

GATESHEAD METROPOLITAN BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD MEETING

Friday, 22 April 2016

PRESENT

Councillor Councillor Lynne Caffrey (Gateshead Council) (Chair)

Councillor Helen Hughes	Gateshead Council
Councillor Catherine Donovan	Gateshead Council
Councillor Mick Henry	Gateshead Council
Councillor Frank Hindle	Gateshead Council
Councillor Michael McNestry	Gateshead Council
Douglas Ball	Healthwatch Gateshead
James Duncan	Northumberland Tyne and Wear NHS Foundation Trust
Alison Elliott	Gateshead Council
Carole Wood	Gateshead Council
Emma Nunez	NHS England

IN ATTENDANCE:

Sonia Stewart	
John Costello	
Margaret Barratt	Gateshead Council
Bob Brown	South Tyneside Foundation Trust
Dan Cowie	Newcalte Gateshead CCG
Alison Dunn	Gateshead Citizens Advice Bureau
Julia Young	Newcastle Gateshead CCG
Alice Wiseman	Gateshead Council

HW24 APOLOGIES FOR ABSENCE

Apologies for Absence were received from Mark Adams, Bill Westwood and Councillor Malcolm Graham.

The Chair advised the Board that this would be the last meeting for Councillor Frank Hindle and thanked Councillor Hindle for his contribution to the Board, he would be a big miss and his contributions have been really appreciated.

The Chair also advised that this would be the last meeting of Carole Wood as Director of Public Health and again thanked Carole for her excellent contributions. Carole would be replaced by Alice Wiseman.

HW25 MINUTES

The minutes and action list of the meeting held on 26 February 2016 were agreed as a correct record.

Matters Arising

The Board were advised that following the last meeting Councillor Malcolm Graham had met with Fulfilling Lives and requested it be noted that he was very impressed with the work they were undertaking.

Some leaflets were provided for members of the Board for information.

HW26 DECLARATIONS OF INTEREST

HW27 NEWCASTLE GATESHEAD CCG OPERATIONAL AND COMMISSIONING PLANS 2016/17

The Board received a presentation from Dan Cowie, Newcastle Gateshead CCG. He advised the Board that over the last few months officers have been busy dealing with the production of plans alongside changing goalposts.

Firstly there is the CCG Operational Plan 2016/17. Then there will be a Sustainability and Transformation Plan for the whole of Northumberland and Tyne and Wear, which will include a chapter for the Newcastle Gateshead local health economy. The National Guidance has stated that we have to plan together and to demonstrate a robust grip on addressing the 3 gaps around health and inequality, care and quality and the financial gap.

There are 9 Must Dos from NHS England which need to be included in the operational plan. They are:

1. Development of STP
2. Aggregate financial balance
3. Sustainability and quality of general practice
4. Achievement of access standards for A&E and ambulance waits
5. Achievement of NHS constitution referral to treatment standards
6. Achievement of NHS Constitution cancer standards and one year survival.
7. Achievement of new mental health standards
8. Transform care for people with learning disabilities
9. Make improvements to quality

Work commenced on developing a Commissioner Plan for 2016/17 in October 2015. The aim is to try and shift provision from hospital settings. This work included communication sessions with staff and patients, public and clinical leads.

The Commissioner Plan for 2016/17 outlines current thinking in relation to key areas of focus for 2016/17.

The commissioning intentions are not a complete list of initiatives, projects and

service transformation areas that are either already underway or are in the pipeline, but instead;

- Outline the key priorities for the year ahead which will improve the quality of service and/or improve value for money;
- Provide the context for commissioning changes;
- Provide an indication to current and potential providers of how; working with our partners we intend to shape the delivery of health services for our population.

We have to start bringing in the bigger picture around planning, looking at the Care Home Vanguard and the Urgent Care work. The STP will be a five year plan over the NTW footprint. Work has commenced to set up meetings and forums to talk about what all this means. It has been a big challenge and as part of the process the Joint Accountable Officer Forum has been established with a sub group of this meeting on a weekly basis.

