

(Note: These minutes are subject to confirmation at the next meeting of the Board scheduled to be held on 16 June 2016)

Health and Wellbeing Board

28 April 2016

Present: Councillor L Spillard (Chair)
Councillors J Allan, J O'Shea and A Waggott-Fairley.
W Burke, North Tyneside Council
S Watson, North Tyneside Council
J Matthews, North Tyneside Clinical Commissioning Group
J Wicks, North Tyneside Clinical Commissioning Group
P Kenrick, Healthwatch North Tyneside
J McAteer, Healthwatch North Tyneside
J Bates, Northumbria Healthcare NHS Trust
D Campbell, Newcastle Hospitals NHS Trust
A Caldwell, Age UK North Tyneside
P Robinson, Safeguarding Adults Board

Also Present

S Rana, Local Government Association
J Pratt, Tyne & Wear Fire & Rescue Service
J McSwane
H Hudson, K Allan, F Shoesmith, I Lane, S Woodhouse
and M Robson, North Tyneside Council

HW34/04/16 Apologies

Apologies for absence were received from, Councillor M Hall, J Old (North Tyneside Council), J Hayburn (North Tyneside Clinical Commissioning Group), B Bartoli (Northumbria Healthcare NHS Trust), L Robson (Newcastle Hospitals NHS Trust), G O'Hare (Northumberland, Tyne & Wear NHS Trust) and L Goodwin (Community & Voluntary Sector).

HW35/04/16 Substitute Members

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

J Wicks for J Hayburn, North Tyneside Clinical Commissioning Group
D Campbell for L Robson, Newcastle Hospitals NHS Trust
J Bates for B Bartoli, Northumbria Healthcare NHS Trust
S Watson for J Old, North Tyneside Council

HW36/04/16 Declarations of Interest and Dispensations

Councillor A Waggott-Fairley declared a Registerable Personal Interest in Minute HW41/04/16 as she was Chair of the Board of Trustees at the North Tyneside Carers' Centre.

HW37/04/16 Minutes

Resolved that the minutes of the meeting held on 7 January 2016 be confirmed and signed by the Chair.

HW38/04/16 Northumberland, Tyne and Wear Sustainability and Transformation Plan 2016/17 – 2020/21

The Board received a report setting out the process towards developing a Sustainability and Transformation Plan (STP) across the Northumberland, Tyne and Wear footprint. The NHS Shared Planning Guidance 2016/17 – 2020/21 outlined a new approach to help ensure that health and care services were planned by place rather than around individual organisations. The STP would outline how local services would evolve and become sustainable over the next five years. STPs would help to drive a genuine and sustainable transformation in health and care outcomes by 2020/21. The Northumberland, Tyne and Wear footprint was sub divided into three local health economy footprints, one of which would be North Tyneside and Northumberland.

An assessment was being undertaken to assess the current scale of challenges and to help identify opportunities to close the following three gaps, each with equal weight within the plan:

- a) Closing the health and wellbeing gap would require a radical upgrade in the approach to prevention. The STP would build upon the priorities identified within each Health and Wellbeing Strategy and emerging hypotheses would continue to be tested in order to understand the greatest areas of impact and to agree the actions required at a local and regional level;
- b) In order to address the care and quality gap, work to identify and understand commonalities and how best to implement best practice would continue. Significant work would be required to align health and social care, transform General Practice and adopt new models of care across the STP; and
- c) Modelling exercises had been undertaken to assess the finance and efficiency gap to 2020. Further detailed analysis would be required to test assumptions locally and to identify priority areas of action.

Health & Wellbeing Boards would be asked to ensure that STP outcome ambitions would support achievement of their strategic vision. In North Tyneside, a Memorandum of Understanding had been signed by key partners to enable the development of an Accountable Care Organisation to become the delivery vehicle for the local element of the STP.

The STP would be subject to formal assessment in July 2016 following submission in June 2016. A draft plan had been prepared but this would not be available to partners until it had been considered by NHS England, likely to be in late May. The Board acknowledged that the CCG had to comply with due process but Members expressed their dissatisfaction that the draft plan was not yet available to partners and they hoped a copy would be made available as soon as possible. In view of the fact that the Board could not yet be sighted of the draft plan, members were minded not to endorse the proposed approach to the development of the STP. The process did not provide for a public consultation exercise, but if the STP led to any significant reconfigurations of services then any proposals would be subject to public consultation.

