

Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday, 26th October, 2016.

Present: Cllr Jim Beall (Chairman), Cllr Mrs Ann McCoy (Vice-Chairman), Cllr Lynn Hall, Cllr Gillian Corr (substitute for Cllr David Harrington), Cllr Di Hewitt, Tony Beckwith, Sarah Bowman-Abouna, David Brown, Barry Coppinger, Martin Gray (substitute for Jane Humphreys), Alan Foster, Cllr Paul Rowling (substitute for Cllr Sonia Bailey), Ali Wilson, Paul Williams

Officers: Michael Henderson (SBC), Donna Owens, Jo Heaney (CCG)

Also in attendance: Mike Maguire (DDT LPN - Pharmacy)

Apologies: Cllr Sonia Bailey, Cllr David Harrington, Sheila Lister, Steve Rose, Jane Humphreys

1 **Declarations of Interest**

There were no declarations of interest.

2 **Minutes of the Board held on 28 September 2016**

The minutes of the meeting held on 28 September 2016 were agreed.

3 **Partnership Minutes**

CYP - 21 September 2016

The minutes of the Children and Young People's Partnership held on 16 February 2016.

4 **Commissioning Group**

Children and Young People Health and Wellbeing Commissioning Group minutes 11 July 2016

The minutes of the Children and Young People's Health and Wellbeing Commissioning Group were noted.

During consideration it was noted that each of the topic leads relevant to Children and Young People were responsible for keeping their section of the JSNA up to date, in consultation with partners. It was noted that the SEND team was leading this for SEND issues.

Following the above discussion the Chairman highlighted the need for the Board to look at reviewing the Joint Strategic Needs Assessment (JSNA). This needed to be flagged up for future meetings of the Board.

5 **Pharmacies**

Members received a presentation provided by Mike Maguire, who chaired the Durham, Darlington and Tees Local Professional Network (LPN) (Pharmacy) Steering Group.

Members noted:

- that the main role of the LPN was to advise Commissioners and key stakeholders about opportunities that would benefit patients, the public and the NHS.
- Pharmacists were the third largest group of healthcare professionals after Nurses and Doctors.
- 89% of the population could access a community pharmacy, within a 20 minute walk from their home. This statistic rose to 99.8% of people living in the most deprived areas.
- A pilot of Pharmacy Emergency Rescue Medication Supply Service (PERMSS) had indicated that significant savings could be made.
- A study of 12 months of data, in the North East, had suggested that referral into Community Pharmacies, for low acuity conditions, would divert 51,000 people away from A&E, walk in centres and out of hours surgeries.
- the Tees Healthy Living Pharmacies were focusing on the Health and Wellbeing of every customer, getting people to take responsibility for their health.

Members discussed the presentation and asked a number of questions. This discussion could be summarised as follows:

- Pharmacist were commissioned by NHS England, however other enhanced services such as stop smoking and weight management were commissioned by local authorities.
- Loss of income for pharmacies may effect the provision of free services, like delivery services. The most vulnerable members of the community would suffer as a result of such cuts.
- could pharmacies link with social care in terms of any safeguarding concerns they observed?
- Pharmacies worked collectively across patches in some services e.g. end of life medication, but other services could be included. It was accepted that each pharmacy didn't have to provide every service, as long as there was coverage within a geographical area.
- Pharmacies could diversify and provide other community services . Currently, services such as physiotherapy and chiropody were provided at some pharmacies.

It was suggested that NHS England would provide a briefing report, to the Board, on Government proposals around the transformation of community pharmacies.

RESOLVED that

1. the presentation be noted

2.NHS England provide a report on the Transformation of Community Pharmacies to a future meeting of the Board.

6 Sustainability Transformation Plan

Members received an update relating to the Sustainability and Transformation Plan, including the Better Health Programme.

Members noted:

- that North Durham would be part of the Northumberland Tyne and Wear STP.
- that no decisions had been made about where services would be provided.
- possible scenarios for hospital services. The current configuration was not an option.
- features of a specialist hospitals.
- that there were no plans to close any hospitals, but they would be used in a different way.
- patients would see specialist to get the best possible treatment, around the clock, every day.
- that there was a shortage of GPs, so there was a need to transform the workforce, using GP assistants, more practice nurses, develop new roles outside the hospital.
- a potential model of care for out of office services
- a timetable leading to consultation in June 2017.
- details of stakeholder and public engagement events.

Members discussed the presentation and it was agreed that any new model would rely on adequate and consistent levels of services in social care. Some of the proposals may not be achievable within current budgets. Engagement with local authorities was a fundamental part of developing the Plan.

RESOLVED that the update be noted.

7 Learning Disability Transforming Care

Members received an update on progress regarding the North East and Cumbria Fast Track Learning Disability Transforming Care Programme.

Particular reference was made to an identified shortfall in the funding of the Transformation Programme of £8.3 million.

It had been acknowledged that there would need to be a significant shift in both resources and culture to meet the needs of people more effectively in the community. This would involve the de-commissioning of inpatient beds and the expertise of some specific skill areas being focused on supporting people in the community. Care and support organisations would need to provide more intensive individualised responses for people that traditionally would have had their needs met in inpatient care.

