

(Note: These minutes are subject to confirmation at the next ordinary meeting of the Board scheduled to be held on 7 January 2016.)

Health and Wellbeing Board

29 October 2015

Present: Councillor L Spillard (Chair)
Councillors M Hall, P Oliver, and J O'Shea.
W Burke, North Tyneside Council
H Hudson, North Tyneside Council
J Matthews, North Tyneside Clinical Commissioning Group
L Dodd, North Tyneside Clinical Commissioning Group
P Kenrick, Healthwatch North Tyneside
I Kitt, Healthwatch North Tyneside
N Bruce, Newcastle Hospitals NHS Trust
A Caldwell, Age UK
A Watson, North of Tyne Pharmaceutical Committee
L Goodwin, Community & Voluntary Sector

Also Present

C Anderson, F Shoesmith and M Robson, North Tyneside Council
B Bartoli, Northumbria Healthcare NHS Trust
T Dunkerton and L Young-Murphy, North Tyneside Clinical Commissioning Group

HW06/10/15 Chairs Announcements

Councillor Spillard announced that Council officials had recently attended an awards ceremony in London to receive an award from the Royal Society of Public Health in recognition of the success of the Council's innovative Active North Tyneside campaign.

Councillor Spillard also announced that a further Health & Wellbeing Board Action Day was to be held on 1 December 2015 in the Langdale Centre, Howdon to be focused on mental health. She encouraged all members of the Board to attend.

HW07/10/15 Apologies

Apologies for absence were received from Councillors J M Allan and A Waggott-Fairley, J Old (North Tyneside Council), M Cushlow (North Tyneside Clinical Commissioning Group), J McAteer (Healthwatch North Tyneside), P Robinson (Safeguarding Adults Board), L Robson (Newcastle Hospitals NHS Trust) and C Keen (NHS England).

HW08/10/15 Substitute Members

Pursuant to the Council's Constitution, the appointment of the following substitute members was reported:

Councillor P Oliver for Councillor A Waggott-Fairley
H Hudson for J Old, North Tyneside Council
L Dodd for M Cushlow, North Tyneside Clinical Commissioning Group
N Bruce for L Robson, Newcastle Hospitals NHS Trust
I Kitt for J McAteer, North Tyneside Healthwatch

HW09/10/15 Declarations of Interest

Councillor P Oliver declared a non-registerable personal interest in the item relating to the Learning Disability Fast Track Plan (Minute HW17/10/15) as she had a family member with a learning disability and Autism.

HW10/10/15 Minutes

Resolved that the minutes of the meeting held on 2 July 2015 be confirmed and signed by the Chair.

HW11/10/15 Our North Tyneside Plan

The Board received details of the draft Our North Tyneside Plan. The plan was being prepared by the North Tyneside Strategic Partnership (NTSP) Executive which brought together representation from a range of public, private and voluntary sectors. Following a recent review of its role the NTSP had agreed that:

- a) it should be the overarching partnership board to provide a strategic overview for the borough;
- b) the strategic plan for the borough (Our North Tyneside Plan) should be refreshed; and
- c) there should be an alignment of the partnership bodies that exist within the borough in order to bring both synergy to the policy objectives and to ensure that all priorities are being addressed.

The Board was presented with a structure chart of current partnerships that existed in North Tyneside. It was noted that the NTSP had traditionally operated with an Executive with a number of themed partnerships reporting to it, including the Health & Wellbeing Board. Following the NTSP's recent review it was proposed that:

- a) there should be greater clarity on which partnerships exist in North Tyneside and the appropriate connections between them;
- b) each partnership be asked to sign up to deliver the broad aims of the Our North Tyneside Plan; and
- c) there should be clarity on the purpose of each partnership and, via work programmes and an open approach to communication, a clear view on how each is helping to deliver the aims of the Our North Tyneside Plan.

The Board was asked to consider the proposed purpose of the Our North Tyneside Plan, to contribute to its development, to align the Board's future plans including, the Joint Health & Wellbeing Strategy, to the aims of the Our North Tyneside Plan and to agree with the proposed governance structures for partnership working in North Tyneside.

Previously the Chair of the Board had served as a member of the NTSP Executive. It was therefore suggested that Councillor Spillard should be appointed the NTSP Executive to strengthen links between the Boards.

