

## Health & Wellbeing Board

A meeting of Health & Wellbeing Board was held on Wednesday, 24th February 2021.

**Present:** Jim Beall (Chair),

Fiona Adamson, Sarah Bowman – Abouna, Cllr Jacky Bright, Jon Carling, Cllr Lisa Evans, Cllr Luke Frost, Dominic Gardner, Martin Gray, Cllr Lynn Hall, Hilton Heslop (Sub for Julie Gillon), Cllr Ann McCoy, Toni McHale (Sub for Peter Smith), Alex Sinclair (Sub for David Gallagher) Ann Workman

**Officers:** Michael Henderson, Gareth Aungiers, Jane Smith, Nicola Childs, Clair Rogers

**Also in attendance:** Alan Foster

**Apologies:** Julie Gillon, Dave Gallagher, Peter Smith

### 1 **Declarations of Interest**

There were no declarations of interest.

### 2 **Minutes of the meeting held on 27 January 2021**

The minutes of the meeting held on 27 January 2021 were confirmed as a correct record.

### 3 **Needs Led Neurodevelopmental Pathway for Children and Young People**

The Board considered a report that provided an update on the implementation of the 'Needs Led Neurodevelopmental Pathway' for children and young people across Hartlepool and Stockton on Tees.

Members noted work that had been undertaken including: -

- The joint commissioning of a family support service and a service to support families to meet the sensory needs of their children.
- TEWV had worked with the Parent /Carer Forum to improve communication with parents and carers.
- A task and finish group had met to identify services in Stockton which could provide a bubble of support to families where a neurodevelopmental need had been identified. A website had been launched to promote these services.
- There had been additional investment from Tees Valley CCG for TEWV to create a neurodevelopmental team for children and young people aged 5 – 18.

The Board was appraised of the current position and noted that the pandemic had impacted on the number of referrals received and the ability to carry out some elements of the assessments. However, TEWV was looking at different ways of being able to carry out these elements and all children and families seen by the Multi-Disciplinary Team had received information on support that they could be accessing, whilst waiting for the full Autism assessment.

It was noted that, from February 2021, ADHD assessments would be included in the Pathway. Also, in February, coordination for the under 5s pathway would move to North Tees and Hartlepool Foundation Trust. This would streamline the process for families and result in families only having to link with one Foundation Trust. The triage model in place, for the over 5's, would be adopted in the under 5 model and would utilise local authority staff from the 0-19 service and Early Years Education.

Discussion:

- Member highlighted the successful partnership working that had been undertaken, to get to the reported position, with a new approach and significantly reduced waiting times, including extensive input from the Parent /Carer Forum. Members were reminded of the key role the Board had played in facilitating the collaboration of relevant agencies and overseeing developments.
- It was noted that the Family Support Service and GPs could make referrals onto the pathway, in recognition that some behaviours were exhibited at home, rather than schools.
- It was noted that some information was available in hard copy, including a booklet 'Designed by parents, for parents.'

RESOLVED that the report be noted, and the approach identified be supported, with a further, potentially final, update provided in six months

#### **4 Outbreak Management Update**

Members received an Outbreak Management Update presentation.

The Board noted some key points:

- Cases were slowly dropping in the Borough. Current rate was 175 cases per 100k of population.
- 10 deaths in last period, which was a decrease from previous position.
- Third highest infection rate in NE but reducing.
- Reductions in community rate yet to impact on cases being seen at hospitals and care homes.
- There was a need to monitor how easing of restrictions and the reopening of schools would impact on rates
- Continue to undertake targeted work to mitigate impact on areas that had greater inequality/deprivation.
- Communications continued to focus on key messages. Public were being advised that though there were positive reductions in cases we still needed to be cautious, to push down rates even further.
- Behavioural insights work was being undertaken.
- Work to remove barriers to testing was ongoing.
- Continued to develop the local test and trace system, for the future.

## Discussion

- Community Testing had been extended to June, which would need to be resourced.
- Data on our dashboard was publicly available data that had been ratified, other data sources may not match because data had not been cleansed, or covered different periods, or geographical areas.

RESOLVED that the update be noted.

## 5 Oximetry at Home Update

The Board received an update relating to the Oximetry at Home Service.

It was explained that Oximetry at Home aims were to:

- identify patients who were showing signs of early deterioration in the community
- where clinically appropriate escalate their care to provide better outcomes
- Reduce Covid-19 mortality
- Reduce pressures on hospitals by monitoring the right patients in the community

The service provided:

- Remote monitoring for all patients across Tees Valley CCG area from July 2020
- Patients on the ward supported by nursing teams to report symptoms and act when oxygen levels fall, using an App.
- Co-located with Covid (hot) Clinics
- 7 days pw 10am – 5pm
- Integrated service – referral by GP, FT, ED, Urgent Care, Patient self-referral
- Pro-active contact daily from PHE data

To date there had been 876 referrals, with 693 admitted and 663 discharged.