NTW have held initial meetings with planning leads and a short version of the STP has been submitted to NHS England in draft form. A final more detailed version will be required to be submitted by the end of June. There are 5 sections to complete and these cover:

- Leadership, governance & engagement
- Improving the health of people in our area
- Improving care and quality of services
- Improving productivity and closing the local financial gap
- Our emerging priorities
- Support we would like

The STP will look to shift our current challenges into enablers and focus on areas of system redesign. It was noted that prevention and early intervention has to be included as part of this. Things are moving at a rapid pace but with a robust methodology. System leadership and accountability is being looked at, as is collaborative hospital working including what an acute hospital will look like in the future. It was noted that the STP submission will be considered by the Board at its June meeting.

RESOLVED –

- (i) that the information in the presentation be noted.
- (ii) that further updates will be brought to the Board as required.
- (iii) the Board consider the STP submission at its next meeting in June.

HW28 BETTER CARE FUND SUBMISSION 2016/17

The Board were advised that the discussion on the previous item has covered a lot of the ground and information relating to the BCF. However, one of the key points to make sure that this BCF Plan is not a stand-alone document and therefore needs to be seen in the context of wider plans for the local health and care economy.

Details of Phase 1 and Phase 2 of the BCF submission required for the 2nd and 21st March have been previously circulated to the Board.

The Better Care Fund plan is part of a wider transformation journey and will enable us to identify how we shape our new models of care. The submission sets out the expenditure plans for the schemes for 2016/17 and reflects on progress made against the BCF schemes during 2015/16. Plans to meet the National conditions are also outlined as well as our aspirations for key metrics.

The deadline of the submission is 3 May and the formal endorsement of the Board is sought.

It was noted by the Board that this was a good example of good quality collaborative working.

RESOLVED -

- (i) That the submission be endorsed by the Board.
- (ii) That any changes to the final submission be circulated to the Board.

HW29 SOCIAL PRESCRIBING IN GATESHEAD - UPDATE AND NEXT STEPS

The Board were provided with an update report following from a Workshop hosted by the Board on 23 November which examined a social prescribing approach in Gateshead. Work on social prescribing has been developed within the context of the Achieving More Together approach.

It was noted that the Healthier Communities OSC agreed that work should be undertaken to “Develop a Sustainable Model of Social Prescribing in Gateshead”. This work was agreed on the basis of physical and mental health outcomes of those affected by mental ill health could be improved through a social prescribing approach.

The aim is to build more connected communities and more resilient communities. The Public Health team are in the process of developing this programme, work which links to the Live Well programme and Achieving More Together initiative.

The plan is to bring to a future board meeting a coherent framework around an Asset Based Approach. Thought is being given to what elements of the system need to be mobilised.

It was suggested to the Board that a joint paper with the CCG be brought back to the September meeting, with an initial focus on Long Term Conditions, Social Isolation and Mental Health.

- RESOLVED -
- (i) That the information in the report be noted
 - (ii) That a joint report with the CCG be brought to the Board in September.

HW30 PERSONAL HEALTH BUDGETS: PROGRESS UPDATE

Julia Young from Newcastle Gateshead CCG updated the Board on the current position with regards to Personal Health Budgets. The CCG are fully committed to the implementation and mainstreaming of PHBs and Integrated Personal Budgets (IPB's) for its population. It has been acknowledged that to-date progress has not been as significant as required. The "Local Offer" is the CCG Strategy of how they will provide Newcastle Gateshead residents with more direct control over the care they receive within the NHS.

Information regarding the local offer will be made available to residents through the 'Your Health' area of the Newcastle Gateshead CCG website and also in leaflet format. It has been important to look at joint approaches from the Council and CCG.

In terms of the CCG deliverables, it was noted that there needs to be a particular focus on the cohort of Adults and Children with Learning Disabilities and/or autism.

A joint group has been planned as the payment mechanisms need to be looked at in order to make sure a robust system is in place.

There is a 'plan on a page' and a leaflet has been produced with plain English in mind.

It was noted that a number of queries could potentially be raised by those who might be entitled to apply. It was also noted that it appeared to be a really complicated process and people might be wary of the process.

The Board were advised that currently each applicant is supported through the process with a case manager. The Board were also advised that this is an enhanced local offer from April.

The challenge was trying to engage with people and being specific about what people can and can't do, who makes the decision as to whether people are entitled to the funds and if there is an appeals process.

- RESOLVED -
- (i) That the current position be noted.
 - (ii) That further updates be provided to the Board as necessary.

HW31 HEALTH AND WELLBEING STRATEGY REGIONAL SEMINAR

The Board were advised that John Costello, Douglas Ball and Iain Miller had

attended the regional seminar which was arranged through the ANEC Chairs Network.

