

HEALTH AND WELLBEING BOARD

A meeting of the Health and Wellbeing Board was held on 6 September 2017.

PRESENT: Councillors Mr D Budd (Chair), J Rostron, M Thompson, N J Walker, Ms H Watson, E Kunonga, T Parkinson, Dr P Crawshaw, Ms V Nanda, Mr M Davis, R James, Mr J Harwin, B Kilmurray and Ms A Sinclair

OFFICERS: J McNally
K Warnock

APOLOGIES FOR ABSENCE Councillor C M Rooney (Vice-Chair), E Scollay, Ms A Hullick, Ms A Hume, Ms S Picknett, P Stephens, Ms S McArdle.

DECLARATIONS OF INTERESTS

There were no declarations of interest.

1 MINUTES OF THE HEALTH & WELLBEING BOARD HELD ON 11 JULY 2017

The minutes of the Health & Wellbeing Board held on 11 July 2017 were agreed as a true and accurate record.

2 SOUTH TEES CCG UPDATE - VERBAL

Alex Sinclair, Director of Programmes and Primary Care Development at South Tees Clinical Commissioning Group provided a verbal update to the Board.

Alex informed the Board that the CCG AGM will be taking place on 20th September 2017 at the CCG offices in North Ormesby.

The proposal to create a Children's Trust has been approved by the Council's Executive and will be presented to the CCG's governing body on 27 September 2017 for approval.

A written statement is being prepared on the SEND Reforms and will be submitted on 20 September 2017.

Alex informed the group that paediatric admissions had reduced and a work is currently underway on a Paediatric Advice Line for GP's to use. Alex will provide a further update at the next meeting of the Health & Wellbeing Board.

3 MIDDLESBROUGH AND REDCAR AND CLEVELAND BOROUGH COUNCILS - JOINT PUBLIC HEALTH SERVICE

Edward Kunonga, Director of Public Health and Public Protection, Middlesbrough Council presented a report on Middlesbrough and Redcar and Cleveland Borough Council's - Joint Public Health Service. The purpose of the report is to advise the Middlesbrough Health and Wellbeing Board of the approved proposal to establish a joint Public Health Service between Middlesbrough and Redcar and Cleveland Borough Councils.

On 11 July 2017, Middlesbrough Council and Redcar and Cleveland Borough Council approved a recommendation for the establishment of a joint Public Health service. This followed work jointly between the two Councils, public health staff and key stakeholders on a business case for joining the two services.

The key benefits from the joint Public Health Service will include:

- Improving outcomes for the local population across prevention, early intervention and healthcare quality
- Long-term sustainability, future resilience, capacity and capability to deliver Public

- Health services
- Transforming the delivery of Public Health services
- Ability to recruit and retain specialist Public Health workforce
- Addressing financial pressures

The following challenges and risks have been identified and will be addressed through an implementation plan and the services operating model:

- Loss or diminishing of relationships with council departments
- Differences between current and future organisational cultures, structures and political make up could impact on service delivery
- The service may not deliver the anticipated benefits and improved outcomes

It has been agreed for Middlesbrough Council to be the host for the Joint Public Health Service.

The host authority will have the following responsibilities:

- To be the legal employer of the staff for the joint public health service and to provide the HR and payroll processes and support. The service will use the host authority's policies and procedures as the employing authority.
- To make available all necessary accommodation, working space, and associated facilities and services, including such telephone, IT systems and meeting rooms as shall be necessary. The non-host authority will also make similar facilities available for staff from the joint service to enable staff from the service to deliver the service and to maintain visibility in the non-host authority.

Agreed as follows:-

The Board noted the decision by both Councils to establish a Joint Public Health Service with an effective date of 1 April 2018

4 **SOUTH TEES INTEGRATION UPDATE**

Kathryn Warnock, South Tees Integration Programme Manager provided an update to the Health & Wellbeing Board.

Kathryn reported that a meeting with the Chairs of the two Health and Wellbeing Boards (Middlesbrough and Redcar & Cleveland) and the Chief Executives took place on 12th July, to discuss the output from the Joint Health and Wellbeing Board session held in May.

There is general support to establish a joint Health and Wellbeing Board, however if we are to progress there are a number of areas which require further consideration. Edward Kunonga and Kathryn Warnock have been tasked with assessing the options and factors involved in this which include:

- Scope, remit, priorities of a joint Health and Well-being Board
- Accountability, decision making and supporting structures
- Local engagement
- Political leadership, Membership and Terms of Reference
- Wider wellbeing agenda
- Legal and organisational implications for the two local authorities
- Links to health scrutiny arrangements

A follow up meeting has been arranged in October to review findings and next steps.

The Improved Better Care Fund by both Local Authorities was endorsed by the CCG's Executive on 31st May. No assurance is required for this by NHS England but Local Authorities are obliged as part of the grant conditions to report quarterly to the Department for

Communities and Local Government. The first template was submitted on 21st July.

Kathryn stated that reducing delayed transfers of care has been identified as an indicator of the ability of the system to ensure appropriate transfer from hospital to social care services for the adult population. It is an important marker of the effective joint working of local partners, and it is a measure of the effectiveness of the interface between health and social care services.

In light of the Government's emphasis on managing transfers of care and DToC, all areas were required to submit provisional metrics for delayed days (including ambitions for reductions in both social care attributable and NHS attributable delays) to NHS England by 21 July 2017.

The national ambition is to free up around 2500 beds in advance of winter. Local expectations were published along with the BCF planning requirements: this set out that reduction in DToC should be shared equally between the NHS and local government.

