

Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday, 29th June, 2016.

Present: Cllr Jim Beall(Chairman), Cllr Sonia Bailey, Gillian Corr (Substitute for Cllr David Harrington), Dominic Gardner (Substitute for David Brown), Cllr Lynn Hall, Cllr Di Hewitt, Tony Beckwith, Jane Humphreys, Peter Kelly, Alan Foster, Sheila Lister (Substitute for ASteve Rose)

Officers: Michael Henderson, Sarah Bowman Abouna, Martin Gray, Peter Acheson

Also in attendance: Paul Williams (Hartlepool and Stockton on Tees GP Federation)

Apologies: Cllr Mrs Ann McCoy, Cllr David Harrington, Ali Wilson, Barry Coppinger, David Brown, Audrey Pickstock

1 **Declarations of Interest**

Councillor Beall declared a personal/ non prejudicial interest in item 6 Diabetes - Prevention and Care as he was a member of Diabetes UK.

2 **Minutes of the meeting held on 25 May 2016**

The minutes of the meeting held on 25th May 2016 were confirmed as a correct record subject to a bullet point contained in the minute relating to the Learning Disability Transforming Care item being amended/removed as appropriate.

3 **Commissioning Group Minutes**

Adults Health and Wellbeing Commissioning Group - 19 April 2016

The minutes of the Adults Health and Wellbeing Commissioning Group held on 19 April 2016 were noted.

4 **Better Care Fund**

Members considered a report that provided the Board with the Better Care Fund quarter 4 performance submission for 2015/16.

It was explained that there had been some issues with the accuracy of the performance data, which had been submitted during the year. This had arisen because of a change in the definitions of some of the social care performance information and the implementation of a new system at North Tees and Hartlepool Foundation Trust. Some of the performance information had been adjusted following intensive data quality work. The impact of the adjustment had been on the Non-Elective Admissions performance indicator. Previously it had been reported that there had been a reduction of 5.2% and the outturn position was now being reported as a reduction of only 0.1%. Members agreed that, despite the adjustment, performance had been positive and this had previously been a rising indicator. There was lots of activity in this area but it was still early days.

Members were reminded that the Board had approved the revised Better Care Fund plan, at its meeting held on 27 April 2016. This plan had subsequently been approved by NHS England.

The Section 75 agreement was expected to be in place by the end of June.

Members noted that more care pathways were being developed and there was more referrals from health, including GPs. The second BCF plan would include people in long term care.

RESOLVED that:

1. the Better Care Fund Q4 2015/16 performance submission be noted.
2. it be noted that the revised Better Care Fund had received approval from NHS England.

5 Diabetes - Prevention and Care

The Board received a briefing paper and presentation on Diabetes Prevention and Care in Stockton on Tees.

The information presented, provided an overview of the burden of diabetes in Stockton on Tees and the services currently in place to address it and the key drivers for change.

Members noted that;

- 3.5 million people in the UK had been diagnosed with diabetes and this was increasing by about 5% each year.
- the cost of diabetes to the NHS was about £10 billion each year and the majority of this was associated with preventable complications associated with diabetes, such as amputations and sight loss.
- within Stockton 9,353 people were on GP diabetes registers and this was projected to reach 16,000 by 2030.
- obesity levels in Stockton, amongst Adults, and in Children at year 6, were above the England average.
- in Stockton it was estimated that 3,300 people had undiagnosed diabetes.

Members noted that there were good services available in Stockton around weight management but it was suggested that there was a need for a more collaborative and coordinated approach to adult obesity, to meet all patients' needs. The Board noted that there were also good diabetes services in place in general practices, community and hospitals but there was significant opportunity to improve clinical management and effective support for patients to self manage their diabetes.

Details of the National Diabetes Prevention Programme (NDPP) was provided and the Board noted the work that was being undertaken. Members felt the NDPP took too much of an individualised approach.

Going forward it was agreed that there needed to be a more integrated model,

away from specialist care (except for complex areas) into educated and supported self care. The model needed to be underpinned by prevention in terms of preventing the condition occurring, but, when it did occur, by preventing complications.

Members discussed the information provided and that discussion could be summarised as follows:-

- there was significant variations, in terms of outcomes, across the general practices in Stockton also the communication between primary and secondary care needed to be improved.
- there was a leadership gap in primary care.
- services needed to be commissioned that put patient education and self management at the centre and provided population care for people with diabetes instead of patchy individualised care.
- progress needed to be made by improving services for the whole diabetic population, providing population level interventions to help people have better physical activity and diets and reducing incidents of diabetes.

