

(Note: These minutes are subject to confirmation at the next meeting of the Board scheduled to be held on 15 September 2016)

Health and Wellbeing Board

16 June 2016

Present: Councillor M Hall (Chair)
Councillors K Clark, M A Green and L Spillard
W Burke, North Tyneside Council
H Hudson, North Tyneside Council
J Matthews, North Tyneside Clinical Commissioning Group
J Hayburn, North Tyneside Clinical Commissioning Group
I Kitt, Healthwatch North Tyneside
C Keen, NHS England
V Morris, Northumberland, Tyne & Wear Foundation Trust
J Pratt, Tyne & Wear Fire & Rescue Service
L Hodgson, North East Ambulance Service
I Owens, Age UK North Tyneside
A Watson, North of Tyne Pharmaceutical Committee
P Robinson, Safeguarding Adults Board
D Titterton, Voluntary & Community Sector Chief Officers

Also Present

J Wicks, North Tyneside Clinical Commissioning Group
B Bartoli, Northumbria Healthcare NHS Trust
N Bruce, Newcastle Hospitals NHS Trust
K Allan, J Laughton, I Lane, S Woodhouse
and M Robson, North Tyneside Council

HW01/06/16 Chair's Announcements

The Chair opened the meeting by welcoming newly appointed members of the Board to their first meeting. She congratulated Wendy Burke on her recent appointment as Director of Public Health and she paid tribute to Councillor Lesley Spillard for her work as Chair of the Board. Finally, Councillor Hall congratulated Northumbria Healthcare and Newcastle Hospital Foundation Trusts for their 'outstanding' ratings from the Care Quality Commission.

HW02/06/16 Apologies

Apologies for absence were received from Councillor A Waggott-Fairley, J Old (North Tyneside Council), P Kenrick and J McAteer (Healthwatch North Tyneside), G O'Hare (Northumberland, Tyne & Wear NHS Trust), A Caldwell (Age UK North Tyneside) and L Goodwin (Community & Voluntary Sector).

HW03/06/16 Substitute Members

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

H Hudson for J Old, North Tyneside Council
V Morris for G O'Hare, Northumberland, Tyne & Wear Trust
I Kitt for P Kenrick, Healthwatch North Tyneside
I Owens for A Caldwell, Age UK North Tyneside
D Titterton for L Goodwin, Community & Voluntary Sector Chief Officer Group

HW04/06/16 Declarations of Interest and Dispensations

There were no Declarations of Interest or Dispensations reported.

HW05/06/16 Minutes

Resolved that the minutes of the meeting held on 28 April 2016 be confirmed and signed by the Chair.

HW06/06/16 Northumberland, Tyne and Wear Sustainability and Transformation Plan 2016/17 - 2020/21 (Previous Minute HW38/04/16)

The Board received a presentation in relation to the development of a Sustainability and Transformation Plan (STP) for the Northumberland, Tyne and Wear footprint. The STP reflected a new approach to planning within the NHS 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 and would be focussed on closing gaps in relation to health and wellbeing, care and quality and finance and efficiency. The Northumberland, Tyne and Wear footprint was sub divided into three local health economy footprints, one of which would be North Tyneside and Northumberland.

With specific reference to planning for the Northumberland and North Tyneside sub-footprint progress had already been made in reconfiguring emergency services, developing integrated services and establishing partnership agreements between health and local authorities. Looking to the future the STP would provide for:-

- a) the development of accountable care systems, with an option for a single system across the area;
- b) capitated budgets i.e. fixed budget allocations for a defined population;
- b) further reconfiguration of services to provide care outside of hospital;
- c) population health improvement and prevention in relation to public health issues such as alcohol, tobacco and obesity;
- d) workforce considerations to develop a more flexible approach; and
- e) a projection that if services remained unchanged there would be a £217m funding gap within 5 years across Northumberland and North Tyneside.

Further work would be undertaken to use the Joint Strategic Needs Assessment and other data to understand the local needs of the population and where work could be supported across the Northumberland, Tyne and Wear area. The findings would then need to be shared with clinical teams to determine what was possible. Local governance arrangements, including engagement, would be considered together with the continuing development of accountable care systems.

Following the presentation the Board considered the benefits of moving towards a funding system based on a capitated budget when a group of providers would come together to work in partnership to deliver care for a population for a defined period of

time within a single capitated budget. The payment by results system was no longer considered to be fit for purpose as it acted as a disincentive to providers to reconfigure services in a way that was right for patients, such as the investment in the emergency care hospital. The Board sought details on how the STP would address the projected £217m funding gap in Northumberland and North Tyneside and reference was made to how any financial modelling would have to be sensitive to the financial pressures within local authorities.