With reference to the draft Our North Tyneside Plan 2015-2018, Members of the Board suggested the following amendments:

- a) under the heading “Our Places will:”, include into the priority “Provide a clean green, attractive and safe environment” the word “healthy”; and
- b) under the heading “Our People will:”, add to the priority “Be listened to by responsive, enabling services”, the words “and actively involved in shaping services.”

Resolved that (1) the proposed purpose of the Our North Tyneside Plan be approved; (2) the suggested amendments as set out above be taken into account during the refresh of the Our North Tyneside Plan; (3) the Board’s future plans be aligned to the aims of the Our North Tyneside Plan; and (4) the NTSP be requested to appoint the Chair of the Health & Wellbeing Board to its Executive.

(Reasons for decisions: The actions above will contribute to the alignment of the priorities of the Council, the NTSP and the Board and help clarify and strengthen the governance structures for partnership working in North Tyneside.)

HW121/10/15 North Tyneside Clinical Commissioning Group – Accountable Care Organisation

The Board received details of the context, principles and approach for the establishment of an Accountable Care Organisation (ACO) commissioning model for North Tyneside.

It was reported that North Tyneside Clinical Commissioning Group’s (CCG) poor financial performance had overshadowed its successful delivery of high quality safe and patient-centred care. The CCG had recognised that the speed of financial recovery did not meet its statutory duties in an acceptable timeframe and it had concluded that it should now develop the concept of commissioning through an Accountable Care Organisation (ACO) appropriate for North Tyneside.

The basic concept of the ACO would be that a group of providers, including local Foundation NHS Trusts, would agree to take responsibility for all care for a given population for a defined period of time under a contractual arrangement with a commissioner (North Tyneside CCG). The ACO model was based on the premise that those who were accountable for the cost and quality of care for a whole population would be incentivised to improve care. An ACO would deliver care, not commission it. This was how it could minimise its risk, by taking control of the way care was delivered for a whole population. To organise and deliver this care, accountable providers would come together in a formal organisational structure to build a leadership team and appropriate governance arrangements to manage risk across diverse providers, holding them to account for their part of the care pathway. If part of the organisation was not performing well, leaders would have a range of structures and mechanisms at their disposal to incentivise improvement.

If approved, the CCG would aim to run a shadow ACO contract during 2016/17 with full system sign off and model evaluation complete for April 2017.

The establishment of an ACO would result in a move away from the existing payments by results system of funding which created perverse incentives to admit people to hospital. The Foundation Trusts were committed to the establishment of an ACO because this would create system wide opportunities to invest in the development of

new services to better meet the needs of patients, whether they be in hospital or community based. In this model the funding would then follow the patient in whichever was the most appropriate setting.

The Board discussed the role of the lead provider within the ACO structure and how the lead provider would be appointed. The report to the Board was focussed on the process for establishing an ACO and so there was no reference as yet to the important role of pharmacies. This would be taken into account in the detailed planning of the ACO, together with how patient choice would remain a fundamental right within the ACO arrangements.

Resolved that the context, principles and approach for the establishment of an Accountable Care Organisation (ACO) commissioning model for North Tyneside be noted.

HW13/10/15 Prevention and Wellbeing Strategy

The Board received a presentation on work to develop a strategy aimed at reducing and delaying the need for adult care and support services. The strategy was based on a triangular hierarchy of needs, with a small number of people with complex needs and requiring extensive support at the top and the whole resident population in receipt of universal health and wellbeing promotion at the bottom. The intention was to direct resources towards the mid range categories of need; towards those at risk of additional needs through illness or disability and those at risk because of their lifestyles and behaviours, thereby reducing the numbers in the higher category.

Initial stakeholder engagement and mapping work had indicated that there was a wealth of services which stated that they prevented need but there was a lack of co-ordination, a lack of evidence showing what worked in terms of impact and outcomes and there needed to be a clear shift in resources. Further work would be undertaken with a focus on the availability of advice and information, data analysis, case reviews and the development and application of evaluation tools.

Reference was made to the range of preventative services provided by the voluntary and community sector, its willingness to share evidence of their effectiveness and to assist in the development of a local evaluation tool. The Board considered the impact on those people with complex needs of shifting resources towards those at risk. It was acknowledged that there would be no additional resources and so complex needs would have to be met in more cost effective ways. It was stated that unless action was taken to address the growing risks associated with lifestyles and behaviours then a significant increase in complex needs would emerge.

