

(Note: These minutes are subject to confirmation at the next meeting of the Board scheduled to be held on 28 April 2016.)

Health and Wellbeing Board

7 January 2016

Present: Councillor L Spillard (Chair)
Councillors J Allan, M Hall J O'Shea and A Waggott-Fairley.
W Burke, North Tyneside Council
J Old, North Tyneside Council
J Matthews, North Tyneside Clinical Commissioning Group
L Young-Murphy, North Tyneside Clinical Commissioning Group
P Kenrick, Healthwatch North Tyneside
J McAteer, Healthwatch North Tyneside
C Keen, NHS England
B Bartoli, Northumbria Healthcare NHS Trust
D Campbell, Newcastle Hospitals NHS Trust
A Caldwell, Age UK
A Watson, North of Tyne Pharmaceutical Committee
P Robinson, Safeguarding Adults Board
L Goodwin, Community & Voluntary Sector

Also Present

Councillor I Grayson, Cabinet Member responsible for Children, Young People and Learning
H Hudson, M Taylor, S Woodhouse, P Murphy and M Robson, North Tyneside Council
N Kenny, North East Ambulance Service
L Dodd, M Crowther and H Fox, North Tyneside Clinical Commissioning Group

HW23/01/16 Apologies

Apologies for absence were received from M Cushlow (North Tyneside Clinical Commissioning Group), D Evans (Northumbria Healthcare NHS Trust), L Robson (Newcastle Hospitals NHS Trust) and G O'Hare (Northumberland, Tyne & Wear NHS Trust).

HW24/01/16 Substitute Members

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

L Young-Murphy for M Cushlow, North Tyneside Clinical Commissioning Group
D Campbell for L Robson, Newcastle Hospitals NHS Trust
B Bartoli for D Evans, Northumbria Healthcare NHS Trust

HW25/01/16 Declarations of Interest and Dispensations

There were no Declarations of Interest or Dispensations reported.

HW26/01/16 Minutes

Resolved that the minutes of the meeting held on 29 October 2016 be confirmed and signed by the Chair.

HW27/01/16 Update on the North Tyneside Accountable Care Organisation (Previous Minute 12/10/15)

John Matthews, Chair of the North Tyneside Clinical Commissioning Group (CCG), presented an update on the development of an Accountable Care Organisation (ACO). With reference to the minutes of the previous Board meeting (Minute HW21/10/15), which stated that a shadow ACO contract would be in place during 2016/17, he commented that this had been misinterpreted as meaning a shadow organisation would be in place prior to April 2017. This was not the case.

Having considered options for commissioning affordable and sustainable quality healthcare to meet the future needs of communities in North Tyneside, the CCG had concluded that it should develop the concept of commissioning through an Accountable Care Organisation (ACO). 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.

The following key principles had been formulated to guide the development of the ACO:-

- a) As a statutory member organisation, the Council of Practices (CoP) must be fully engaged in the development of an ACO commissioning model and constitutionally approve the final proposal;
- b) North Tyneside Council and key partner endorsement is vital both to the success of the approach and to minimise the very real risk of challenge;
- c) The CCG will commission for health outcomes through a capitated funding contract with the ACO (as defined above);
- d) Form should follow function, but the ACO should comprise all main service providers (including primary care), committed to working in partnership to agreed values in some form of alliance approach. Service integration and the delivery of care 'closer to home' will, in the CCG's opinion, only be achieved through joint ownership and collective responsibility;
- e) The CCG is aware of ACO development in Northumberland and will use their thinking to test-bed the benefits and disadvantages of the CCG's preferred ACO approach;
- f) The ACO will appoint (with CCG agreement) a lead provider to act as system integrator and day-to-day manager of the ACO and its functions. It is likely for capacity and risk avoidance reasons that this will be one of the large foundation trusts;
- g) The CCG will significantly reduce its overhead costs by devolving transaction responsibilities to the ACO and potentially through co-commissioning with North Tyneside Council, NHS England, or another CCG;
- h) The ACO approach is new to the UK, has had mixed success internationally (including, for example, early cost containment followed by overheating) and is untested for challenge by other bodies as anti-competitive/monopolistic. It is imperative therefore that risks are fully assessed and mitigated and that early intervention measures are agreed as part of the sign off process with NHS England; and
- i) The ACO will deliver services that improve the individual and population health of North Tyneside, based upon a clear understanding of people's needs and

experiences of health and social care services. This will require the commissioners and providers within the new structures to develop coordinated and consistent ways of involving patients' and the public, particularly disadvantaged groups, engaging communities and citizens in new ways and involving them directly in decisions about the future of health and care services.

