

JOINT HEALTH AND WELLBEING BOARD

A meeting of the Joint Health and Wellbeing Board was held on 21 March 2019.

PRESENT: Councillors Mr D Budd, J Bromiley, M Carr, A Downey, A Foster, D Gardner, Mr J Harwin, I Holtby, I Jeffrey, S Jeffrey, S Johnson, E Kunonga, J Lowe, M Milen, L Pallister, T Parkinson, P Rice, C M Rooney, E Scollay, L Spaven and J Walker

PRESENT AS OBSERVERS: D Smith - Teesside Hospice

OFFICERS: J McNally
K Warnock

APOLOGIES FOR ABSENCE N Bailey, L Bessant, Mr M Davis, C Hannaway, C Martin, Ms S McArdle, Councillor J Rostron, B Shaw, A Skelton, Ms C Smith, Mr A Tahmassebi, Councillor M Thompson, D Walsh, H Watson, T O'Neill.

DECLARATIONS OF INTERESTS

Name of Member	Type of Interest	Item/Nature of Interest
Janet Walker	Non Pecuniary	Agenda Item 9

18/23 **WELCOME AND INTRODUCTIONS**

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

18/24 **MINUTES - JOINT HEALTH AND WELLBEING BOARD - 31 JANUARY 2019**

The minutes of the Live Well South Tees Health and Wellbeing Board held on 31 January 2019 were agreed as a true and accurate record.

18/25 **DIRECTOR PUBLIC HEALTH - ANNUAL REPORT**

Edward Kunonga, Director of Public Health presented the Annual Report to Board members, Members were advised that the Annual Report builds on the corporate plans of both local authorities.

The Director of Public Health highlighted the successes of the past year which included:

- Joint public health service established - first in the north east
- Joint health and well-being board established
- Smoking prevalence continues to fall - stop smoking service in-house delivery model
- Sexual health service commissioning cited as example of good practice nationally
- Cervical cancer screening awareness programme
- Transformation Challenge team and empowering communities in Redcar and Cleveland
- Dementia Friendly South Tees
- Sport England Local Delivery Pilot

The Director of Public Health informed the Board of future challenges which included:

- Widening health inequalities
- Slowing down of progress with length and quality of life
- Organisational changes
- Austerity and funding pressures

James Bromiley, Strategic Director of Finance, Governance and Support provided an update to Board members on the Fair Funding Review.

- Spending Review likely Autumn 2019 which will set out overall local government (and NHS) funding from 2020/21
- LGA estimates funding gap of £3bn in 2019/20, rising to £7.8bn in 2024/25
- Published at/around the same time, Fair Funding Review is intended to address "distributional issues" also from 2020/21

The Board were informed of funding cuts:

- South Tees LA spending power cut severely since 2010 - R&C 35%, M'boro 36%
- Average national cut 29%; Surrey 15%
- South Tees CCG projected overspend £17.3m
- Cleveland Police decreased by 36% in real terms since 2010

The Board heard that the cuts would impact on:

- Impact on poverty - Middlesbrough now 6th most deprived LA in country; more benefits recipients (and Universal Credit has exacerbated impact)
- Child poverty now 31.3% across Tees Valley, gap to national average increased by 3.3% since 2013
- 50% increase in looked after children in 8 years in North East (national average 15%)
- Gap to national average healthy life expectancy growing quickly
- Impact on crime - Cleveland police 5th highest victim base crime rate in country

The Strategic Director of Finance, Governance and Support informed the Board of emerging themes:

- Everyone has a different view of "fair"
- Rurality versus Deprivation - to what extent do these drive cost (and demand)
- Simplicity versus robustness of formulae
- Ability to pay for services (eg Adult self-funders)
- How to reflect ability to generate income
- Issues around using historical data and baselines

Members were advised that it was important to lobby and to stress that we are doing some amazing things and transforming but we could do even more with a fair share of the funding.

