

# Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday, 28th September, 2016.

**Present:** Cllr Jim Beall (Chairman), Cllr Mrs Ann McCoy (Vice-Chairman), Cllr Sonia Bailey, Cllr Gillian Corr (Sub for Cllr David Harrington), Cllr Di Hewitt, Cllr Matt Vickers (Sub for Cllr Lynn Hall), Jane Humphreys (SBC), Sheila Lister (NHS England) and Steve Rose (Catalyst) Alan Foster (Chief Executive, NT&H NHS FT).

**Officers:** Margaret Waggott and Peter Bell (ACE), Peter Acheson (PH)

**Also in attendance:**

**Apologies:** Cllr Lynn Hall, Cllr David Harrington, Tony Beckwith, Barry Coppinger and Ali Wilson.

## 1 **Declarations of Interest**

There were no interests declared.

## 2 **Minutes of the meeting held on 29 June 2016**

Consideration was given to the minutes of the meeting held on 29 June 2016.

RESOLVED that the minutes of the meeting held on 29 June 2016 be confirmed and signed as a correct record.

## 3 **Partnership Minutes**

### **Adults Partnership - 3rd May 2016 and 5th July 2016 CYP Partnership - 18th May 2016**

The following minutes were noted:-

Adults Partnership - 3rd May 2016 and 5th July 2016

With regard to the minutes of 5th July 2016 and the minute on the Sexual Health Service it was reported that there had been issues around the sub-contracting of sexual health services to GP practices. The new deal had not been accepted by a lot of practices therefore some patients can now not access some of the services that they could get previously. Negotiations were on-going.

It was agreed that the Board should receive a report on Tees Valley shared services local arrangements and what will be in its place.

CYP Partnership - 18th May 2016

## 4 **Commissioning Group Minutes**

### **CYP Commissioning Group - 10 May 2016 Adults Commissioning Group - 21 June 2016**

The following minutes and comments were noted:-

CYP Commissioning Group - 10 May 2016

## 5 Performance Update - September 2016

Consideration was given to a paper that provided a performance update regarding key indicators from the performance monitoring framework for the Joint Health and Wellbeing Strategy delivery plan, at September 2016.

The Board were responsible for overseeing the performance of partner organisations in relation to key health and wellbeing indicators. This was the quarterly performance update report to the Board, compiled on an exception basis as agreed. Key areas of performance were outlined, with some areas of good performance highlighted and some areas where improvement was required. The report covered Q1 data where available and the most recent data where Q1 data was unavailable. Where no new data had become available since the last quarter, performance and narrative had not been duplicated.

Updates that were reported elsewhere, such as the Children and Young People's performance report, were not included in the report to avoid duplication.

The local performance summary was attached to the report. Some national benchmarking data from the Public Health Outcomes Framework (PHOF) was referred to for context ([www.phoutcomes.info](http://www.phoutcomes.info)). The Board were asked to consider how and where issues of good and poor performance were followed up across Board members' organisations and then updates fed back to the Board.

With regard to HW300 rate of emergency hospital admissions for alcohol related harm per 100,000 population, there were 806 admissions per 100,000 for Q4 2015/16 giving a final figure of 2720 against a proposed target of 2560. This was a 1.3% increase compared to the same period in 2014/15. This was now just above the official whole year 2014/15 figure of 2684 and 2% above the North East average of 2666. It was 24% above the England average of 2189.

With regard to addressing health inequalities, Public Health was working in partnership with Housing Options colleagues to look at how to improve the health and wellbeing within the local homeless population. Public health was gathering information, good practices and local intelligence to support this work. A further update would be provided in November at the Adult's Health and Wellbeing Partnership.

A review of the Domestic Abuse service was underway between April and August 2016. Alongside this service review, a wider review of domestic abuse support available across Stockton had been taking place with stakeholder mapping events held in June 2016. Information collected as part of these mapping events would be used to update the current Joint Strategic Needs Analysis and the Domestic Abuse Strategy. As part of the refreshed Domestic Abuse Action Plan, a domestic abuse awareness campaign was launched in June 2016 which included a series of newly developed domestic abuse posters and leaflets. The poster campaign aimed to raise awareness of domestic abuse with five different themes. The campaign would focus in those areas within the Borough where high numbers of incidents were noted, based on police data and information from the service provider.

It was agreed that the Board should receive the minutes of the Domestic Abuse Steering Group. It had been agreed by the Safer Stockton Partnership, LSCB and TASC that the Board would have oversight of their work.

It was reported that as Public Health was now a responsible authority in terms of granting alcohol licensing applications; in the future, cumulative impact zones may be looked at.

RESOLVED that:-

1. The performance update and example data be noted.
2. The implications for addressing performance issues / spreading good practice be noted.
3. The performance update be circulated to the Adults' Health and Wellbeing Partnership. In addition, performance data relevant to the Children and Young People's Partnership be incorporated into the overall performance report for this Partnership group.