The Board recognised the need to radically upgrade preventative services and align the STP so that it built upon the existing Health & Wellbeing Strategies. The challenge would be to achieve these objectives in the context of reduced public health grant funding in local authorities.

The Board considered how the development of the STP, the development of an ACO both in North Tyneside and Northumberland and the proposed devolution to the North East Combined Authority would be connected to each other and how they would relate to the work of the Board.

Resolved that (1) the national approach to the development of Sustainability and Transformation Plans be noted;

(2) the comments of the Board as set out above, including the decision of the Board not to endorse the proposed approach to the development of the Northumberland, Tyne and Wear Sustainability and Transformation Plan, be taken into account by the North Tyneside Clinical Commissioning Group as part of the ongoing development of the Plan.

(Reasons for decision – As the CCG were unable to share the draft plan with the Board members were minded not to endorse the proposed approach to the development of the STP.)

HW39/04/16 Commission for Health and Social Care Integration in the North East

It was reported that the Health and Social Care Commission had been set up jointly by the North East Combined Authority (NECA) and the NHS to look into how the NHS, local authorities and other public, private and community and voluntary sector bodies could further develop the work they do together to improve the health and wellbeing of the local population. This formed part of the proposed devolution agreement between NECA and the Government. The Commission represented the first phase of work that would be carried out as part of the proposed devolution agreement to identify the opportunities for greater collaboration, integration and devolution across the NECA area, in order to improve outcomes and reduce health inequalities.

The Commission had invited individuals and organisations from across the NECA and neighbouring areas to submit written evidence to help inform its work on the following themes:

- a) Supporting people to stay well and independent;
- b) Focusing more on health, wellbeing and productivity; and
- c) Exploring opportunities to improve health and wellbeing through devolution.

The Commission had also planned listening events in each of the seven local authority areas within the NECA area during April and May to provide a wide range of organisations with the opportunity to discuss their ideas with members of the Commission. A listening event for North Tyneside was to take place on Wednesday 4 May 2016 in Wallsend Town Hall.

Resolved that the terms of reference and membership of the Health and Social Care Commission, the call for evidence and the listening event planned in North Tyneside for 4 May 2016 be noted.

HW40/04/16 Local Government Association Peer Review and Board Development 2016/17 (Previous Minute HW49/03/15)

In March 2015 the Board had received the findings and key recommendations arising from a peer review of the Board undertaken by the Local Government Association (LGA). The Board had subsequently formulated a series of actions in response to the recommendations at a development workshop held in July 2015 and it had agreed to accept further support from the LGA as part of its ongoing development.

During the meeting the Board undertook an exercise, facilitated by Satvinder Rana from the LGA, to take stock of the Board's status in the light of the peer review and to determine its priorities and methods of working for the forthcoming year.

The exercise was based on an evaluation of the member's hopes, concerns and achievements, the attributes of a performing Board, reviewing the progress made in responding to the peer group's recommendations, considering the emerging health and social care landscape, identifying ambitions and challenges for the Board and setting priorities.

HW41/04/16 Better Care Fund Plan 2016/17 (Previous Minute HW39/1/14)

(Councillor A Waggott-Fairley declared a Registerable Personal Interest in this item as she was Chair of the Board of Trustees at the North Tyneside Carers' Centre.)

The Board received details of the proposed plan for the use of the Better Care Fund (BCF) covering the financial year 2016/17. The Government had confirmed that the BCF would continue in 2016/17 with the goal of achieving better integration of health and social care with significant improvements in performance against integration metrics within the new Clinical Commissioning Group (CCG) assessment framework.

Council and CCG officers had worked together through the BCF Partnership Board to prepare an updated BCF Plan for 2016/17 and this was submitted to the Board for consideration. The plan would also be considered by the Council's Cabinet on 13 May 2016 and by the Clinical Commissioning Group on 24 May 2016 when the financial implications associated with the plan would be considered and approved.