It was stated that Newcastle Hospitals Foundation Trust was committed to the principles contained within the STP but as it delivered specialist services and care to populations across the Northumberland, Tyne & Wear footprint it had decided for the time being to monitor the development of plans in each sub-footprint before signing up to any detailed proposals. The development of an accountable care system would not affect patient choice.

In terms of engagement and involvement the Board noted how primary care would be represented within the STP process through general practitioners. NHS England undertook to discuss with the North of Tyne Pharmaceutical Committee how the voice of pharmacies could be taken into account within the STP process. In view of the timescales from the publication of planning guidance in May, to the submission of the STP in June 2016, there were no immediate plans for wide scale public consultation but the engagement leads across the footprint had been contacted to begin to draw together an engagement plan.

It was suggested that the narrative within the STP on the wider determinants of health could be strengthened so as to highlight the need for preventative work with children and families aimed at solving the health and wellbeing problems of the future.

The Chair thanked officers for a clear and informative presentation and she suggested that a further report be submitted to the next meeting of the Board in September when she hoped more detail may be available, particularly in relation to projected efficiency savings and public engagement.

Resolved that (1) progress on the development of a Sustainability and Transformation Plan (STP) for the Northumberland, Tyne and Wear footprint be noted; and (2) a further progress report be submitted to the next meeting in September 2016.

HW07/06/16 Update on the North Tyneside Accountable Care Organisation (Previous Minute HW27/01/16)

The Board received an update on the development of a North Tyneside Accountable Care Organisation (ACO). The report set out the key aims and deliverables of the ACO programme and outlined progress to date and the next planned steps.

The target for the ACO programme was to achieve system sign off and complete model evaluation to allow for full ACO operation from April 2017, requiring a decision by both the Clinical Commissioning Group (CCG) and ACO partner organisations by the end of September 2016 on whether to 'go live'.

Reference was made to the role the Board in relation to the ACO. It was the responsibility of the Board to agree the Joint Health and Wellbeing Strategy which would inform the key priorities for commissioners who, working in partnership with the Council, would require the ACO to deliver the relevant objectives and targets set out in the strategy. It was anticipated the ACO partners would continue to sit on the Board.

The Board discussed the extent to which public engagement had been addressed by the ACO programme. Concerns were expressed that to date there had been no meaningful communication with patients as to the effect of an ACO or how it would deliver the emerging priorities from the STP. In response it was stated that the work completed so far had focussed on internal structural matters which may be of less relevance to the general public. It was suggested that as definite proposals emerged it would be very important to communicate at the right time to minimise the risk of confusion and dissatisfaction among patients.

Resolved that the update on the development of an Accountable Care Organisation be noted.

HW08/06/16 Development of a Joint Mental Health and Wellbeing Strategy (Previous Minute HW43/04/16)

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 Clinical Commissioning Group (CCG), 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.

The Board suggested that the strategy should include a statement on the level of funding currently invested in mental health and wellbeing and how this money was spent. It was also suggested that the strategy should recognise the wider determinants of mental health such as education, employment and environment where partners working together could make a significant impact. The strategy would be aligned to the Children and Young People's Mental Health & Wellbeing Plan and this would be submitted to the Board for consideration at its next meeting.

Resolved that (1) the report setting out the work to date on the development of the North Tyneside Joint Mental Health and Wellbeing Strategy 2016-21 be noted; (2) the North Tyneside Joint Mental Health and Wellbeing Strategy 2016-21 and action plan be endorsed; and (3) the Mental Health Integration Board be requested to monitor the implementation of the Strategy.

(Reason for decision – To support the development of mental health provision across North Tyneside and give strategic direction to all partners involved in mental health across the borough.)

HW09/06/16 Healthwatch North Tyneside

Healthwatch North Tyneside presented an overview of its activities in the 6 month period from October 2015 to April 2016. The role of Healthwatch was to make health and care services work for the people who use them by understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf. The report provided an overview of the feedback received by Healthwatch about health and social care services in the borough and any action taken by it. The key issues to emerge during this period had been related to adult mental health services, support for carers, diabetic care, podiatry and significant feedback, both positive and negative, in relation to hospitals and primary care.

The Board acknowledged that information from Healthwatch was fed back to commissioners of services and the Board were provided with an explanation as to how Healthwatch sought to engage hard to reach groups within communities.

Resolved that the report from Healthwatch North Tyneside be noted.

HW10/06/16 Communications and Engagement (Previous Minute HW21/10/15)

The Board were asked to consider the outcomes arising from its action day on engagement and the approach to be adopted in organising the Board's action days during 2016/17.

On 3 March 2016, the Board had held an action day on community engagement. This had involved members of the Board visiting different community groups, organisations and charities to learn more about what they do, to listen to any concerns and then they had come together to share what they had learnt and to agree the next steps.