## **6 Ofsted Inspection of Children's Services at Stockton on Tees Borough Council**

Consideration was given to a report that provided details of the findings from Ofsted inspection of Services for Children In Need of Help And Protection, Children Looked After and Care Leavers and Review of The Effectiveness of The Local Safeguarding Children Board.

In Autumn 2014, Ofsted introduced a newly revised Single Inspection Framework (SIF) for the Inspection of Children's Services. All Local Authorities would receive a SIF by November 2017.

The arrival of the four week Inspection was announced the day before the Inspection Team arrived on site.

The Inspection Team comprised in total of 8 Inspectors, a Shadow Inspector, a Data Analyst and the Team was overseen by a Quality Assurance Manager.

The Local Authority had prepared its own Self-Assessment in advance of the Inspection and provided a number of briefing notes/case responses for Ofsted during the four weeks.

Ofsted also had a range of performance information already available to them prior to the Inspection, along with views from children, young people and their carers via Annual Questionnaires.

During the four week Inspection Ofsted examined over 250 children's files.

The Ofsted Judgements were divided into a number of categories:

- a. There was an overall Judgement for Children's Services and also Sub-Judgement. The Judgements that could be given were:

- Inadequate
- Requires Improvement
- Good
- Outstanding

b. Sub-Judgements related to the following:

- 1) Children who need help and protection.
- 2) Children looked after and achieving permanence iV with specific focus on adoption and the experience of care leavers.
- 3) Leadership Management and Governance.

c. Alongside the Inspection of Children's Services, a Review of the Effectiveness of the Local Safeguarding Children Board was also undertaken iV this was also given a separate Judgement.

Throughout the Inspection process the Ofsted Inspectors tracked or reviewed a number of specific cases, including:

- „X Children who were at risk of Child Sexual Exploitation
- „X Children in Need of Help and Protection
- „X Children Looked After placed in and out of the Local Authority
- „X Children placed with Foster Carers
- „X Children who have been placed in Children's Homes who are known to have run away
- „X Children who have recently returned home
- „X Children who have a plan for adoption
- „X Children who are care leavers
- „X Children receiving Early Help Services

During the Inspection the Local Authority was also asked to Audit a number of cases and share their findings and Judgements with Ofsted.

The Inspection Team undertook around 80 meetings, including meetings with:

- „X Partner Agencies, including Police, Health, Schools.
- „X Local Authority staff
- „X Representatives from the Voluntary and Community Sector
- „X Children, Young People and their Carers
- „X Foster Carers and Adoption Carers
- „X Elected Members
- „X Children in Care Council Representatives

As the Multi-agency Children Hub went live during the Inspection, Ofsted undertook a visit to the Service in Hartlepool during the Inspection process.

Ofsted Inspectors also undertook a number of interviews with Children's Services practitioners and managers in order that they understood what was happening on the ground in relation to:

- „X Supervision and Management oversight
- „X Workloads for staff
- „X The availability, quality and impact of training and development
- „X The impact of learning from Serious Case Reviews
- „X Whether Senior Managers and Elected Members were visible and approachable

The overall judgement for Services in Stockton-on-Tees was good.

Details were provided of the sub-judgment findings and the key strengths.

Whilst there were 25 specific recommendations throughout the report, a number related to similar themes, which led to 10 overall recommendations.

As of 5 August 2016, 104 Inspections of Children's Services had been published ;V there were 50 remaining Local Authorities to have their reports published by the end of 2017.

Of the 104 Inspections to date, only 27 Local Authorities had received a Good or Better overall Judgement and only 4 Local Authorities had received an Outstanding Judgement for Care Leavers. Details of the current national judgment were attached to the report.

There had been eight Local Authorities in the North East inspected under the SIF:

- „X Three Local Authorities had received an overall Good Judgement.
- „X Three Local Authorities had received an overall Requires Improvement Judgement.
- „X Two Local Authorities had received an Inadequate Judgement.

No other Local Authority in the North East Region has an Outstanding Judgement for Care Leavers.

Members were overall very pleased with the outcomes of the Ofsted Inspection and thanked the Director of Children Services and all of her staff that had been involved in the Inspection. Members were aware that going forward there would not be any compliancy from any of the staff involved with Children Services.

RESOLVED that the report be noted.

## **7 Progress Report on HWB Development**

Following the Peer Review in January 2016, the Health and Wellbeing Board (HWB) recently had a facilitated development day focusing on the key recommendations from the review.

Specifically the issues of systems leadership and the integration of health and social care were prioritised and the purpose of this report is to summarise those discussions and to recommend the vision, principles and basis for the role of HWB in systems leadership and integration.