John Costello updated the Board on the event and advised that the main thing for him which came out of the session was the consensus that the STP is not a means to an end for the health and wellbeing agenda as a whole. There was a continuing need, therefore, to have a health and wellbeing strategy in place to steer the work of HWBs. However, there has been little new guidance from government in relation to the place/role of health and wellbeing strategies, having regard to new planning footprints etc. nor has there been any new guidance on how Boards should take the refresh of their strategies forward. In Gateshead's case it was felt that when we produced the initial strategy a lot of engagement work was undertaken, and that the key underlying challenges in the document still exist.

It was noted that whilst the health and wellbeing issues in the strategy are still prevalent we are moving in the right direction. It was therefore suggested that a refresh of the delivery plan may be the best way forward, although it was noted that the refresh may need to extend beyond the delivery plan itself. To ensure it has the desired impact, it might be that some changes are required to the strategy along with a refresh of the delivery plan.

It was suggested we need to think about how we unlock challenges and achieve sustainability whilst working towards triple integration. We also need to think about taking a life course approach.

Douglas Ball advised the Board he was a little disappointed with the regional seminar and had hoped that there ideas would have emerged on how we can do things differently. He felt areas such as transport were very important and wondered whether the Board has a broad enough remit.

Carole Wood advised that Board that Health and Wellbeing Boards' were meant to be system leaders. She noted that there are mixed views in the system about whether or not boards have achieved as system leaders, however, her view was that if the Board members do not have a collective vision, there is going to be a lack of achievement. Carole felt that Gateshead had a strong board and is a passionate believer that there is an important role for the Board. Carole advised this was a really good time to refresh the strategy with a stronger emphasis on the place agenda, which would include looking at employment, transport and housing.

It was felt that the Board needed to have some statutory powers which would give the Board some teeth and would bring together leaders who can make decisions.

It was agreed that at the September meeting of the Board the Board takes a more in depth look at whether to add to the Strategy or refresh the delivery plan.

RESOLVED - That the update be noted.

HW32 UPDATES FROM BOARD MEMBERS

NECA

It was noted that the North East Combined Authority have set up a commission to look at the Integration of Health and Social Care. It was noted that individual organisations will have submitted evidence to the commission and it was requested that organisations share their submissions with the Board. It was felt that the submission by the Gateshead Care Partnership might be of particular interest.

Care Health and Wellbeing OSC

It was noted that the Care, Health and Wellbeing OSC when discussing the 'Deciding Together Consultation' took a unanimous view that acute care should be readily accessible and are reserving the right to refer the matter to the Secretary of State. A letter has been sent to the CCG setting out the OSC's views.

It was also noted that a report had been published on the disparity in waiting time for children's mental health services.

CCG

It was noted that the new Community Health contract was being mobilised. An Estates Meeting has been held to look at the public estates and how they can be made best use of.

The CCG are also looking to progress to level 3 Commissioning for Primary Care. This would also mean that any underspend could be kept within the CCG's accounts to be used locally and not have to be returned to a central pot held nationally.

South Tyneside Foundation Trust

STFT has formed an alliance with Sunderland City Hospitals. A group has been created – South of Tyne and Sunderland Healthcare Group. This is to look at making improvements in quality and sustainability of services and has been seen as a positive development. It was pointed out that this is not a merger and both Foundation Trusts will maintain their statutory functions.

NTW

The Board were advised that the Trust has agreed a programme of work over the next year looking at a whole system approach and are committed to getting the best offer possible for children. The Trust has been notified of the date for its CQC inspection, which will take place from 31 May for 2 weeks.

Public Health

It was reported that Smoking during Pregnancy figures are now the lowest ever. This is as a result of a joint partnership approach working with the Queen Elizabeth

hospital and Midwifery.

GVOC

It was noted that since GVOC had ceased operating the Voluntary Sector Health and Social Care Advisory Group which feeds into the Board and had not had a meeting for a couple of months. Newcastle CVS has now been given the contract for one year to provide support to the CVS in Gateshead. It is recognised that Voluntary Sector input into this Board is essential.

HW33 ANY OTHER BUSINESS

HW34 DATE AND TIME OF NEXT MEETING

The date of the next meeting will be Friday 10 June 2016 at 10am.