The Board acknowledged that each organisation had its own self care and prevention strategies but the whole system needed better co-ordination. With reference to the previous item, it was suggested that the establishment of an Accountable Care Organisation may present an opportunity to create outcome based financial incentives to support the strategy. The Board also queried the extent to which businesses and employers could contribute to the delivery of preventative strategies.

Resolved that work to develop a strategy aimed at reducing and delaying the need for adult care and support services be noted.

HW14/10/15 Social Value Act – Developing a Policy for North Tyneside

The Public Services (Social Value) Act 2012 had placed a duty on commissioners to consider securing economic, social, or environmental benefits when buying services. In response to the legislation, the Council, the CCG and Age UK had come together to support the development of social value in North Tyneside. As a result a draft policy had been developed by a wider stakeholder group and this was submitted to the Board. It contained a definition of what social value meant for North Tyneside and presented a number of agreed social value priorities and how they could be measured. The intention was that the policy would provide a framework for commissioners and ensure that maximum value could be derived from all commissioning activity, including the procurement of goods and services. The policy included an expectation that between 10 and 20% of any scoring system within a procurement exercise would be linked to social value.

The Board was asked to consider championing social value in North Tyneside by:-

- a) requesting all statutory organisations that are members of the Board to make arrangements for their organisation to agree a series of actions to adopt, apply and promote the policy; and
- b) monitoring progress in terms of the adoption of this policy and receive updates on the added benefits gained for residents as a result of including social value priorities in all procurements.

The impact of the policy would be monitored as part of the management of each individual contract. In addition the Board would be able to monitor the overall impact of the policy by asking commissioners to provide commentary as part of their annual reports to the Board or after a specified period of time, for example after 6 months.

The policy had yet to be adopted by the Council. Should the Board agree to sponsor the policy then the matter would subsequently be reported to the Cabinet. Representatives of Foundation NHS Trusts confirmed their willingness to refer the policy to their organisations for consideration.

Resolved that (1) all statutory organisations that are members of the Board be requested to make arrangements for their organisation to:

- a) apply the social value policy;
- b) include social value in all procurement exercises, or set out why they have not included social value as a statement in the tender documentation;
- c) raise awareness of the benefit of social value within their organisation;
- d) raise awareness of the benefit of social value with providers/potential providers; and
- e) identify and promote a named contact within their organisation who will be the social value champion; and

(2) the Board monitor progress in terms of the adoption of this policy and receive updates on the added benefits gained for residents as a result of including social value priorities in all procurements.

(Reasons for decision: The Social Value Act gives organisations an opportunity to embed the added value that can be achieved by building in a social clause into all goods and services purchased by the statutory sector. By adopting the policy across North Tyneside organisations will be taking a lead both regionally and nationally in maximising the benefits of their combined spending power for residents of North Tyneside. Should the Board decide not to support the adoption of this policy then organisations will develop their own policies that may result in an ad-hoc and uncoordinated approach. It is also likely that many opportunities to embed social value within procurement exercises will be missed.)

HW15/10/15 Alcohol Action Day

Following a peer review in February 2015, the Board had agreed to hold a number of action days to develop a deeper understanding of its priority areas and to agree where collective action was required. The first such action day had been held on 3 September 2015 when the focus had been on the impact of alcohol, the consequences of alcohol misuse and the range of preventative and specialist services available across the borough. The day had involved formal presentations from key speakers, visits to service providers and discussions to identify areas for action.

At the conclusion of the day a number of areas for further action had emerged and these were presented to the Board under three headings, prevention, adults and children. In order to take forward these actions it was proposed that a multi-agency partnership be re-convened, under the leadership of the Director of Public Health, to develop an action plan. The Board asked that the plan be presented to its meeting in April 2016.

Resolved that (1) a multi-agency partnership, under the leadership of the Director of Public Health, be re-convened;
(2) the multi-agency partnership be delegated responsibility to develop an action plan to take forward the key actions identified by the action day within the context of the North Tyneside Alcohol Strategy; and
(3) the action plan be presented to the Board at its meeting in April 2016.

(Reasons for decision: The formation of a multi-agency partnership and development of an action plan will help to address alcohol misuse across the borough.)

