feedback presentation delivered at the end of its visit.

Members noted that the Peer Review Team had identified 6 key recommendations:

- Collectively clarify the purpose, role, remit and scope of the HWB and ensure everyone understands it.
- Position the HWB, as the system leader and progress health and social care integration at pace.
- Put in place a robust implementation/delivery plan and a performance management framework with clear accountabilities.
- Review capacity, membership and support architecture around the HWB
- Clarify relationships with statutory boards, council committees and the wider partnership structures.
- Develop a communications and engagement plan.

To facilitate the development of an Action Plan it was proposed that the Board holds four development sessions, based on achieving integration and the recommendations from the Peer Challenge.

RESOLVED that:

1. the recommendations contained in the letter from the Peer Challenge Team be accepted.
2. the the proposals detailed in the report relating to the development of an action

plan be agreed.

11 Stockton-on-Tees Borough Council's Personalisation Peer Challenge

The Board considered a report that provided a summary of the review methodology and feedback for the Peer Challenge, that had taken place between 1 and 4 December 2015.

Members were provided with details of the Peer Challenge Team's findings, across the following areas:

- Outcomes
- Participation
- Vision, Strategy and Leadership
- working Together
- Resource and Workforce Management
- Service Delivery and Effective Practice
- improvement and Innovation demonstrating effective practice

The report was extremely positive and those involved were congratulated. It was explained that the Challenge Team had provided some recommendations and a plan was being developed to address them.

RESOLVED that the content of the report of the Peer Challenge Team be noted.

12 Members' Updates

Members were provided with the opportunity of updating the Board on any issues they felt appropriate;

- Ali Wilson informed the Board that she had, on an interim basis, been working at Darlington CCG and this had recently been made permanent. Details would be distributed to all Partners soon

- The Chair raised an issue relating to Community Pharmacies and consultations about their use. One consultation was about using Pharmacies for minor ailments and the other was about reducing Pharmacies and bringing in different prescribing models.

13 Action Tracker

Members considered its Action Tracker.

14 Forward Plan

Members noted its Forward Plan.