

Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday, 30th November, 2016.

Present: Cllr Jim Beall (Chairman), Cllr Mrs Ann McCoy, Cllr Sonia Bailey, Tony Beckwith, Cllr Gillian Corr (Substitute for Cllr David Harrington), Cllr Di Hewitt, Saleem Hassan, Jane Humphreys, Sarah Bowman-Abouna, David Brown, Alan Foster, Sheila Lister, Steve Rose, Karen Hawkins (Substitute for Ali Wilson), Ann Workman

Officers: Michael Henderson, Peter Acheson (SBC) Gemma Clifford (Catalyst)

Also in attendance:

Apologies: Barry Coppinger, Cllr Lynn Hall, Cllr David Harrington, Paul Williams, Ali Wilson

HWB 60/16 **Declarations of Interest**

There were no declarations of interest.

HWB 61/16 **Minutes of the meeting held on 26 October 2016**

The minutes of the meeting held on 26 October 2016 were confirmed as a correct record.

HWB 62/16 **Health and Wellbeing - Minutes of Partnerships, Groups etc**

Members considered the minutes of the following meetings.

- Children and Young People's Partnership - 19 October 2016
- Domestic Abuse Steering Group - 2 August 2016
- Children and Young People's Joint Commissioning Group - 5 October 2016
- Adults' Health and Wellbeing Joint Commissioning Group - 24 October 2016
- Tees Valley Health and Wellbeing Chairs' Network - 26 September 2016

During consideration of the Children's Partnership meeting it was agreed that a report relating to children and young people with special educational needs and/or disabilities (SEND) should be submitted to the March/April meeting of the Board.

During consideration of the Adults' Health and Wellbeing Joint Commissioning Group the Chair made reference to an issue that the Group had discussed, during its consideration of an item entitled 'Tees Valley Sexual Service Review and Procurement.' The Group had asked that the issue be raised with the Board to seek Partners' agreement to a principle of working. The Chair read out an extract of the relevant minute that captured the principle:

'...when there was a high value and complex programme of work, particularly where there was more than one commissioner, it was important that organisations were committed to providing appropriate employee capacity to undertake the work, in order that it was recognised as a priority and was supported in practice. Where one organisation was identified as leading the commissioning / procurement of services, it should be acknowledged that there was a significant commitment by that lead organisation, in terms of legal, process and administrative responsibility. Such input incurred costs that needed

to be recognised. It was agreed that this should be highlighted with the Health and Wellbeing Board with a view to receiving appropriate commitment from relevant organisations, for future projects.'

Members agreed the principle detailed above.

In terms of raising this principle with other Tees Valley authorities, the Chair agreed that he would refer to it at the Tees Valley Health and Wellbeing Board Chairs' Network in January.

RESOLVED that:

1. the minutes detailed above be noted.
2. that the principle detailed above be agreed.
3. the Chair raise the principle, with other Tees Valley authorities via the Tees Valley Health and Wellbeing Chairs' Network.

**HWB
63/16**

Role of the VCS - Potential to improve Health and Wellbeing - Presentation

Members were provided with a presentation that described work that was on-going within the Voluntary, Community and Social Enterprise (VCSE) Sector to improve Health and Wellbeing in the Borough. The presentation also considered further potential in this regard.

Members noted ;

- the anatomy of the VCSE in Stockton - on - Tees
- the social prescribing model
- the positive independent evaluation of the impact of the VCSE's Health Initiatives.
- an overview of some of the Health projects provided by the VCSE and the value they had delivered.

The Board discussed the presentation and the discussion could be summarised as follows:

- there was a mature, positive relationship amongst all partners in the Borough and an excellent understanding of each others limitations and challenges.
- with regard to the Health Ambassadors initiative it was suggested that this could be broadened to include social care and it was requested that this be considered further.
- difficult to reach groups were well catered for within the VCSE.
- there was a bottom up approach to issues, where needs were identified and services were shaped to meet those needs. The 'A Fairer Start' initiative was a good example of this.
- members noted that an evaluation report would be presented to a future

meeting.

RESOLVED that:

1. the presentation and discussion be noted.
2. consideration be given to broadening the Community Health Ambassadors initiative to social care.

**HWB
64/16 CCG Operational Plans**

Members received a presentation that set out an overview of the NHS Planning Process for 2017/18 and 2018/19.

Members noted the requirements that guidance placed on Clinical Commissioning Group (CCG).

Members noted some of the challenges facing the CCG:

- There would be aggregated financial activity and workforce plans at STP level, underpinned by financial control totals, and CCG operational plans would need to reflect those aggregated plans
- Accountability for delivery would sit with individual organisations but they would need to demonstrate how their organisational plans aligned with STP objectives and planning assumptions.
- CCG and provider plans would need to be agreed by NHS England and NHS Improvement, with a clear expectation that they would be fully aligned in local contracts.
- First draft of plans had been provided 24th November with final plans to be submitted by 23rd December.