HW16/10/15 Health & Social Care Integration Programme Board

The Board received a report on the work of the newly established Health and Social Care Integration Programme Board (HSCIPB) and the four work streams that made up the Integration Programme (Self Care and Prevention, New Models of Care, Older People and Urgent Care). The HSCIPB had been established to oversee the Integration Programme, to work with workstream leads to assure itself that the views and experiences of local communities were reflected in system and service changes and to co-ordinate the reporting of progress to the Board.

The HSCIPB had met twice to determine its terms of reference and to agree a reporting mechanism to the Board. Using the agreed reporting format the Board received details of the progress made by each workstream. If the HSCIPB had any concerns regarding the delivery of the Integration Programme these would be highlighted in the reports.

A representative from the Community and Voluntary Sector was to join the membership of the HSCIPB.

Resolved that the update on the work of the newly established Health and Social Care Integration Programme Board, and the four work streams that make up the Integration Programme, be noted.

HW17/10/15 The Learning Disability Fast Track Plan

In 2014 the Department of Health had published a report; Transforming Care: A national response to Winterbourne View Hospital in which it set out clear actions, timescales and requirements for Clinical Commissioning Groups and Councils to work together with providers, individuals and their families to transform care and support for people with learning disabilities. Despite this work, national data had suggested that less than half of the learning disabilities/autism population residing in assessment and treatment units had been discharged within the timescale of June 2014.

In North Tyneside ten patients had been identified as being resident in NHS hospital beds without any agreed discharge date or active treatment plan. A work programme had been developed to facilitate the transition process for all patients residing in hospital beds and as at 30 September 2015, there had only been one patient from the original cohort still resident in hospital. A further eight patients had been admitted in to hospital of which six had been discharged and two were receiving active treatment.

In June 2015, NHS England had announced a new “fast track” programme to provide extra support to five selected sites to transform services for people with learning disability and/or autism and challenging behaviour or a mental health condition. A £10million transformation fund had been made available to enable commissioners to test new approaches, tackle some of the long standing issues and drive sustainable change. The North East and Cumbria had been identified as one of the sites.

Each of the sites had been invited to submit a regional plan describing medium and long term transformation plans. NHS England had awarded the North East and Cumbria £1.432m of the transformation fund. The regional plan was focussed on:

- a) Less reliance on in-patient admissions delivering a 50% reduction in admissions to inpatient disability services by 2020;
- b) Strengthening services in the community and alternatives to hospital admission;
- c) Increased capacity and sustainability in the system;
- d) Prevention, early identification and early interventions; and
- e) Avoidance of crisis and better management of crisis when it happens.

In support of the regional plan, the North Tyneside Learning Disabilities Board were in the process of further developing its work plan around five key task and finish groups; Prevention, Housing, Joint Commissioning, Front of House Integration and Care Planning, Pathways and Co-ordination. The local plans would be aligned to the five key regional fast track priorities.

The Board sought assurances that North Tyneside would receive its fair share of the £1.432m transformation fund allocated to the North East and Cumbria. In response officers commented that the funding had been made available to solve problems and in view of the effective discharge and care planning arrangements in North Tyneside, it may receive less funding than other areas.

Resolved that the information relating to the Learning Disability Fast Track Plan and the implications for North Tyneside be noted.

HW18/10/15 Health & Wellbeing Board Peer Review – Community and Voluntary Sector (Previous Minute HW49/03/15)

The Chair of the Board had met with representatives of the community and voluntary sector (CVS) to consider those findings and recommendations arising from the peer review of the Board that were relevant to the sector. The key outcomes from this meeting were that:-

- a) CVS representatives had been appointed to each of the four Integration Programme Boards to represent the sector and to feed back to the CVS Chief Officer's Group;
- b) Lisa Goodwin, from the CVS Chief Officers Group had been appointed to serve on the Health & Social Care Integration Programme Board;
- c) annual information dissemination events would be held to involve smaller voluntary organisations. The first had been held on 1 October 2015 in the Whitley Bay Customer First Centre when around 30 organisations had attended and the CVS representatives had been able to introduce themselves and provide their contact details;
- d) the CVS would contribute to the work of the Communication and Engagement Group; and
- e) guidance had been prepared for CVS representatives on their role in terms of representing the wider sector and reporting back.

Resolved that the outcomes set out above arising from consideration of the peer review be noted.