The HWB was cognisant that whilst it had an important pivotal role in system leadership nevertheless it operated in a complex governance system where each of the members of the HWB had their own statutory governance arrangements. Therefore one of the key challenges for the HWB was to recognise what was within its remit and what was more appropriate for individual organisations.

The area of Health and Social Care integration was of strategic importance to all of the individual organisations on the Board, not simply because of the financial pressures faced by each organisation, but because there was an increasing evidence base that the customer received better public services with better outcomes in health and social care when they were at the centre and focus of delivery.

The Board agreed the key characteristics for good system leadership these included:

- focus on customers' needs
- operating and acting in the interests of all organisations
- an understanding of governance, culture and accountability across organisations
- a clear, shared vision and objectives
- an ability to drive continuous improvement
- recognition of staff as the greatest asset and support and develop them
- ability to remove barriers
- Innovative in approach and open to new ideas
- Maximising value for money
- Managing demand and expectations
- Confident making decisions based on a strong evidence base
- Communicates clearly and listens to and seeks feedback
- Flexibility
- Challenging

The Board considered the vision for integration and agreed it should reflect integration around the needs of the individual with a clear sense of purpose rather than integration for merely the sake of it. In addition the Board agreed that this vision should build on the previously agreed vision for integration for our local better care fund which was widely accepted by all partners; Meeting patient needs now and future proofing for the coming generation with consistently better health and social care delivered in the best place and within available resources.

The Board considered the potential impact on organisational and management structures and agreed that this should not be the focus of local discussions; rather we should focus on the customer pathway and experience.

The principles of integration the Board agreed were:

1. Integration from the perspective of the customer
2. Areas prioritised by the benefit that integration may bring by application of viability testing through the existing Health and Wellbeing partnerships
3. Partnerships will determine the parameters of the options for integration and the commissioning groups will facilitate this.

The basis of viability testing should as a minimum consider:

1. Which outcomes may be improved by integration, why integration is the answer and not usual service improvement?
2. Is this integration a multi-agency or single agency solution?
3. What is the scale of the opportunity presented by integration?
4. What is the current cost v VFM and what are the potential costs / benefits or risks posed by this proposal for integration?
5. What does customer feedback tell us on the current service and how it could be improved by integration?
6. Does integration present prevention opportunities?

Once the partnerships had considered and sought agreement on the key areas for integration the partnership needed to undertake detailed work to understand the current customer journey and to design the future customer journey. This may involve work outside the main meeting to examine areas associated with the customer journey for example data sharing, single lead agency / individual, and single plan for the customer. The evidence case for integration based on the viability tests needs to be robust.

The Board considered areas that presented for change and prioritised three areas:

1. SEND
2. Older people
3. Domestic abuse

The Board had ultimate oversight of Health and Social Care integration and would be responsible for ensuring the requirements for delivering integration locally were implemented as required by the Department of Health by April 2017.

It was recommended that the Board agree the characteristics as set out in the report for HWB to exercise system leadership locally.

It was recommended that Board agree the Vision for and principles of integration and that these three areas at paragraph 10 be prioritised.

Members agreed that the terms of reference for the Board should be re-visited.

RESOLVED that the vision for and principles of integration be agreed.

## **8 Sustainability and Transformation Plan (STP)**

Members were given a presentation by Alan Foster (STP Lead) on the Sustainability and Transformation Plan. The presentation covered the following key areas:-

- Delivering the Five Year Forward View
- The STPs
- Overview of the STP
- STP and Better Health Programme
- Transformation Shift

- Voluntary Sector
- Timetable

Members were then given the opportunity to ask questions and make comments on the presentation and these could be summarised as follows:-

- A report from the pharmacy will be brought a future meeting of the Board
- The first meeting of the Tees Valley Health and Wellbeing Board had taken place recently. Durham and North Yorkshire would be invited to provide a forum to consider collectively some of the implications of the STP and the Better Health Programme
- The NHS service needs to be modernised
- Administration needs updating and new technology should be used more
- We need to invest more finance in carers
- There will be huge change in the NHS buildings physically and questions will need to be asked about how the NHS uses its estate
- Some people have to travel further to use services
- There needs to be political buy-in to STP
- If the changes are opposed what will happen next
- This could be a one-off chance for the NHS to get its finances in order to show that it can be sustainable
- Stockton has a long history of partnership working and understanding limitations and difficulties

RESOLVED that the presentation be received.

## **9 Members' Updates**

The Chair reported that on the back of some really good commissioning work for an integrated approach to commissioning under the Better Care Act, it had been recognised by Association of Public Service Excellence (APSE) as the Best Health Care Initiative for the year award.

## **10 Action Tracker**

Consideration was given to the Action Tracker for the Board.

RESOLVED that the Action Tracker be noted.

## **11 Forward Plan**

Consideration was given to the Forward Plan for the Board.

RESOLVED that the Forward Plan be noted.