There was a need for a local, whole system solution, involving providers, commissioners and the third sector. It was agreed that the Public Health Team would produce proposals about how to take this forward.

RESOLVED that the Public Health Team produce proposals associated with the whole system approach to diabetes care, as mentioned above.

6 Early Help - New Approach and Operating Model

Members considered a report that provided an update on the implementation of early help. It set out the proposed revised approach and operating model for early help in Stockton.

Members noted the key elements of the model, how it would fit strategically and how it would be implemented, delivered and funded.

Members discussed the report and noted :

- that it was envisaged that intelligence received, via early assessments, would help shape services to help address particular needs.
- the model was a work in progress and would evolve, as needs gaps were identified.

The Board agreed to endorse the approach and noted that an update would be provided to a future meeting.

RESOLVED that the approach described in the report be endorsed an update be provided to a future meeting.

7 Children's Service's Strategy

Members received a report that presented a draft Children's Services Strategy for 2016 - 18.

Members noted that, amongst other things, the strategy set out the vision, objectives and priorities for Children's Services and was based on a new approach, which translated the refreshed Council Plan into service priorities and clear action.

The strategy was intended to provide a clear framework for action, prioritisation and for service planning, appraisal, and as the basis for workforce development, systems refresh.

Discussion included:-

- it was noted that the strategy was prepared pre Ofsted, therefore any outcomes from the inspection would need to be considered and reflected in the strategy, as appropriate.

- the Strategy was helpful and included lots of information in one place . It was important that all Partners disseminated this to their staff.

RESOLVED that the update be noted.

8 Performance Update - June 2016

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

Particular issues highlighted included:

- Emergency hospital admissions for alcohol related harm had reduced by 6.5%

- Uptake of NHS health check programme had improved overall and specific reference was made to improvements in the two most deprived quintiles.

- the Warm Homes Health people project had seen a great deal of positive evaluation and had just be awarded compliance plus, following a customer service excellence assessment.

With regard to Healthy Heart checks members heard of efforts to encourage GPs to reach people in the poorest areas. This had included paying a premium to practices when they undertook health checks on people from deprived areas. A combination of a number of initiatives, relating to this, had been effective.

- it was important to get messages right. Articles in the press sometimes didn't reflect issue correctly and this could produce confusion when the public heard advice from experts. It was noted that Public Health did try to keep messages simple e.g. if you're pregnant don't drink or smoke.

RESOLVED that the update and discussion be noted

9 Sustainability and Transformation Plan

The Board received an update on the Sustainability and Transformation Plan.

It was reiterated that existing plans were at the heart of what we do moving forward. The STP must be about adding value. It was agreed that there was lots of fantastic work going on locally and the STP wasn't about changing any of that, but rather building on it. Lots of work would be driven by national policy.

Better Health Programme

Hospital changes that were needed would be driven by a number of issues including the workforce, clinical standards and how 7 day services could be delivered and sustained. It would be important to deliver as many services, locally, as possible.

The Board noted some of the challenges in delivering national policy and transformational improvements in care:

- Technology
- Prevention
- Hospital changes
- Health and Social Care integration

The Board noted that a fuller update would be available at the Board's September meeting.

RESOLVED that the update be noted.

10 Members' Updates

The Chair reminded members of the Board's Development Day, on 27 July, which would cover integration and try to establish a shared vision of what this might look like.

The Chair also explained that a paper was going to Tees Valley Leaders and Mayor proposing a Tees Valley Health and Wellbeing Board Chairs' Network. This would assist with understanding of issues such as STP and BHP, which were across a wider footprint than the local authorities boundaries. The Network was based on the recently established Combined Authority but could be expanded to include Durham and North Yorkshire for specific matters.

The Board was informed that members of the National IPC Programme Team and the National Director of Commissioning Strategy, Ian Dodge had visited Stockton on the 10th June. A letter of thanks, received from the Team, was circulated to the Board.

RESOLVED that the updates be noted.

11 Action Tracker

Members considered the Board's Action Tracker.

RESOLVED that the Action Tracker be noted.

12 Forward Plan

Members were provided with the Board's Forward Plan.

RESOLVED that the Forward Plan be noted.