The investment required for this new model of care was identified as being in excess of what could be released from current commissioned services.

Significant work was also being undertaken across the region to understand the implications of the inpatient dowry, which was designed to support the on-going care and support needs of eligible inpatients in the community. The financial model to underpin this was being worked through jointly with CCGs and Local Authorities.

Working with social care providers and supporting people whose needs were complex was a key priority for the CCG and Local Authorities and Commissioners continued to work together to develop the community infrastructure to enable the implementation of a new model of care for people with a learning disability.

Members considered the report and their discussion has been summarised below:

- in Stockton there were 3 people within inpatient care that were the responsibility of the CCG. There were 12 patients that may come back to area, depending on circumstances.
- there was a willingness to support people in communities, who could be, but in order for this to happen resource allocation needed to shift.
- not all beds could be released and some had to be maintained for people who may need long term or occasional support.
- people needed to be in the correct settings but this was complex and had a significant cost associated with it.
- issues around Ordinary Residence and out of areas cost were discussed and the Chair indicated that he could arrange for a legal view, from the Local Authorities' perspective to be provided.
- moving people from hospital under the Mental Health Act into the community would increase Deprivation of Liberty applications.

The Chair highlighted that whilst the Board had agreed to receive updates, and it would help resolve any issues it was able to, it had not agreed to have overall responsibility for the Transformation Programme.

- the Chair also highlighted that the Tees-wide Adult Safeguarding Committee had raised safety concerns associated with the Programme and had agreed to

send a letter to Tim Rideout in this regard.

RESOLVED that the update be noted and a further update be presented to the Board in 6 months.

8 Children and Young People's Mental Health and Wellbeing Transformation Plan 2015-2020 (2016 refresh)

Members received an report on the refresh of the Hartlepool and Stockton on Tees Children and Young People's Mental Health and Wellbeing Transformation Plan 2015 - 20.

CCG priorities within the Plan included:

- Perinatal Mental Health
- Development and implementation of a pilot for intensive home treatment
- improving access and treatment for children and young people with Autistic Spectrum Disorder
- Improving Access to Psychological Therapies for children and young people.
- ability to deliver concordant care for people who were experiencing the first episode of psychosis

Specific Stockton priorities included:

- research/intelligence gathering activity
- Emotional Resilience Offer
- Therapeutic Support for Carers
- Family therapeutic support

Members noted funding allocations for the eating disorders service 2016/17 was £166,000 and £657,353 for Future in Mind.

During consideration of the Plan members noted that:

- in terms of NHS England assurance, this was likely to be a self assessment process and fairly light touch.
- funding was not ring-fenced but there was a commitment for the next 12 months.
- the eating disorders service had previously been accessed through specialist services but it was now a self referral service.

Members were extremely supportive of the plan and agreed that a positive press release should be considered.

RESOLVED that:

1. the refreshed priorities and financial allocation within the updated Children and Young people's Mental Health and Wellbeing Transformation Plan 2015 - 2020 be endorsed.
2. consideration be given to a positive press release being issued.

9 GP Federation Update

Members received an update on the GP Federation:

Members were reminded that the GP Federation (Hartlepool and Stockton Health) was an organisation owned by, and representing, the 24 GP practices in Stockton and 12 in Hartlepool. The Federation wanted to be the leader of a sustainable primary care system, responding to the challenges of the future and developing new models of care outside of hospital. The Federation presented a single organisation that could provide leadership, services that could be commissioned, a single point of contact.

The Board noted some of the new initiatives the Federation was currently involved in:

- there were 20 care coordinators, working in all practices, with a cohort of 4,000 patients who had been identified by GPs as being most likely to end up in hospital in the next year. These patients were working with the coordinator and their GP to plan their care.
- placing pharmacists in practices to try and shift workloads and improve the quality of medicines management, helping the CCG with some of the huge costs of the prescribing budget
- use of technology using 'eConsult'. Patients may be diverted to self help or be assisted by the GP, without the need of a face to face consultation.
- training some 'non-doctor' health workers in primary care
- GP will be open over Christmas and the New Year to take off pressure on urgent care
- helping Practices to be more resilient, reducing variations in access and quality of care
- looking to develop future partnerships with social care, mental health, voluntary and community sector etc.

During consideration of the update it was noted that services to older people had been identified as a potential area of integration and this would be the subject of discussion at the Adults' Health and Wellbeing Partnership. Paul Williams indicated that he would be happy to be involved in any discussion at the Partnership on this matter.

RESOLVED that the update be noted and a further update be provided to a future meeting.

10 Members' Updates

During Members' Updates it was noted that:

- A Terms of Reference and Rules of Procedure document for the Tees Valley

Health and Wellbeing Chairs' Network was being developed and would be shared with relevant organisations when finalised.

The Domestic Abuse Steering Group was up and running and had held 2 meetings. Current work included looking at potential new approaches/initiatives relating to tackling Domestic Abuse. The minutes of this Group would be provided to the Board.

11 Forward Plan

Members considered the Board's Forward Plan.

12 Action Tracker

Members considered the Board's Action Tracker.