A programme board had been established to oversee the development of the ACO together with four inter-related work streams in relation to the following themes; ACO development, CCG development, legal and regulatory and stakeholder engagement and communications.

Phase 1 of the project, between September 2015 and March 2016, would be to determine the feasibility of establishing an ACO and what it, and the revised CCG, would look like with a view to agreeing a Memorandum of Understanding. Phase 2, between April 2016 and March 2017, would be to develop the detail of the ACO. Towards the end of the year a decision would be made on whether the ACO should go live, with transitional arrangements implemented if necessary. This was an ambitious programme which the CCG's external advisors believed was extremely challenging and not without risk. The CCG was committed to delivering an ACO approach in shadow/pilot form by April 2016, if possible. Two options under consideration for a pilot approach were the development of new models of care in the Whitley Bay area and elective surgery. Any pilot would require appropriate resource, the full cooperation of, and inevitable compromise from, provider partners, the agreement of other key stakeholders and authorisation from the CCG's membership and NHS England.

The Board asked questions and made comments on a number of aspects of the proposals including the extent to which social care, joint budgets and integrated services would be incorporated into the ACO model. The Board also considered how the ACO would be evaluated and how it would be held to account by commissioners and NHS England.

Resolved that the work to date on the development of an Accountable Care Organisation in North Tyneside be noted.

HW28/01/16 Transforming Children and Young People's Services in North Tyneside

The Board received a presentation from Councillor Ian Grayson, Cabinet Member responsible for Children, Young People and Learning, and Jacqui Old, Head of Health, Education, Care and Safeguarding to set out the rationale and approach for a proposed new model of services for children, young people and families in North Tyneside.

Reference was made to the shared strategies and commitments set out in the Children and Young People's Plan and the borough's strong record of delivering some excellent outcomes for children, young people and families. Despite these some challenges and gaps still existed and so work had been undertaken to review need, demand and costs and to formulate further plans based on what the Council was trying to achieve and how it wanted to operate. The proposals were based on a vision of children, young people and families being healthy, safeguarded, cared for, ready for school and ready for work and life.

The Board was presented with a summary of demands, needs and costs identified during the work and an overview of the current service delivery model which had encouraged 'silo' working through individual team structures. Based on the findings and

issues to emerge from the review, it was proposed that a new model of service delivery be developed to:-

- a) Promote the social, emotional and mental wellbeing that enables our children, young people aged 0-19 years and their families to be resilient, healthy and live at home together;
- b) Provide a universal offer to maintain good health and wellbeing, enabling all children to become positive citizens; ready for school and ready for work and life; and
- c) Provide a targeted offer for children, young people and families who have further challenges and complex lives which result in poor health and wellbeing outcomes.

The Board examined an indicative structure chart of how the service might be organised in the future based on universal, targeted and complex tiers of services and locality teams. Implementation was due to April 2016.

Following the presentation the Board asked a range of questions in relation to:

- a) how the transformation of services would be evaluated in terms of improved outcomes for children, young people and families;
- b) how engagement with service users had helped to shape service planning and how it could inform any future evaluation;
- c) the extent to which learning from the troubled families programme had helped shape the proposed overall transformation of services for children and young people;
- d) how increasing levels of harm was being caused by cyber bullying and how agencies were responding to this need; and
- e) the range, standard and delivery method of services to be available as part of the universal offer.

Resolved that the presentation on the proposed new model of services for children, young people and families in North Tyneside be noted.

HW29/01/16 Health and Social Care Integration Programme Board (Previous Minute HW16/10/15)

The Board received a progress report from the Health and Social Care Integration Programme Board (HSCIPB) on the four work streams that made up the Integration Programme, namely; Self Care and Prevention, New Models of Care, Older People and Urgent Care. Peter Kenrick, Deputy Chair of the HSCIPB, highlighted a number of actions for particular scrutiny and the Board considered plans to further develop a community falls programme in 2016/17.

Resolved that the progress report from the Health and Social Care Integration Programme Board on its four Integration Programme work streams be noted.

HW30/01/16 Director of Public Health Annual Report 2014/15

Wendy Burke, the Acting Director of Public Health, gave a presentation in which she compared the annual reports produced in 1970 by her predecessors, the Directors of Health for Wallsend, Tynemouth, Whitley Bay and Longbenton, with the current situation. The presentation compared then and now in terms of the age of the population, the economy, mortality, birth rates and health priorities. Significant differences had occurred over this period of time including fewer cases of measles, different attitudes towards sexual health, increased tobacco controls, increased challenges relating to obesity and alcohol misuse and a greater understanding of the

importance of promoting good mental health.