The plan represented a natural progression from the 2015/16 plan, with some changes to take into account progress that had been made. The plan included:

- a) implementation of the CarePoint service, which would bring together a number of previously separate services which aimed to prevent admission to hospital and facilitate discharge from hospital;
- b) implementation of the CarePlus service in the Whitley Bay locality, an example of a "New Model of Care", comprising GPs, geriatricians, nurses, social workers, and admin support, serving the Whitley Bay locality of North Tyneside. The service would have four key components: coordination of care, standardised care, matching patients need with an appropriate care delivery model and to facilitate the development of health literacy.
- c) a new focus on intermediate care to:
 - i) provide an adequate number of "step-up" beds, for people in the community who are at risk of an inappropriate acute hospital admission;
 - ii) provide "discharge to assess" beds, with appropriate therapy input, which would support the timely discharge of patients from an acute ward into an intermediate care facility,
 - iii) utilise high-quality accommodation; and

- iv) define clinical responsibility for all intermediate care beds whether GP, nurse, or consultant led.

The Board were provided with an explanation of how the BCF plan was aligned with the four levels of service delivery contained within the Health and Wellbeing Strategy to achieve better service integration.

The Board gave considered whether to endorse the general principles of the use of the Better Care Fund, or request relevant officers to undertake further work on the plan in the light of comments and suggestions made by the Board at the meeting.

The Board challenged the performance measures contained within the plan and it was suggested that the measures should be more detailed to include stretch targets based on precise figures. The Board recognised that carers were a significant asset in the plan and members discussed whether the amount of funding to support carers could be increased. Officers advised the Board that a mandated amount of funding had to be allocated to supporting carers but work was ongoing to maximise the take up among carers of their entitlement to personal budgets.

Resolved that (1) the general principles of the use of the Better Care Fund be endorsed; and
(2) the Chair of the Board be authorised to approve any further revisions to the submission on behalf of the Board before the deadline for submission to NHS England on 3 May 2016.

(Reasons for decision - The continuation of the Better Care Fund presented a major opportunity to take forward the principles of the Health and Wellbeing Strategy and any delay in agreeing a plan for use of the Fund would lead to delay in the release of funds by NHS England.)

HW42/04/16 Health and Social Care Integration Programme Board (Previous Minute HW29/01/16)

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 including the time taken to co-locate the reablement service, the hospital discharge team and the CarePlus pilot at North Tyneside General Hospital, the marketing of the falls pathway service and the procurement of a new adult case management system. He also commented on the challenge in presenting up to date information to the Board due to the time lapse between meetings of the Integration Programme Board and the Health & Wellbeing Board.

With reference to the marketing of the falls pathway, the Board recognised that falls was a key health outcome indicator and that compared to other local authority areas in the region, North Tyneside performed poorly. It was suggested that the take up and marketing of the falls pathway should be referred to the Self Care and Prevention Integration Board to undertake a needs assessment, evaluate existing services and consider the best approach to the future delivery of services.

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

HW43/04/16 Development of a Joint Mental Health and Wellbeing Strategy

The Board were presented with a draft version of the North Tyneside Joint Mental Health and Wellbeing Strategy 2016-21. The purpose of the strategy, which related to 'working age' mental health, was to set out how the CCG (Clinical Commissioning Group), the Council, and its partners would work together to improve the mental health and wellbeing of the population of North Tyneside so reducing health inequalities, improving physical wellbeing, social interactions and job prospects. The strategy sought to implement national and local drivers to promote parity across mental and physical health care, good mental health and wellbeing, whilst further improving the quality and accessibility of services for people who had mental health problems. It also sought to devise, with providers, the public and service users, local approaches to mental health services.

The strategy would drive a partnership approach to developing support for people with mental health needs in North Tyneside. It would ensure that the best possible quality of life would be sustained for them and their families. This would be achieved by focusing on key priorities such as:

- Personalisation, supporting people to be at the heart of decision making, personal budgets and direct payments;
- Prevention, in both primary and secondary care;
- Improving health and wellbeing, in terms of lifestyle, inequalities, parity of esteem, mental and physical health;
- Supporting recovery, through primary care, talking therapies, social care and community services;
- Accessibility both in and out of hours, crisis response, suicide prevention, dual diagnosis, mental health and learning disabilities; and
- Integration of primary and secondary care, child and adolescent services and treatment.

Healthwatch North Tyneside welcomed the preparation of the draft strategy and commented on how it would be crucial that all stakeholders sign up to its delivery. Healthwatch believed the strategy could be strengthened by providing an aspirational vision of mental health and wellbeing in 2021, by providing an analysis of the strengths and weaknesses of existing provision and by setting clear goals. Reference was made to the short timescales allowed for stakeholder engagement in the development of the strategy. Healthwatch also highlighted a number of issues which needed to be addressed by the strategy including the approach to prevention and early intervention, the contribution of the voluntary sector, the development of crisis support, a commitment to carers and the role of primary care in the light of earlier discharges.