The Board received details of some of the CCG's Planning Ambitions and how these were aligned with the STP.

A brief note on the Better Care Fund was provided and it was explained that CCGs and Councils needed to agree a joint plan to deliver the requirements of BCF for 2017/18 and 2018/19. CCGs would be advised of a minimum amount that they were required to pool. Funding had to explicitly support reductions in unplanned admissions and hospital delayed transfers of care.

Members discussed the presentation:

- local Plans were aligned with the STP and there was nothing new that the CCG's local plans hadn't already been heading towards. The integration priorities identified by the Health and Wellbeing Board i.e. Older People, SEND and Domestic Abuse, were all captured in plans.
- the Planning Ambitions provided to the Board were a high level overview and many actions sat underneath those ambitions.
- there was a commitment to an integrated approach to Care and Domestic

Abuse but more work was needed between partners to work up detail in these areas.

- There would be no specific funding allocation to Domestic Abuse. Prevention was an important strategic aim of the CCG and in terms of Domestic Abuse there would need to be an understanding of how work might reduce spend in primary and acute services before resources were reallocated.

- it was accepted that Domestic Abuse created spend across the whole system.

- BCF Plans would need to be refreshed in line with new guidance which was expected soon.

RESOLVED that the presentation be noted.

HWB **Annual Health Protection Report**
65/16

Member received a report that provided a summary of health protection arrangements and delivery for Stockton on Tees. It also provided a range of activity data for 2015/16 in terms of key communicable diseases and reports on levels of protection, such as immunisation rates.

Members discussed the report and this could be summarised as follows:

- food safety star ratings were not advertised sufficiently but scores were available on websites.

- notifications from GPs, of notifiable diseases was low and it was suggested that this wasn't giving the true picture in this area. It was noted that a notification form would be sent to Dr. Saleem Hassan who would highlight it with GP colleagues.

- whooping cough vaccination was improving but there was room for further improvement.

- incidents of scarlet fever were increasing nationally but no vaccine currently existed.

- there was a request for a report to a future meeting about how to improve uptake of flu vaccinations amongst workforces. There would be discussion outside the meeting about this.

RESOLVED that:

1. the report be noted.

2. the notifiable diseases form be passed to Dr Hassan who would highlight it to other GPs.

3. a report on uptake of the flu vaccination, within local workforces, be presented to a future meeting of the Board.

HWB **Integrated Personal Commissioning Updates**

66/16

Members received an update relating to the Integrated Personal Commissioning Programme (IPC).

Specific reference was made to the NESTA 100 Day Challenge and it was explained that Stockton on Tees Demonstrator site had been approached by NHS England to be part of a radical transformation programme delivered by NESTA. The National IPC team requested that 2 sites work with NESTA on an intense programme of work to look at integrating frontline teams and to challenge how IPC could be delivered at scale. Stockton on Tees was chosen as the only site to take part in this due to our commitment to IPC but also due to it being the site furthest ahead nationally in developing and delivering IPC.

The challenge had enabled us to again align IPC and BCF together to address integration across the over 65s with a particular focus on LTCs, frailty and the Discharge to Assess Model.

A Leadership team had been established and the challenge would be launched in January 2017.

RESOLVED that the update be noted and a further report be provided in 6 months

HWB 67/16 Sustainability and Transformation Plan

There was a brief update around the Sustainability and Transformation Plan (STP) and that update has been summarised below.

- the draft STP had been formally published.
- there would continue to be engagement to develop the plan. Engaging with local authorities was a priority.
- there was a commitment to working together across all organisations. Funding would continue to be challenging in the future.
- the STP would need to be delivered, taking account of what was needed locally.
- there were issues around the communication of the STP message and a perception that it was about cuts rather than improving quality and getting more value.

RESOLVED that the update be noted.

HWB 68/16 Members' Updates

The Chair referred to a letter he had received from David Mowat MP, Parliamentary Under Secretary of State for Community Health and Care requesting that Health and Wellbeing Boards develop and strengthen relationships with general practice services. The Chair had responded explaining the position in Stockton and highlighted how well general practice was represented on the Board and its supporting structures.

The Chair indicated that he would circulate the letter and his response, for members' information.

It was explained that contract award letters would be issued, today, for the Integrated Urgent Care Service, that the CCG commissioned. A formal communication would be issued to Partners. The contract had been awarded to North Tees and Hartlepool Trust, in collaboration with North East Ambulance Service and Hartlepool and Stockton Health Federation. It was agreed that a summary of what the service would look like would be submitted to a future meeting of the Board.

RESOLVED that the update be noted and a report on the Integrated Urgent Care Service be presented to the Board's meeting, in February.

**HWB
69/16** **Forward Plan**

Members considered and agreed the Forward Plan

**HWB
70/16** **Action Tracker**

There were no actions on the tracker.