The Acting Director of Public health commented that North Tyneside was a very different place today compared with the 1970s. Public health had improved but there were still challenges and significant inequalities. Improvements in public health were not amenable to short-term solutions. Systematic action, partnership approaches and sustained long term action were needed to deliver further health improvement and reduce inequalities.

Members of the Board thanked the Acting Director of Public Health for her informative and entertaining presentation and they challenged her, in preparing her next annual report, to predict what the state of public health in North Tyneside might look like in 2055.

Resolved that the presentation of the Acting Director of Public Health be noted.

HW31/01/16 Joint Strategic Needs Assessment (Previous Minute HW26/09/14)

The Board received a presentation from Wendy Burke, the Acting Director of Public Health, in relation to the Joint Strategic Needs Assessment (JSNA). The JSNA provided an analysis of the health needs of the population to inform and guide commissioning of health, well-being and social care services within the area. Work had been undertaken to refresh the JSNA and to establish a more sustainable approach to its maintenance. This would involve the production of more visual, web based material incorporating the use of infographics. A high level summary would be supported by sub sections based on the life course such as ready for school, ready for work and life and cared for, safeguarded and healthy.

The Board was presented with an overview of the health needs of the population, with particular reference to premature mortality, lifestyle and behaviour, children and young people and an ageing population.

Officers undertook to make available to Board members copies of the draft infographics which were to form the basis of the JSNA. The Board acknowledged the work of officers including Craig Anderson, Paul Murphy and Rachel Nicholson in formulating this new approach.

Resolved that the presentation in relation to the Joint Strategic Needs Assessment be noted.

HW32/01/16 Right Care, Time and Place – Urgent Care Consultation (Previous Minute HW47/03/15)

Mathew Crowther and Helen Fox from the North Tyneside Clinical Commissioning Group (CCG) attended the meeting to present details of the ongoing consultation in relation to a new urgent care service. Urgent care was defined as any form of medical attention needed quickly but not serious enough for a visit to hospital. This could include injuries, an illness (ailment) or any other medical condition where advice would be sought from a general practitioner, pharmacist, NHS 111, a walk-in centre or the out of hours general practice service when local doctor's surgeries are closed.

The proposals contained in the consultation document had been developed in partnership with the North Tyneside Urgent Care Working Group and informed by an

extensive public pre-engagement exercise. The consultation was based on four possible scenarios:-

- a) A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital (Rake Lane);
- b) A single North Tyneside Urgent Care Centre based at Battle Hill;
- c) A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital (Rake Lane), supported by locality-based minor ailments services in the other three localities (Killingworth, Wallsend, Whitley Bay); and
- d) A single North Tyneside Urgent Care Centre based at Battle Hill, supported by locality-based minor ailments services in the other three localities (Killingworth, North Shields, Whitley Bay).

The public consultation period had commenced on 7 October 2015 and would run until 21 January 2016. The programme of events had included:

- A consultation launch event
- A drop-in event in each of the four CCG localities
- 3 'roadshows' held at local shopping centres
- Focus groups targeted at residents with 'protected characteristics'
- 6 focus groups that demographically represented North Tyneside
- Voluntary and community sector focus groups
- Distribution of information about the consultation to 146 community venues
- Distribution of postal survey documents
- An online survey and
- A social media campaign

The Consultation Institute had been asked to carry out an independent review of the consultation process and they had confirmed that it was consistent with a best practice approach. To date the CCG had received 427 formal responses to the consultation. The outcomes from the consultation process would be reported to the CCG's Executive in the Spring to inform decision making on how to proceed with the commissioning of a new urgent care service. The outcomes would also be reported to the Board.

Officers from the CCG confirmed that the use of urgent care services in Newcastle by residents living in the west of the borough and the potential for greater use of communications technology had been taken into account in formulating the scenarios. The Board were also provided with details of how the CCG had sought to consult with hard to reach groups and residents with protected characteristics with assistance from the Community and Health Care Forum.

Resolved that the ongoing consultation process in relation to a new urgent care service be noted.

HW33/01/16 Health, Wellbeing and Social Care Commissioning Intentions 2016/17

The Board were joined by Members of the Council's Adult Social Care, Health and Wellbeing Sub-Committee to consider the commissioning intentions in relation to health, social care and wellbeing for 2016/17.