It was agreed by local partners across South Tees that by November 2017, system wide delayed transfers of care should be reduced to a maximum of 18 delayed beds per day, an ambitious target. It equates to 12 beds per day attributable to the NHS and 2-3 beds per day attributable to each local authority

Agreed as follows:-

- The Board noted the submitted report

5 **BETTER CARE FUND PLAN 2017-19**

Kathryn Warnock, South Tees Integration Programme Manager presented a report on the Better Care Fund (BCF) 2017/18-2018/19.

The purpose of the report was to request Middlesbrough Health and Wellbeing Board to sign of the Better Care Fund Plan for 2017/18 - 2018/19.

The national policy framework for the next round of the BCF was published in March 2017 with the technical guidance and confirmation of BCF allocation not published until July 2017.

Key changes to the policy framework since 2016-17 include:

- A requirement for plans to be developed for the two year period 2017-19 rather than a single year; and
- The number of national conditions which local areas will need to meet through the planning process in order to access the funding has been reduced from eight to four.

The four national conditions require:

- Plans to be jointly agreed
- The NHS contribution to adult social care is maintained in line with inflation
- Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care
- Managing Transfers of Care (a new condition to ensure people's care transfers smoothly between services and settings)

The 2015 Spending review set out the Government's intention that by 2020, health and social care will be more fully integrated across England. BCF plans must set out how CCGs and local authorities are working towards fuller integration and better co-ordinated care, both within the BCF and in wider service.

The national metrics for measuring progress of integration through the BCF are:

- Non-elective admissions (General and Acute)
- Admissions to residential and care homes
- Effectiveness of reablement
- Delayed transfers of care

Performance against the metrics is reported quarterly.

The partnership has been working on the plans for 2017/18 - 2018/19 and they largely continue to build on previous plans, although there is a general recognition that the pace and scale of change needs to improve, within the context that the Fund is only one element of the partnership working that is taking place.

Kathryn asked that the Middlesbrough Health and Wellbeing Board endorse the Middlesbrough Better Care Fund Plan and approve its submission to NHS England by 11 September 2017.

Agreed as follows:-

The Board noted that there would be minor changes to the narrative of the plan and agreed to endorse the plan for submission to NHS England

6 HEALTHWATCH SOUTH TEES UPDATE - VERBAL

Mark Davis, Chief Executive of MVDA tabled an update on Healthwatch South Tees.

Mark updated the Board as follows:

Governance arrangements - the new Healthwatch South Tees Leadership and Delivery Group has met twice. Membership is currently the chairs of the two former Healthwatch Executive Boards; the CEO's of MVDA and RCVDA and the Healthwatch South Tees Development and Delivery Manager. The Leadership Delivery Group will be approving all Healthwatch South Tees reports until the new Board is established.

Mark informed the group that prior to the contract commencing on 1 April a commitment was made to the former Healthwatch Executive Boards to take forward work that was not yet complete and/or commenced this included:

- Care homes in Middlesbrough
- Communication of outpatient appointments at James Cook University Hospital
- Deprivation of Liberties (DoLs) in Redcar & Cleveland care homes
- Eye Clinic Liaison Officer (ECLO) Service
- Redcar & Cleveland School Nursing Service

Mark updated on the engagement and development activities undertaken by Healthwatch South Tees which included:

- Patient experience of outpatient services
- Inequalities in East Middlesbrough
- Dementia
- Sustainability and Transformation Partnerships
- Healthwatch Young People's Panel
- ICA
- NHS England consultation
- Hearing loss

Mark gave an overview of engagement activities that had taken place which included:

- 56 engagement activities to date covering a range of communities of interest, identity and place
- 4 Healthwatch South Tees ebulletins produced
- 16 new volunteers recruited
- 2,700 Healthwatch South Tees priorities surveys circulated
- Over 7000 new people reached through testing a marketing solution on Facebook

Next steps for Healthwatch South Tees will include:

- Healthwatch South Tees governance arrangements
- Information and signposting service
- Six month review

Agreed as follows: -

- The Health & Wellbeing Board noted the progress made by Healthwatch South Tees

7 **SPORTS ENGLAND BID - LOCAL DELIVERY PILOTS PRESENTATION**

Edward Kunonga, Director Public Health & Prevention delivered a presentation delivered a presentation on Sport England - Local Delivery Pilot.

Edward gave an overview of the Sport England Strategy 2016-2021:

- Outcomes much broader and more than ambitious than physical activity
- Place based approach to prove change is possible at population level
- Making the inactive more active
- Tackling 'stubborn inequality'
- Must be a key priority in a place (joint HWB & Activity Conference)
- Local Delivery Partnership is a key plank of the Strategy: £130 million across 10 places

There will be 4 'Communities of Interest' - 'hidden across the area and not geographically defined':

- Prehabilitation & already secured Health Foundation grant for pilot programme
- People with diabetes or risk of developing it
- Commercial weight loss services
- Behaviour change of health professionals

The 'Focus Communities' will include North Ormesby, Brambles & Thorntree, Grangetown & South Bank

Testing of the Pilot will include:

- Collaborative leadership & overcoming organisational silos
- Addressing 'needs & priorities' of our communities identified
- Outcomes - 'be aspirational' (broader than increasing physical activity)
- Partnerships and shared values
- Sustainability (system change)
- Commitment
- Readiness

Edward informed the Board of the current position:

Initial Expression of Interest submitted 31 March 2017

113 applied; 19 through to stage 2

Stage 2 submission due 11 September 2017

Visit by Sport England Board & Executive members (6 - 8) - 29 September 2017

Test what we have written in our submission;

Test our 'ability, potential and readiness'
'Bring the bid to life'

Agreed as follows:-

- The Health & Wellbeing Board noted the bid submission to Sport England