

JOINT HEALTH AND WELLBEING BOARD

A meeting of the Joint Health and Wellbeing Board was held on 19 July 2018.

PRESENT: Councillors Mr D Budd, Mr M Davis, D Gardner, Mr J Harwin, I Holtby, Ms A Hume, I Jeffrey, S Jeffrey, E Kunonga, Ms S McArdle, T Parkinson, P Rice, C M Rooney, E Scollay, B Shaw, Mr A Tahmassebi, M Thompson, J Walker, D Walsh and H Watson

ALSO IN ATTENDANCE: J Brookfield, M Fishpool, M Fitzgerald, A Foster,

OFFICERS: C Blair
J McNally
K Warnock

APOLOGIES FOR ABSENCE L Bessant, Councillor M Carr, C Hannaway, J Lowe, C Martin, M Milen, T O'Neill, L Pallister, Councillor J Rostron, A Skelton, Ms C Smith, A Downey.

DECLARATIONS OF INTERESTS

There were no declarations of interest at this point of the meeting.

18/1 WELCOME AND INTRODUCTIONS

Mayor Budd and Councillor Sue Jeffrey welcomed everyone to the meeting and introductions were made.

18/2 HEALTH AND WELLBEING BOARD GOVERNANCE ARRANGEMENT

The report presented the governance arrangements for the Joint Health and Wellbeing Board between Middlesbrough Council and Redcar & Cleveland Borough Council.

The Board was asked to note and approve the following recommendations:-

- The membership of the Board,
- The Board's terms of reference,
- The arrangements for engagement and links with scrutiny arrangements in each Council,
- The proposal to name the Board the Live Well South Tees Board and to use the proposed branding for the board's communication and engagement activities.

Agreed as follows:-

- **The Joint Health and Wellbeing Board noted the content of the report and agreed to the recommendations in the report.**

18/3 HEALTH AND WELLBEING EXECUTIVE CHAIR'S REPORT

The Chair of the South Tees Health and Wellbeing Executive presented the Assurance Report to the South Tees Health and Wellbeing Board. The report provided assurance that the Board is fulfilling its statutory obligations, and a summary of progress in implementing the Board's Vision and Priorities.

The report provided a summary of recommendations to the Board:-

- Notes the progress made by the South Tees Health and Wellbeing Executive in fulfilling its statutory obligations
- Delegates the responsibilities around Pharmaceutical Needs Assessments to the

- Director of Public Health (DPH) for elements of maintenance and use of the PNAs and for the Health and Wellbeing Executive to approve, as required.
- Delegates the function of receiving Healthwatch report to the Health and Wellbeing Executive
- Notes the progress made by the South Tees Health and Wellbeing Executive in implementing the Board's Vision and Priorities
- Notes the updates on statutory consultations, recent inspections and relevant scrutiny reviews.

Agreed as follows:-

- **The Joint Health and Wellbeing Board agreed to the recommendations in the report.**

18/4

SPORT ENGLAND - LOCAL DELIVERY PILOT REPORT AND PRESENTATION

A presentation was delivered to the Joint Health and Wellbeing Board which provided an update on the Sport England Local Delivery Pilot in South Tees. The presentation outlined the aims of the Local Delivery Pilot and requested the full commitment of Board member organisations to support the implementation of the Pilot and support the negotiation of barriers to progress when they arise.

The Board heard that the first element of the South Tees pilot outlined four specific "communities of interest", hidden across the whole area and not geographically defined:

- People waiting for some types of surgery; physical activity before surgery can improve outcomes, reduce dependency on primary care services and surgery can be a "teachable moment" for positive changing behaviour
- People with or at risk of developing Type II Diabetes; physical activity can reduce the risk or help ease the effects of the condition.
- People accessing commercial weight loss services, as these often look more at changing eating habits rather than increasing physical activity.
- Working with health professionals to change their behaviour and capacity to utilise physical activity as a clinical pathway and first line of intervention.

The second element would take a whole community approach to increasing physical activity in four of the wards across the boundary of the two boroughs: Grangetown, South Bank, North Ormesby and Brambles & Thorntree. These wards were identified not only because of the significant levels of need and the stubborn health inequalities that prevail in these places, but also because of the assets, resilience and potential that could be unlocked within these communities.