Representatives of the Council and the Clinical Commissioning Group (CCG) gave a presentation which outlined the financial picture for the CCG and the Council's care and wellbeing services. The Board were also provided with an overview of the priorities, budget and service changes planned for 2016/17, in relation to health services, children, young people and family services, adult social care and public health.

The presentation highlighted the key issues in relation to health and wellbeing and the health inequalities which existed in the borough. There were a number of challenging issues, such as the life expectancy rate for men and women and Chirton and Riverside wards continued to have the poorest health indicators in the borough.

The key challenges and drivers for the Council included financial pressures, increasing demand for services and the legal duties arising from the Care Act 2014. Details of how the Council planned to approach these challenges and the commissioning principals were explained. The presentation then went on to summarise the main actions in relation to the following themes:

- Cared for and safeguarded
- Ready for school, work and life
- Improving health and wellbeing

The key challenges and drivers for the CCG were also outlined; these were similar to those for the Council i.e. financial pressures and increasing demand for services. The CCG would be required to revise its 5 year plan by June 2016 which would need to be a cost saving and system wide plan. National guidance would require the CCG to move further, faster and to focus on closing three gaps; preventative health, quality of care and finance. The Board was made aware of how these challenges would be met, including the roll out of new models of care, the development of a place based system of care, the development of an Accountable Care Organisation, the development of a new urgent care model, working with NHS Right Care and the use of contract opportunities to identify system efficiencies.

Officers were awaiting details of the framework within which the Better Care Fund (BCF) for 2016/17 would have to be formulated. The CCG had signalled its desire to change the balance of spend within the Fund between those with a health service focus and those with a care focus. The BCF Partnership Board was assessing the impact of the schemes funded in 2015/16, the risks associated with any changes in funding for 2016/17 and new proposals for funding in 2016/17.

The Chair of the Board challenged the wording used under the 'Ready for school, work and life' theme relating to a new integrated model for children and young people's services, which stated that the Council would be moving away from direct nursery provision. She asked that it be made clear that the Council was proposing to move away from being a direct provider of childcare provision and not nursery provision, and that although it would not be providing direct childcare provision the Council would ensure that there were sufficient places available in the borough.

Members discussed the delivery of family centred holistic support in locality hubs, particularly the capacity of the different partner organisations to record and share information with each other. It was explained that data sharing protocols were already set up with the Department of Work and Pensions through the Troubled Families programme and that the learning from this could be transferred to help partners in the locality hubs set up systems and look at solutions to integrate information where possible.

In light of health and social care devolution in Greater Manchester, Members highlighted the need to take into account the possibility of regional devolution in the planning of local health and social care services. Whilst it was acknowledged that health and social care services were not as yet included in the proposed devolution to the North East Combined Authority, it was reported that NHS England expected the CCG to work with neighbouring authorities and that devolution would be taken into account as part of work to establish an Accountable Care Organisation (ACO) and in formulating a new 5 year plan.

The Board queried the benefits of promoting the use of e-cigarettes. The Board were advised there was clear evidence that replacing traditional cigarettes with e-cigarettes could reduce harm by 90% and there was one licensed brand which was now available on prescription.

In relation to the commissioning intentions for 2016/17, assurance was given that any decisions to de-commission services would be shared with residents and stakeholders at an early stage; the urgent care consultation/public engagement which was currently in progress was cited as a good example of recent public engagement.

As the health risks associated with loneliness was now comparable to smoking, alcohol and obesity, it was suggested that this should be explicitly included in the Council and CCG's planning. It was reported that the issue of loneliness was being addressed by the Council's Care and Connect service through co-ordinating good neighbour schemes and initiatives such as knit and natter clubs. It was suggested that key performance indicators (KPIs) ought to be identified in any emerging plans to enable the Board and the Adult Social Care, Health and Wellbeing Sub-Committee to monitor their impact.

The Board discussed the importance of accessing and maximising the amount of financial contributions received from developers gained through the planning process (known as Section 106 funding) to improve health outcomes for local people and improve health infrastructure.

It was reported that the introduction of the living wage would add between £4m and £4.5m of financial pressure on the Council's budget. The Council proposed to introduce a 2% increase on Council Tax for social care services, but this increase was likely to generate approximately £1.5m which would not match the financial pressures within the service..

Reference was made to the importance of providing affordable and appropriate housing to promote health, wellbeing and social integration. The Board were provided with examples of how services were working together to provide quality supported accommodation for people with different needs, including older people and people with learning disabilities.

Resolved that the Health, Wellbeing and Social Care Commissioning Intentions 2016/17 be noted.