

# **Tees Valley Health and Wellbeing Board Chairs' Network**

A meeting of Tees Valley Health and Wellbeing Board Chairs' Network was held on Monday 24 July 2017.

**Present:** Councillor Jim Beall (Chairman) (SBC), Councillor Charles Rooney (substitute for Mayor Budd) (MBC),

**Officers:** Michael Henderson (SBC), Paul Edmondson-Jones (HBC), Edward Kunonga (MBC/RCBC)

Also in attendance: Councillor Michael Harrison (NYCC), Councillor Lucy Hovvels (DCC), Richard Webb (NYCC)  
Alan Foster (Designated lead for the local STP)

**Apologies:** Cllr Christopher Akers Belcher (HBC), Councillor Andrew Scott (DBC), Mayor David Budd (MBC),  
Councillor Sue Jeffrey (R&CBC)

## **1 Declaration of Interest**

There were no declarations of interest.

## **2 Minutes of the meeting held on 27 March 2017**

The minutes of the meeting held on 27 March 2017 were confirmed as a correct record.

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

Alan Foster, Designated Lead for the STP, was in attendance and provided the Network with a verbal update, covering the following areas/issues:

- Sustainability and Transformation Plans had disappeared as a brand and was now talked about as Sustainability and Transformation Partnerships by the NHS.
- The NHS was in a difficult place, financially and but the demand for health services continued to increase.
- Workforce was the biggest single issue for the STP.
- It was explained that STP dashboards had recently been issued by the Department of Health that provided a baseline view of STPs (copies would be sent to members following the meeting). This was an assessment of where plans/services were in comparison to other plans. The dashboard was compiled using a number of indicators, including hospital performance, patient focus change, transformation, prevention, access, leadership, finance etc. Durham, Darlington, Tees, Hambleton, Richmondshire, Whitby had been categorised as outstanding, which was the top category. Nationally, only five other STPs had been rated at this category.
- Lots of work had been undertaken before the STP came along, including the Better Health Programme. This work had identified that all local health services couldn't be maintained at every hospital and specialist centres were the way forward. Understandably, when such issues around service location were discussed, it attracted a great deal of

interest and concern from the public and local politicians.

- It was suggested that recent messages from government seemed to suggest that it was unlikely that any major political decisions would be made around hospital services in the near future and the focus on progressing STPs timetable had reduced somewhat. It was anticipated that there may be more time to work through what the best services configuration would be. However, it was important not to become complacent and work had to continue, particularly in terms of reaching clinical consensus on some services.

Discussion arising from the update could be summarised as follows:

- Recruitment was a local and national problem and it was queried how it was being tackled. Members noted the work that was being undertaken to enhance roles e.g. radiographers doing some radiologists work, practice nurses undertaking some specialist nursing roles. It was noted that discussions had been held with Newcastle medical school which had put in a bid to train more doctors. Drop outs were increasing and work was being undertaken to retain doctors in the profession and in the North East region.
- It was considered that there was still lots of work that could be done related to the STP, short of any politically controversial decisions. For example more attention to the prevention stream could be undertaken to limit problems occurring and decrease demand on acute services.
- There was confusion over the STP now being called a 'Partnership', by the NHS. It was agreed that partnership working was very important and was welcomed but, ultimately, this was a NHS Plan.
- The prevention stream was very well advanced, with a strong team. However, priority areas were very clinical and it was suggested that resources needed to be widened to include issues like Domestic Abuse, which was an accepted drain on health and other services.
- There was difficulties in releasing resources from acute care for prevention work. There was no additional transformational funding and change had to be undertaken within the existing financial envelope. It was suggested that a case should be made to the government for additional non-recurring capital funding to help with transformation.
- It was recognised that the public and local politicians became concerned at any discussions around changes to services, particularly as there was often no clear message around what would replace that service.
- In the medium term focus of the STP was likely to be around prevention, frail elderly (with social care), workforce, development of community

services and reaching clinical consensus, particularly around obstetrics and paediatrics.

- There should be more work in the areas that would have the biggest impact. The STP also talked about the health gap and closing it. Life expectancy was slowing down nationally and decreasing in some parts of the North East.
- There was a brief discussion on Accountable Care Organisations and Partnerships. The basic premise was that all agencies worked together as partners, but there was no change to the statutory standing of the organisations involved. This seemed to be the rationale behind the creation of HWBs, but over a much bigger footprint.

Members agreed that it would be useful to draft a letter to Alan Foster, setting out what the Network had taken from his recent update and confirming the areas of the STP that would receive focus on a collaborative basis, using existing mechanisms, rather than creating anything new. Richard Webb would draft a suitable letter.

Members agreed that the expanded Network Membership should continue when key issues relating to STPs were discussed. It was felt it had a role in influencing and shaping any plans.

RESOLVED that a letter be drafted as detailed above.

### **Members' Updates**

The Chairman referenced the Tees Valley Sexual Health Procurement and explained that the Stockton HWB had discussed some of the process, capacity and cost issues associated with that procurement. The Board had agreed a position statement relevant to any similar exercises that took place in the future, and it had been agreed that this be shared with other Board's through this forum:

' 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.'

There was acceptance of the principle, contained in the statement, and it was noted that there were a number of projects that were being approached in a similar collaborative way and it was important to continue with this. The Tees Valley Directors of Public Health were looking at how collaborative work could be adequately funded in an acceptable and equitable way.

**RESOLVED** that the update be noted and the statement detailed above be raised with relevant Health and Wellbeing Boards.

## **6 Forward Plan**

It was agreed that Directors of Public Health would provide an update on Health Budget Devolution in the areas it had taken place and, in particular, Manchester.

Arrangements be made for a further update on the STP, at the Network's November meeting. This meeting may need to be changed as it appeared to clash with STP Board.

**RESOLVED** that the Forward Plan be updated as detailed.