HW19/10/15 Dementia Friendly Communities (Previous Minute HW20/09/14)

The Board were presented with a progress report on North Tyneside becoming a Dementia Friendly Community and establishing a Local Dementia Alliance. In February 2015 the Council and Age UK North Tyneside had entered into a partnership, to pilot an approach that would support this work. It was agreed that initially Wallsend would be the focus of the work to build stakeholder interest and to identify key issues and barriers which could be addressed prior to extending the work to the remainder of the borough.

Information sessions had been held with several tenant and community groups in the Wallsend area and a programme of events had been held in Dementia Awareness Week (18-24 May 2015). Using information obtained from this community engagement, a Dementia Friendly Action Plan for Wallsend had been developed and a steering group established. The group had met on a monthly basis since July 2015 and progress had been made in the three following areas:

- Challenging stigma and increasing understanding
- Access to community services
- Consistent and reliable transport options

As the project had now gained momentum and more organisations and individuals were expressing an interest and beginning to engage it was proposed that work would begin to make Whitley Bay a Dementia Friendly Community. At the same time a Dementia Action Alliance would be established to support this approach across the whole of North Tyneside and to establish the level of resources required to support the Dementia Friendly Community agenda in the longer term.

A further report would be presented to the Board in April 2016 to seek a decision on the future direction of North Tyneside as a Dementia Friendly Community. The Board asked that this report should include an action plan containing actions, responsibilities and targets.

Resolved that the progress report on North Tyneside becoming a Dementia Friendly Community and the establishment of a Local Dementia Alliance be noted.

HW20/10/15 A Protocol for Joint Working (Previous Minute HW22/09/14)

In September 2014 the Board had approved a written protocol to formalise the framework within which the Board and other relevant bodies would work together to provide shared leadership of the strategic approach to the health and wellbeing of communities in North Tyneside. At that time it was anticipated that the protocol would be reviewed on an annual basis.

Since then the Board had been subject to a peer review, it had held a development day to consider its response to the recommendations to emerge from the review and it had agreed its priorities and methods of working for the year ahead. The Board's protocol for joint working had now been reviewed in the light of the peer review, the outcomes to emerge from the development day and the proposed priorities and methods of working. The revised protocol was presented to the Board for approval.

Resolved that the revised Protocol for Joint Working be approved.

(Reasons for decision: The revised protocol will provide an updated framework for shared leadership, placing the revised vision, values and objectives of the Board at the heart of joint working and provide a plan of how the Board will function over the next year.)

HW21/10/15 Communications and Engagement Strategy

The Board were presented with a Communications and Engagement Strategy which had been prepared by the Council in partnership with communication and engagement leads from North Tyneside Clinical Commissioning Group, Northumbria NHS Foundation Trust and representatives from Healthwatch North Tyneside. The strategy set out the core messages, vision and principles for communicating the role of the Board to the widest possible audience and maximising engagement opportunities. It also addressed several recommendations from the peer review of the Board. The Communications and Engagement Group would manage the implementation of the strategy and develop a forward plan of activities. Progress reports would be submitted to the Board whenever appropriate.

Resolved that the Communications and Engagement Strategy be noted.

HW22/10/15 Better Care Fund Plan – Monitoring Arrangements (Previous Minute HW38/12/14)

In March 2015 the Board had considered the performance measures against which the delivery of the Better Care Fund (BCF) would be assessed. At that time the Board agreed that it would receive quarterly progress reports in relation to the performance measures. Since then the Chair of the Board and the Chair of the Council's Adult Social

Care, Health & Wellbeing Sub-Committee had considered the possibility that the monitoring of the delivery of the BCF Plan be undertaken by the sub-committee. This would enable the Board to focus its attention on other priorities, allow the sub-committee to perform its role in reviewing and scrutinising performance management information and avoid duplication.

The Adult Social Care, Health & Wellbeing Sub-Committee had subsequently agreed to undertake this task and reports had been received by the sub-committee on 9 July 2015, 10 September 2015 and 8 October 2015. Copies of these reports were available on the Council's website.

Resolved that the arrangements whereby the Adult Social Care Health & Wellbeing Sub-Committee undertakes the monitoring of the delivery of the Better Care Fund Plan be approved.

(Reasons for decision: These arrangements will enable the Board to focus its attention on other priorities, allow the Adult Social Care Health & Wellbeing Sub-Committee to perform its role in reviewing and scrutinising performance management information and help avoid duplication.)