Members were advised that:

- Spending Review planned to be delivered ahead of Fair Funding in the Autumn
- Spending Review subject to clarity on Brexit
- Unlikely that a Fair Funding Review would be completed without a Spending Review
- The whole thing may be delayed by a year

The Director of Public Health informed the Live Well South Tees Board that the Annual Report contained five recommendations for the coming year:

- As the joint public health service becomes more embedded across both organisations, there is need to demonstrate the benefits that were outlined in the business case.
- The Live Well South Tees Board should enable and promote multi-agency support and delivery of the ambitions set out in the Middlesbrough Strategic Plan and 'Our Flourishing Future'
- Work needs to continue to reduce the inequalities in life expectancy and healthy life expectancy and to ensure the major contributing factors to the decline in life expectancy figures and the widening inequality gaps continue to be addressed
- The Live Well South Tees Board needs to ensure local plans reflect a stronger focus on:

- a) Wellbeing and healthy life expectancy (quality of life)
- b) Primary and secondary prevention;
- c) Children, young people and families; and
- d) Mental health.

- The Live Well South Tees Board will need to continue to hold the Integrated Care System to account for the plans and delivery plans at all the different levels (regional, sub-regional and place based) to ensure the decisions being made lead to improvements in the health of the local population.

Councillor Lynn Pallister informed the Board that she had attended a Transformational Challenge Event from the Event there were two key recommendations:

- Pooling of budgets
- Key people such as Chief Executives, Leaders and Commissioners speaking to service users to see how a difference can be made.

It was agreed that the presentation from the Transformational Challenge Event should come to a future meeting of the Live Well South Tees Board.

Agreed as follows:-

- The Live Well South Tees Board noted the content of the report and thanked the Director of Public Health and the Strategic Director of Finance Governance and Support.
- The presentation from the Transformational Challenge Event to come to a future meeting of the Live Well South Tees Board

18/26

HEALTH WATCH SOUTH TEES - WORK PROGRAMME

Ian Holtby, Chair of Healthwatch South Tees provided an update to the Live Well South Tees Board,

The Board were informed that a Stakeholder Consultation Event was held on 19 February 2019.19.02.19

Thirty-seven participants attended from a wide range of services across the South Tees area. They represented people supported within Healthwatch's three focus groups; BAME communities, older people and those with long term health conditions. The issues raised were interlinked and cut across all three groups.

Group discussions took place to identify barriers in accessing health and social care services.

Following discussions the prioritised themes were identified as follows;

- Finance and support (impact of funding)
- Communication (individual, between services & language)
- Knowledge and awareness
- Barriers/stigma
- Isolation
- Systems (Process, capacity, navigation)

Members were advised that Healthwatch England had directed local Healthwatch teams to carry out consultation in order to inform and influence the development of the Integrated Care System. This will be carried out via online and face-to-face questionnaires as well as focus groups. As the local consultation highlighted issues for those with long term health conditions

for the focus groups, HWST will utilise this process to further explore and inform the direction of our future work.

Youthwatch - Members were advised that this area of work is starting to take traction. Nine Teesside University students have shown interest in the project with a variety of different skills. Some initial development sessions are about to take place with this group to identify priorities and determine how they can best engage and consult with other young peoples' community groups. This will be one of the mechanisms that will enable young people to drive forwards their agenda and work priorities for HWST.

Agreed as follows:-

- The Live Well South Tees Board noted the information provided in the update

18/27 **CUMBRIA AND NORTH EAST INTEGRATED CARE SYSTEM - UPDATE PRESENTATION**

Alan Foster - Lead for Cumbria and North East Integrated Care System delivered an update presentation to the Live Well South Tees Board.

The Board heard that there was a long track record of working at scale in the North East and Cumbria.

