

GATESHEAD METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD MEETING

Friday, 21 October 2016

PRESENT Councillor Councillor Lynne Caffrey (Gateshead Council) (Chair)

Councillor Jill Green	Gateshead Council
Councillor Ron Beadle	Gateshead Council
Councillor Mary Foy	Gateshead Council
Councillor Martin Gannon	Gateshead Council
Councillor Malcolm Graham	Gateshead Council
Councillor Michael McNestry	Gateshead Council
Douglas Ball	Healthwatch Gateshead
Dr Mark Dornan	Newcastle Gateshead CCG
Dr Bill Westwood	Federation of GP Practices
Sheila Lock	Gateshead Council
Sally Young	Gateshead Voluntary Sector

IN ATTENDANCE: Susan Watson Gateshead NHS Foundation Trust
Bob Brown South Tyneside Foundation Trust
Elizabeth Saunders Gateshead Council
Michael Laing Gateshead NHS Foundation Trust
John Pratt Tyne and Wear Fire Service
Iain Miller Gateshead Council
Gerald Tompkins Gateshead Council
John Costello Gateshead Council
Sonia Stewart Gateshead Council

APOLOGIES:

Mark Adams, Emma Nunez, Helen Patterson, Ian Renwick, Alice Wiseman and Joe Corrigan

HW74 MINUTES

The Chair welcomed everyone to the meeting. She advised that John Pratt was in attendance from Tyne and Wear Fire and Rescue Service and set out the benefits of the Fire Service becoming a substantive member of the Board. She recommended that the Board accept this nomination and revised membership list. The Board endorsed this decision.

The minutes of the meeting held on 9 September were agreed as a correct record.

HW75 ACTION LIST

The Action List of the Meeting held on 9 September was noted.

It was also noted that a further update on the JSNA will be brought to the Board in September 2017. Also a further report to be brought back to the Board in the next six months on the National Joint review of Partnerships and Investment in the VCS in Health & Care Sector.

It was noted that there had been a suggestion regarding development work for the Board. It was noted that it would be good to talk about issues/challenges faced. It was suggested that the LGA could be asked to help up with this.

It is hoped that the new Chair of the LSCB will be able to attend the December meeting of the Board.

HW76 DECLARATIONS OF INTEREST

There were no declarations of interest declared.

HW77 UPDATES FROM BOARD MEMBERS

NECA Health and Social Care Commission

The commission set up by NECA has just reported with 10 recommendations. It is the intention to have a report on this and a discussion at the December meeting.

CCG

The CCG member practices voted to apply to NHS England for Level 3 Delegated Commissioning of primary care medical services. The application will be to commence delegated commissioning from April 2017.

A report out from the Connected People, Connected Communities event that took place in the summer has been provided to Board members with the agenda papers. Work is still ongoing through this project to tackle social isolation which is still a big killer.

The 'Great North Care Record' is a piece of work which looks to enable parts of the NHS and ultimately other care settings, to be able to see summaries of a patients primary care records if they, for example, attend the QE. The CCG is aware that there hasn't been the engagement with partners to-date that it would have liked; however, they have worked with GP practices and the region's Foundation Trusts. Flyers have gone to all practices and there is a website and phone number. Details of the initiative has been provided to Board members with the agenda papers and also shown on a presentation loop before this morning's meeting

Voluntary Sector

Newcastle CVS are holding a series of training events for voluntary and community organisations in Gateshead. It was reported that often organisations just need support in developing a suitable business plan to meet their needs.

CCG

The issue of communications was raised and how we can work better together, in particular in relation to information sharing about activities and events through our communications channels, with front line staff and others on key issues such as prevention and integration. In this connection, it was noted that there are discussions about having joint governance arrangements for the Gateshead footprint. It was suggested that we probably need to have a more systematic approach. It was noted that as a Board we have a communications strategy and that perhaps there is some work we could do around that. It was suggested that we need to consider how best to take this forward and the value of having a forum where the comms teams get together to discuss common issues (this may only need to be a one off discussion to put arrangements in place).

HW78 SUSTAINABILITY AND TRANSFORMATION PLAN SUBMISSION

The Board received a presentation from the CCG on their submission to NHS England for the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan.

The Board were advised that STP footprints are not new statutory organisations - they are about how the system will work together to improve health, care and finance for their local population.

This plan will act as an 'umbrella' plan holding underneath it a number of different specific plans to address certain challenges.

The submission is more of a current state in terms of Health and Wellbeing, Care and Quality and Funding and Finance. In our patch we have many Foundation Trusts rated by the CQC as 'outstanding' and 'good' and already have systems which are highly rated. This puts the local health and care economy in a good place to respond to the challenges and opportunities that lie ahead.

The Plan is divided into 3 main areas.

- Scaling up Prevention and Health and Wellbeing
- Reconfiguration of Hospitals – Out of Hospital Collaboration
- Optimal Use of Acute Sector

The presentation highlighted the specific actions identified for Newcastle and Gateshead, including how we make Mental Health part of all our discussions.

Next steps following from the submission today of the STP to NHS England will

include finalising a Comprehensive Engagement Plan, sharing the STP with organisational public boards and with patients, carers, health and care staff, the public and other stakeholders (from late October).

The Board was informed that there is no hidden plan within the STP. It was also noted that should any potential service changes emerge from the STP process, there will need to be full engagement and consultation with local people before any decision on the proposed change is made.

It was noted that the Board at this stage are not being asked to approve any plans. This presentation is purely to inform the Board what is to be submitted to NHS England. Engagement on the plan will commence following this submission.