The Joint Health and Wellbeing Board were asked to:

- To publicly commit to support the development and implementation of the Local Delivery Pilot.
- To promote increasing physical activity across the population as a key priority for the Board.
- Confirm the full commitment of Board member organisations to support the implementation of the Pilot.
- Confirm the commitment of the Board as system leaders to help address issues in the system where we are finding it difficult to make progress
- Confirm the full commitment of Board member organisations to support the implementation of the Pilot, including the commitment of resources - specifically expertise and involvement in developing and implementing plans
- All relevant organisations to sign up to the Partnership Agreement.

Agreed as follows:-

- The Joint Health and Wellbeing Board noted the content of the presentation and

agreed to the recommendations.

18/5

FINANCIAL CHALLENGES OF THE SOUTH TEES HEALTH AND WELLBEING SYSTEM - BRIEFING NOTE AND PRESENTATION

The Joint Health and Wellbeing Board received a presentation on the financial challenges of the South Tees Health and Wellbeing System.

The presentation provided a summary of:

- The national policy reforms and changes to the funding allocations across the health and care system,
- An overview of the local financial challenges and their impact across individual organisation and the health and care system,
- Summary of the progress to date with establishing joint commissioning approaches for children and young people and for adults and older people,

Following the presentation a discussion ensued and the Joint Health and Wellbeing Board agreed the following actions:-

- The South Tees Health and Wellbeing Board would respond to any consultations on national policy changes such as the Social Care Green paper when it is published in the autumn.
- The Joint Health and Wellbeing Board agreed to lobby Government Departments in response to funding formulas for example the additional £20 billion allocation to the NHS to ensure that South Tees receives a fair allocation.
- In response to the fair funding review the South Tees Chief Executives will prepare a South Tees narrative.

It was agreed that the Health and Wellbeing Executive explore further opportunities for a joined up approach to planning and commissioning based on the principles of:

- Avoiding cost shunting between organisations
- Avoiding Short term measures
- Cutting of services
- Organisations to be involved in each other's planning processes at an early stage
- Identify innovative solutions and changing models of delivery.

The Joint Health and Wellbeing Board felt that it was imperative to engage with the Joint Health Scrutiny Board at the earliest opportunity to re-enforce the collective challenge throughout this process.

An update on the actions will be presented at the next meeting of the Joint Health and Wellbeing Board.

18/6

CUMBRIA AND NORTH EAST INTEGRATED CARE SYSTEM - BRIEFING NOTE AND PRESENTATION

Alan Foster, STP Lead for the North East and Cumbria presented a report to the Joint Health and Wellbeing Board. The purpose of the report was to provide an update on the development of an Integrated Care System for the North East and North Cumbria.

The Board heard that integrated care systems (ICSs) are neither entities nor organisations, but are made up of partners who together would lead and plan care for their specific population and provide coordinated leadership across NHS organisations. This gives opportunities for taking a 'do once' approach to joint priorities and pieces of work that are common to all organisations in the area.

Integrated care partnerships (ICPs) are alliances of providers - hospitals, community services,

mental health services, GPs, and independent and third sector providers - and commissioners who are collaborating to deliver care.

The partnership working involves several areas of work (workstreams), all of which have interdependencies.

These include:

- Acute care including specialised and core services which are vulnerable due to staffing shortages, e.g. Pathology; Paediatrics; Radiology etc.
- Care closer to your home/ Primary Care
- Urgent and emergency care
- Cancer
- Mental health
- Digital
- Learning disabilities
- Prevention
- Continuing healthcare

Enabling workstreams are:

- Workforce
- Communications and engagement
- System development/knowledge sharing
- Demand management
- Estates
- Transport

The Board heard that the intention is to share thinking as it develops and engagement would continue with local authorities, elected members, Healthwatch, community and voluntary organisations, patients and the wider public to explain the need for services to adapt and change and to seek their views.

It was advised that the CCGs working with LA partners within ICP geographies would continue to develop place-based arrangements for the planning and provision of primary and community care and health and social care integration.

The Board requested that Alan reviewed the membership of the Health Strategy Group to include Directors of Adult Social Care and that an overall timeline and action plan on implementation be presented to the next meeting of the Joint Health and Wellbeing Board..

The Board agreed that a development session should be held with other areas to share thinking such as Greater Manchester, Cumbria, Northumberland

18/7

FORWARD WORK PROGRAMME

The Forward Work Plan was for information only.