- **NENC Cancer Alliance leading on service sustainability**
- **Specialised services commissioned at NENC level**
- **Vascular services review coordinated at NENC level**
- Shared Pathology and Radiology services
- **Standardised commissioning policies**
- **Urgent and Emergency Care(EC) coordination leading to some of the best performance in England**
- **Development of the Great North Care Record with £22 million of national funding secured**
- **Workforce planning and coordination - including the 'Find Your Place' recruitment campaigns**
- **£1million NHS investment agreed to expand prevention activity**
- **Alcohol and tobacco control (FRESH and Balance)**
- **Highly interdependent clinical services with the vast majority of patient flows staying within the patch**

The Live Well Board heard that the next steps would include:

- **Continue dialogue with partners on the opportunities for collaboration that make a difference for our populations**
- **Agree shared priorities and aspirations and how we can take this forward together**
- **Continue to refine our proposed operating model and co-design as much as possible**
- **Continue to demonstrate our progress and ambition to NHS England and NHSI**

Agreed as follows:-

- **The Live Well South Tees Board noted the update provided**

18/28 **SOUTH INTEGRATED CARE PARTNERSHIP - CLINICAL STRATEGY - BRIEFING NOTE**

Alan Downey, Chair of South Tees Hospitals NHS Foundation Trust presented a briefing note on the Clinical Strategy - Hospital Services.

The development of the Clinical Strategy for Hospital Services for the South of the North East and North Cumbria region, now overseen by the South Integrated Care Partnership involves close working with partners.

The Board heard that at a regional level, senior clinical staff from across the North East and North Cumbria are building consensus on the right model to deliver local urgent and emergency medical care, particularly for the increasing number of frail people, and support the continued delivery of local specialist emergency care where possible.

They have prioritised services facing the most severe challenges and risks, and which would benefit from working more closely together. This is driven mainly by a shortage of medical staff, in terms of continuity of service, pressures on quality and additional financial issues.

The Clinical Strategy for Hospital Services is a programme of service model development where clinical leaders are developing better ways and new ideas to organise health and care services to help solve some of these challenges, by joining up processes to 'do once' and deliver more with the same resources. They are also taking into account clinical priorities set out by clinical networks across Northern England such as the Northern Trauma Network, the North East Urgent and Emergency Care Network and the Northern England Neonatal Network, and the work of Local Maternity Systems (LMS).

To reflect this work, the Clinical Strategy is split into two phases.

Phase 1 of the clinical strategy looks at the future delivery of a number of key hospital services which are a priority for change - Urgent and Emergency Care, Women's and Children's services (Maternity services, Obstetrics, Gynaecology, Neonatal intensive care and Paediatric services), Frailty and Stroke services, and elective (non-urgent, planned) care for spinal, breast and urology services. It sets out what the shape of the models of care for these services will need to look like.

Phase 2 will look at the development of pathways of care that integrate hospital services across the services and resources that already exist within local communities, bringing care closer to home and reducing an over-dependence on acute hospital services.

The next steps are:

Clinicians with leadership and management support continue to look at each service and are giving their recommendations as to how they think services could be better organised in the future.

Local people, and patients and carers, will also have a chance to say what is important to them about these services.

Both the workstreams and outcomes from listening exercises with patients and the public will form the basis of a case for change which must also take into account a much wider view.

This wider view includes national NHS policy, clinical evidence, consideration of equality impact, a travel and transport review as well as other insights from patients and carers using the services, and staff.

The case for change will be reviewed and concluded by the clinical commissioning groups as it is their duty to ensure the right NHS services are in place for local people.

Further scrutiny will also be carried out by NHS England.

A joint health overview and scrutiny committee will review and scrutinise the process for engagement and consultation, as well as form a view on any future options or scenarios for change.

Agreed as follows:-

- The Live Well South Tees Board noted the update provided

18/29

OPPORTUNITIES FOR INTEGRATED DELIVERY, COMMISSIONING AND INTELLIGENCE - BRIEFING ON PRIMARY CARE NETWORKS - PRESENTATION

Craig Blair and Alex Sinclair from South Tees Clinical Commissioning Group delivered a presentation to the Live Well South Tees Board on Opportunities for integrated delivery, commissioning and intelligence - Primary Care Networks.

The Board were advised that South Tees are working together to promote health and wellbeing, reducing dependency and minimising the needs for ongoing care. Ensuring our citizens are well informed and can access the right services at the right time, in the right place. This will be achieved through maximising integration opportunities, great partnership working and a real focus on prevention and sustainable outcomes.