There had been very positive responses to the service from patients and staff. There was a high level of reassurance to patients, carers and families.

The service was a partnership and communication was very important. Patient empowerment and persistent nursing was key to good outcomes.

The oximetry kit used was relatively inexpensive and could be used to help people with other conditions, in the future.

Discussion:

- Though the ward used an App to record readings there was also a paper diary for patients who did not have or did not feel comfortable with the

technology. These patients could record using the diary and telephone the nursing team who would record and input the data into the app.

- It was agreed that this was another strong example of collaboration.
- It had been difficult to maintain levels of referral. It was suggested that Covid Community Champions may be able to help with publicising the service and discussions in this regard would take place outside the meeting.

RESOLVED that the update be noted.

## **6 Integrated Care System Update**

Alan Foster, Executive Lead for North East and North Cumbria Integrated Care System (ICS) was present and provided an update on some of the proposals contained in the Health and Social Care White Paper and how these may be develop, locally, in the context of the ICS.

### Key points

- The local Integrated Care System was likely to be known as NHS North East and North Cumbria ICS. It would be responsible for strategy, planning and all the functions/ strategic commissioning currently undertaken by the CCG and certain NHS England Commissioning.
- CCG would cease on 1 April 2022 and staff would move to the ICS. It would be important that all the place-based work was not affected, and the established relationships and good work being undertaken continued. It was hoped that some shadow arrangements could be put in place later in the year.
- The ICS would have some statutory appointments, but it was hoped that this could be added to, to make sense for local areas.
- The size of the ICS would be helpful in terms of maximising resources.
- The ICS would have a role in assisting the economic regeneration of its area. As a key employer it would work with local government to ensure jobs were retained and generated.
- The ICS would be required to establish an ICS Health and Care Partnership. It was suggested that there could be a Tees Valley ICS Partnership, with similar Partnerships in other parts of the ICS area. This would be an important discussion with local authorities and partners to understand what would work best, locally.
- Mutual Aid and working together, that had been put in place during the pandemic could be sustained and built on.
- There was an aim to transfer more resources to frontline services, reduce overlap and continue to dismantle the internal market etc.

- There had been widening health inequalities during the pandemic, which needed to be tackled. The ICS would continue to work strongly with Public Health and Health and Wellbeing Boards.
- Former Chief Medical Officer for England, Sir Liam Donaldson, had been appointed Chair for the Integrated Care System (ICS) for the North East and North Cumbria and would help drive the changes.

#### Discussion

- Consideration of how the ICS would engage with stakeholders was ongoing and not yet determined. There may be a national script with key points, however, at the moment, the ICS was trying to understand what the timescale was for the legislation, so the final provisions informed any dialogue.
- There was suggestion that consideration should be given to using Health and Wellbeing Boards as the Integrated Care Partnerships, potentially with more powers and budgets to deal with some local needs. It was noted that nothing was 'off the table' and there was local flexibility that needed to be discussed further.
- The Board would be considering a summary of the White Paper at some stage and any relevant outcomes from discussion could be provided to Alan Foster.
- There was some uncertainty on disaggregation of Public Health England and the establishment of National Institute for Health Protection and the allocation of other PHE responsibilities and the impact this may have, locally. If there was an opportunity to consider how this might work at local authority and Tees Valley level, in terms of Public Health, would be very welcome.
- Discussion around the White Paper proposals would continue locally

#### RESOLVED that:

1. the update and discussion be noted.
2. local discussion, around the White Paper and ICS arrangements, continue and be fed into any future dialogue with Alan Foster, or formal consultation plan.

## **7 Members' Updates**

#### Members' updates included:

- a general comment, expressed by a number of members, about the extremely positive attitude, of all partners, to collaborative working in the Borough and the successes that had resulted from this.

- Vaccinations continued apace across primary and acute care. Planning around backlogs of non Covid conditions was taking place.
- There had been a significant drop in Covid cases at North Tees Hospital.
- Elected members had received lots of positive feedback about delivery of vaccinations
- Catalyst had submitted two bids around Mental Health and Mental Health Support and had nearly completed mapping of Mental Health services in the voluntary sector. This would be made available to partners, soon. It was noted that some VCSE organisation were struggling during the pandemic, due to funding issues.
- The CCG and Council were working together to ensure communications around vaccinations were aligned.
- Healthwatch was seeing lots of issues around Mental Health. A report on Hospital Discharges would be available soon. Healthwatch had a new Chair, Peter Smith, who would replace Ann Sykes as a member on this Board.
- There was ongoing work around building population Mental Health resilience. Funding was being made available from the CCG, and TEWV was discussing how this would be best used in Stockton, with the VCSE.

## **8 Forward Plan**

The Forward Plan was considered