The Board highlighted some key areas of concern.

The Board felt that the timescales given to the CCG from the centre have been too tight and not allowed the CCG to incorporate the period of full consultation on its submission that all would have wished. The Board felt that more time was required to consider the key issues so that there is clarity on the impact of the STP and that it can be assured that we are doing the right things for Gateshead. The engagement phase will enable this.

The Board also felt that the central drivers have been about finances and the financial gap; however, other issues need to be given due consideration such as prevention and early intervention as local people continue to die earlier in Gateshead than in other parts of the country and their quality of life is poorer. We need to prevent people from becoming ill in the first place. People also need a good education and good quality jobs and local authorities have a key role to play here.

Given the significant financial and other challenges that lie ahead, difficult decisions will need to be taken further down the road. This will need to be done in a way that is open and transparent. It will be important that everyone is fully engaged in this process, has an opportunity to contribute to and shape the solutions that emerge. There needs to be joint ownership of the solutions across the local system as a whole. In particular, there needs to be a local 'democratic' component built into the STP process so that there is sufficient self-determination in taking this work forward.

A risk governance framework will also be required at local level, not just at regional level. The STP governance will include Local Authorities leading the work. This will enable this to develop.

As well as addressing challenges, there are also opportunities to be explored to better meet the health and wellbeing needs of local people e.g. around prevention and early intervention. We will need to be mindful of these opportunities as we develop the detail of our plans locally.

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RESOLVED - (i) That the STP and information presented to the Board be noted. The Board has not been asked to sign off the STP submission to NHS England.

- (ii) That it will be important that there is full engagement and consultation in developing the detail of the STP going forward. This will need to be done in a way that is open and transparent.
- (iii) That there needs to be a particular focus on prevention and early help as key themes across the STP as a whole. Opportunities to better meet the health and wellbeing needs of local people need to be explored further and the prevention and early intervention agenda needs to be a key focus of our approach.
- (iv) That the governance arrangements in taking this work forward needs to be right for us locally and incorporate a local democratic dimension to decision making.

HW79 COMMUNITY HEALTH SERVICES - MOBILISATION AND TRANSFORMATION

The Board received a presentation from Michael Laing, Associate Director, Community Services at the QEH regarding the mobilisation and transformation of community health services. Gateshead Care Partnership were recently awarded the contract to deliver community services within Gateshead. The Chair is Dr Bill Westwood and the Council has been fundamentally involved in the process.

Michael advised the Board that he felt this was the best opportunity since 1987 for patients to receive the best possible community care.

Some of the transferring services which will be delivered include, district nursing, community midwifery, and palliative care. The principles of the new service are to provide care closer to home, strong and effective partnership working, provide a multi-disciplinary team approach, have a strong local presence and profile, prevention at first primary point of contact and to be financially sustainable.

In the short term the aim of the service is for the safe transfer of customers and staff, this took place on 1 October. To develop the partnership and to communicate the change to partners. To create locally based integrated teams and adopt multi-disciplinary team working, also to improve the interface with secondary care and GPs. Phase 1 of the Intermediate care review will also commence.

In the medium term the aim of the service will be to ensure that short term changes are in place, to improve customer experience and performance and learn from them. To continue to develop the Gateshead Care Partnership and look at reforming the approach to frailty and the aging population. Also in the medium term, there will be an aim to provide pharmacy services closer to home, to provide mental health services in the community and to carry out Phase 2 of the Intermediate Care Review.

In the long term, the aim is to ensure that medium term changes are in place, that technology is used more effectively, that there is improved prevention and self-care and that there are appropriate plans in place for the future.

The board were informed that when the partnership took over the service it was found to be in a very good place and employees were experienced and committed. More work does need to be done, however, in terms of progressing integration as per the direction of travel set out in the Transformation Plan agreed with the CCG.

The Board were informed that financial sustainability is critical to all partners and delivery will need to take place within the wider context of the local and national health and social care sector.

It was noted that there are opportunities around building multi-agency clusters within community settings across the borough, including community health services e.g. integrated teams around GP practices. This, in turn, could help to maintain the viability of key facilities such as the Blaydon primary care centre in the west of the borough.

It was also noted that schools have a role to play as part of local community clusters.

Developing the right skills and retaining a skilled workforce will be important. Opportunities to link with/work with local universities in this area will be key going forward.

RESOLVED That the information presented to the Board be noted.

HW80 GATESHEAD SEXUAL HEALTH STRATEGY

RESOLVED - That this report be deferred to a future meeting of the Board.

HW81 UPDATE ON SMOKING STILL KILLS - SMOKE FREE VISION 2025

RESOLVED - That this report be incorporated into the presentation at the December meeting by the Director of Public Health as part of her Annual Report.

HW82 CCG UPDATE ON ARRANGEMENTS FOR COMMISSIONING OF PRIMARY CARE MEDICAL SERVICES

The Board were provided with an update on the position under the 'Updates from Board members' section of the agenda.

HW83 CONNECTED PEOPLE, CONNECTED COMMUNITIES UPDATE

The Board were updated on this item, under the 'Update from Board members' section of the agenda.

HW84 GREAT NORTH CARE RECORD

The Board were provided with an update on this item under the 'Updates from Board

Members' section of the agenda.

HW85 LOCAL SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2015/16

The Local Adult Safeguarding Board Annual Report was provided to the Board for information.

HW86 ANY OTHER BUSINESS

HW87 DATE AND TIME OF NEXT MEETING

The next meeting of the Board is to take place on Friday 2 December 2016 (10.00 am).