There will be a placed based model of delivery based on:

- Personalised care wrapped around a local population
- Prevention core to the model
- Services are developed and delivered based on local population needs
- One team approach - Multi-disciplinary teams that work with people with multiple complex needs
- Shared responsibility for better coordinating care - giving people clear credible alternatives to hospital.
- Continuity of care to support people to stay healthier for longer
- Community offer is for access to health and social needs in one place, strong links with the voluntary sector.
- Work with local communities focussing on improved health and wellbeing rather than simply treating illnesses.

The Live Well Board heard that Primary Care Networks are:

- New Directed Enhanced Service (DES) for general practice in 19/20
- Primary Care to take the leading role in every Primary Care Network (PCN)
- PCNs are intended to dissolve the historic divide between primary and community health services
- The PCN is a foundation of all Integrated Care and we need to ensure that PCNs work in an integrated way with other community staff such as community nurses, community geriatricians, dementia workers, and podiatrists/chiropractors, social care and other partners.
- PCNs are about provision not commissioning, and are not new organisations
- PCNs are expected to be established by 1st July 2019 - submissions (national timescales 15th May)

The PCN have to deliver seven national service specifications from 2021

- Structured Medications Review and Optimisation (2020/21) to be undertaken the clinical pharmacists working in the PCN
- Enhanced Health in Care Homes (2020/21) to implement the vanguard model
- Anticipatory Care (2020/21) targeted proactive support for high risk/need patients delivered by a fully integrated primary and community health team
- Personalised Care (2020/21) to implement the NHS Comprehensive Model
- Supporting Early Cancer Diagnosis (2020/21) including timely uptake of screening
- CVD Prevention and Diagnosis (2021/22)
- Tackling Neighbourhood Inequalities (2021/22) 19/20

From July 2019 PCNs will be required to deliver the existing GP extended hours DES to ensure 100% population coverage.

The New Fund will start in 2020, part of the Fund will be dedicated to The NHS Long Term Plan commitment to the principle of 'shared savings' based on improvements in:

- Avoidable A&E attendances - which PCNs will increasingly be able to impact through the digital and access improvements, including 111 direct booking
- Avoidable emergency admissions - impacted through the Anticipatory Care Service and Enhanced Health in Care Homes
- Timely hospital discharge - helped by the development of integrated primary and community teams
- Outpatient redesign - national ambition to redesign outpatients services, PCNs will have a critical role in supporting this ambition, whilst also increasing referrals for cancer, e.g. direct access diagnostics
- Prescribing costs - NHS England will review past and existing prescribing incentive schemes in 2019 to develop a standard national model
- Access to the Fund is anticipated to be a network entitlement from 2020/21

The Board heard the next steps for integrated delivery:

- Primary Care Networks - first steps
- Sense check the proposed Primary Care Networks and their geography
- Shared commitment from all organisations to work with PCN and to develop an integrated community offer
- Further develop plans for Community Hubs - Determine which services to align around proposed population groups
- Agree team configuration and staff alignment
- Engage with voluntary and community sector and develop a simple access point for health and social care practitioners in to the VCS through the Single Point of Access

The Board were advised of the next steps for commissioning:

- Define the vision and purpose for system wide commissioning
- Agree scope and form for system (South Tees) and placed based commissioning
- Baselining existing commissioning arrangements
- Identify the budgets, contracts and services in scope
- Develop key governance requirements - including a MOU and risk sharing
- Identify how existing teams will work together
- Agree how we wish to implement the proposed model for example joint, aligned, integrated, hosted
- Develop a new integrated commissioning strategy

The next steps for integrated intelligence would be:

- Population Health Management - understand the population health needs at all levels
- Undertake mapping around local population health needs and local service and community offers
- Development of an Integrated Data Set
- Support the new community hubs to plan who they need to focus on and how they need to work with their local population.

Agreed as follows:-

- The Live Well South Tees Board noted the update on opportunities for integrated delivery, commissioning and intelligence - Primary Care Networks.