With reference to the previous item in relation to the Integration Programme Board, and in particular the older people theme, the Board asked for an update on action taken to resolve an inconsistency in the services delivered for North Tyneside GP registered patients with a Newcastle postcode and those living in the north west of the borough. It was reported that the CCG were considering options for commissioning a unified mental health service for older people.

In view of the timescales allowed for board members and other stakeholders to consider and contribute to the development of the strategy and as the strategy need not be approved until the end of June 2016, the Chair suggested that detailed consideration of the strategy be deferred until the next Board meeting to be held on 16 June 2016.

Resolved that (1) consideration of the North Tyneside Joint Mental Health and Wellbeing Strategy 2016-21 be deferred until the next meeting of the Board to be held on 16 June 2016; and
(2) the Board be provided with an update on options to provide a unified mental health service for older people in the north west of the Borough.

HW44/04/16 Implementing Social Value (Previous Minute HW14/10/15)

In October 2015 the Board had considered the adoption of a social value policy. The policy provided a framework for commissioners to ensure that maximum economic, social or environmental 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 had agreed that all its statutory partners be requested to make arrangements for their organisation to apply the social value policy, include social value in all procurement exercises, raise awareness of the benefit of social value within their organisation and to providers and identify and promote a named contact within their organisation who would be the social value champion. The Board also agreed to monitor progress in terms of the adoption of the policy.

In September 2015 the North Tyneside Clinical Commissioning Group had noted the policy and confirmed their support for the proposed approach to social value. The North of England Commissioning Support Unit had confirmed that social value was embedded in all procurement processes.

Northumbria Healthcare NHS Foundation Trust had agreed a shared procurement service: sustainable procurement policy in November 2015 which stated that “where there is an opportunity, social value will be a scored element of the tender evaluation”

The Council’s Cabinet had approved the social value policy in February 2016. Social value with a score of between 10% and 20% of the total award score would be included in all procurement exercises for both goods and services, unless a clear statement was made in the pre procurement documentation setting out a reason why social value does not apply.

Newcastle Hospitals NHS Foundation Trust indicated that they would provide a response as to how social value had been incorporated into their procurement processes.

Resolved that (1) the progress made in terms of the adoption of the social value policy be noted; and
(2) the Board continue to monitor its implementation and impact.

HW45/04/16 North Tyneside Alcohol Action Plan (Previous Minute HW15/10/15)

The Board had held an action day on alcohol during September 2015 to develop a deep understanding of the impact of alcohol misuse across the borough, to identify the services available to residents and to agree where collective action was required. Following the action day a multi-agency Alcohol Strategic Partnership had been established to provide strategic leadership and to ensure key actions were implemented in order to reduce the impact from alcohol misuse in North Tyneside

The Board was presented with the terms of reference and membership of the Partnership. It had developed an action plan in response to the key issues identified by the action day. The action plan identified priorities across the key areas of prevention children, young people and families and adults and older people.

During 2016/17 the partnership would focus on support for treatment resistant drinkers to develop alternative approaches and care pathways for treatment resistant drinkers who placed a significant burden on a range of public services. The project would challenge traditional approaches demonstrating that there were positive strategies that could be used with this client group.

Resolved that the action plan formulated in response to the key issues identified by the Board's action day on alcohol be noted.

HW46/04/16 Appointment of Members to the Board

The Board gave consideration as to whether to appoint additional members to the Board representing emergency services.

The Tyne & Wear Fire and Rescue Service (TWFRS) were working in the borough to make those most vulnerable safer, not only by reducing the risk of fire but also by signposting people to partners to reduce the risk in other areas. As the fire service currently made a positive contribution to the work of the Safeguarding Adults Board and were keen to become involved in the work of the Health & Wellbeing Board, it was proposed that a representative from TWFRS be appointed to the Board.

The North East Ambulance Service (NEAS) had for some time received copies of the agenda papers for Board meetings and the Associate Director of Strategy, Contracting and Performance at NEAS, had recently begun to attend meetings. In recognition of its significant role as a provider of a range of health services it was proposed that a representative from the NEAS also be appointed to the Board.

Resolved that a representative of the Tyne & Wear Fire and Rescue Service and of the North East Ambulance Service be invited to serve as Members of the Board.

(Reasons for decision - to secure appropriate representation on the Board.)