It had been agreed that effective and joined-up communications and engagement across all key organisations would play a key role in the successful delivery of the Joint Health and Wellbeing Strategy. To be truly effective, the communications and engagement activity needed to be open, honest and transparent and make use of all available channels through the member organisations on the Board. Members of the Board needed to be actively involved in the communications and engagement activity going forward.

It was proposed that the Board's Communications and Engagement Strategy be refreshed by a group of key communications/engagement leads and that the refreshed strategy would include:

- a) an action plan of activity for 2016/17 incorporating communication of the Joint Strategic Needs Assessment, engagement with carers, providing better

information, guidance and signposting, using volunteer networks, ensuring that the voice of the child/young person is represented and support for the development of an accountable care organisation;

- b) a clear explanation of the different levels of engagement;
- c) a clear description of the various channels available for communications and engagement across all organisations represented on the Board.

The refreshed strategy would be presented to the Board at its next meeting in September.

Following a development workshop held during its previous meeting, it was proposed that the Board should prioritise one topic for particular attention during 2016/17 and that topic should be healthy weight. Three action days were to be arranged throughout the year, two to be focussed on the topic of healthy weight and the third to contribute towards the review and refresh of the Joint Health and Wellbeing Strategy. The aim of the action days would be to engage with residents, communities and services to help the Board understand the topic in greater detail and to agree where collective action was required. The engagement teams of the Council, Northumbria Healthcare NHS Trust and Healthwatch North Tyneside were to take collective responsibility for arranging the three action days to be held in September and October 2016 and in February 2017.

Resolved that (1) the outcomes from the action day on engagement and the proposed refresh of the Board's Communication and Engagement Strategy be approved; and (2) the proposed approach to the Board's action days during 2016/17 be approved.

(Reasons for decision – To ensure a more effective approach to the Board's communications and engagement activities and to enable detailed planning work for the action days to be taken forward.)

HW11/06/16 Appointment of Members to the Board

The Board gave consideration as to whether to appoint an additional member to the Board representing TyneHealth.

It was proposed that a representative of TyneHealth be appointed as a member of the Board in recognition of the fact that the general practitioners were key stakeholders and service providers within the North Tyneside health economy. TyneHealth, a federation of 29 general practices across North Tyneside, had indicated that it would be pleased to be able to take part in the Board commenting that there would be real value to any panel charged with ensuring best use of limited resources if it had the people directly involved in delivery were represented on the Board.

The Board acknowledged the key difference between the role of GPs representing the Clinical Commissioning Group as commissioners and those representing TyneHealth as providers.

Resolved that a representative of TyneHealth be invited to serve as a Member of the Board.

(Reason for decision - To secure appropriate representation on the Board.)

HW12/06/16 Board Development and Work Programme 2016/17 (Previous Minute 40/04/16)

The Board received an update on the action taken following the development workshop facilitated by the Local Government Association during its meeting on 28 April 2016. The report set out the key findings to emerge from the workshop together with a series of proposed actions which could be summarised under the following headings:-

- a) Strategy – to refresh the Health & Wellbeing Strategy, identifying priorities or a local priority and drive concerted action to address them with progress reports to monitor progress.
- b) Governance – to consider the role of the Board within a placed based healthcare system and encourage shared leadership of the Board.
- c) Engagement – to ensure local people’s voices are heard in influencing priorities and monitoring peoples experience of services as an indicator of success or challenge across system.
- d) Accountable Care Organisation – to influence and agree outcomes for ACO and provide assurance/governance role in the future.
- e) Collaboration – to consider possible collaboration with Northumberland and across NECA region in relation to the ACO, STP and devolution.

These findings and suggestions had been considered by members of the Board when it had been agreed that the Board should prioritise the topic of healthy weight for particular attention this year and that the topic should be the focus three actions days to be arranged throughout the year. (See Minute HW10/06/16.)

The Board gave further consideration as to how it could strengthen its role as a system leader in the context of the ongoing development of the Sustainability and Transformation Plan and an accountable care organisation and the Commission for Health and Social Care Integration in the North East, which was due to report in September.

The North Tyneside Health and Social Care Integration Programme Board had been refreshed in 2015 to oversee progress of the North Tyneside Health and Social Care Integration Programme’s four work streams: Self Care and Prevention, New Models of Care, Older People and Urgent Care. A review of the Integration Programme had recently been undertaken to ensure that the programme reflected current priorities. Following this review it had been proposed that:-

- a) the New Models of Care and Older Persons work streams remain unchanged;
- b) the Urgent Care and Self Care and Prevention Boards continue to meet but they no longer form part of the Integration Programme;
- c) the newly established Whole Life Disability Board be incorporated into the Integration Programme; and
- d) further discussions take place regarding the possible inclusion within the Integration Programme of the Mental Health Board.

Resolved that the report in relation to the Board’s development and work programme and the review of the North Tyneside Health and Social Care Integration Programme be noted.