

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Well-being Board** held in Committee Room 1, County Hall, Morpeth on Thursday, 8 December 2016 at 10.00 am

PRESENT

Councillor S Dungworth
(Chairman, in the Chair)

BOARD MEMBERS

Arckless, GR	Glennie, RI
Bainbridge, V	Hunter, EI
Bartoli, B (substitute member)	Keen, C
Blair, A	Mead, P
Docking, T (substitute member)	Ross, J
Firth, R	Spring, P

ALSO IN ATTENDANCE

Allen, DP	Democratic Services
Brown, S	Northumberland CCG
Hudson, R	Northumberland CCG
Richardson, A	NHCT

30 Apologies for Absence

Apologies for absence were received from C Atkin, Councillor S Dickinson, D Evans, Councillor V Jones, D Lally and G O'Hare.

31 Minutes

RESOLVED that the Minutes of the meeting of the Health and Well-being Board held on 10 November 2016, as circulated, be confirmed as a true record and signed by the Chairman subject to the following amendments:

24 Resolution should read,

‘RESOLVED that the following be noted:

- (a) *the roles and responsibilities of the Director of Public Health (DPH) with respect to health protection in the Council and across Northumberland*
- (b) *the assessment of the level of assurance across health protection functions across the county for 2015/16*
- (c) *the need to seek further assurance across specific areas to inform the 2016/17 report’.*

25.3 Resolution should read,

‘The Board RESOLVED to:

- (a) *note that the Commission, while originally established to make recommendations about the integration of health and social care, had focused on the potential for public health measures to reduce the need for health and social care expenditure*
- (b) *support in principle the recommendations with respect to increasing spending on prevention across the system (report recommendations 1,2 and 4-8)*
- (c) *consider whether it was possible to recommend that health and social care organisations working in Northumberland should commit to the goal of increased preventative spending (report recommendation 3)*
- (d) *support in principle the report’s proposals on the creation of joint governance arrangements across the North East Combined Authority (NECA) area to oversee preventative initiatives and changes in the health and social care system (report recommendation 9)*
- (e) *support in principle the report’s proposal to introduce new NHS financial arrangements across the NECA area similar to those in the planned Northumberland Accountable Care Organisation*
- (f) *programme into the Health and Well-being Boards work programme further in depth reports on the implications for Northumberland in implementing the proposed NorthEast Commission for Health and Social Care Integration recommendations to help close the health and wellbeing gap in the North East’.*

32 Report of the Deputy Chief Executive/Director of Children’s Services: The NTWND Sustainability and Transformation Plan

The Board was invited to discuss the implications for Northumberland of the current draft Northumberland Tyne & Wear and North Durham (NTWND) Sustainability and Transformation Plan (STP), which was now circulated complete following presentation to the previous meeting of the version then available (a copy of the Report is attached to the signed Minutes as Appendix A).

It was noted that the STP proposed changes to address the three potential 'gaps' identified in NHS England's Five Year Forward View as the:

- health and wellbeing gap
- care and quality gap
- funding and efficiency gap,

by adopting the perceived consensus view that the following direction should be taken:

- the management of systems, or networks, of care was needed, not just management of organisations
- out-of-hospital care should become more prominent in the NHS
- services needed to be integrated around the patient, for example mental and physical illness should be treated at the same time
- national and international best practice should be absorbed quickly
- as new care models were introduced they should be evaluated for both the best patient experience and value for money.

The NTWND STP accordingly identified delivery priorities for the following three transformational areas:

- Upscaling, Prevention, Health and Wellbeing
- Out of Hospital Collaboration
- Optimal Use of the Acute Sector.

It was noted that Members had received many questions from the public, however the STP did not contain detailed proposals and it was necessary that the Board be familiar with proposed changes to services as the process developed within the NTWND STP footprint.

Members' comments and questions were noted as follows:

- the NTWND STP mental health workstream, which was the only one in England, was to be welcomed as it would provide for the consistent delivery of the Five Year Forward View for Mental Health across the STP footprint
- public perception of the STP's was influenced by awareness of the differing health issues around the county in addition to national media reporting political lobbyists. It was important to maintain an understanding strategically of the need to make savings while also reinforcing the positive message of benefits from the proposed changes
- key pinch points in Northumberland were poor recruitment and training of GP's, psychiatry, A & E, breast cancer diagnosis, and the STP sought to address these

- owing to shortages among health professionals, supply and demand was causing disproportionately higher employment costs in Northumberland. This was believed to result partly from Health Education England's Medical and Dental Recruitment and Selection (MDRS) Programme quality and standards being rolled out to the regions. Training in the North East produced some of the best results in England but when developing specialisms, many young doctors chose to seek career opportunities further south rather than remain in the North East. It was agreed that the Board look further into this issue, which would put the North East at a further disadvantage over time
- regarding the proposed upscaling and the associated shift towards asset based homecare delivery, the suggested 'industrialising' approach could be problematic in the voluntary community sector (VCS), where current ways of working were entrenched and, owing to the lack of infrastructure, services could be replicated but not expanded. The Board would work jointly to develop the plan for this in Northumberland through the Out of Hospital system (New Care Models and the GP Forward View). Work in this area was further advanced in Northumberland than elsewhere in England.

The Board **RESOLVED** to:

- (a) note the implications for Northumberland of the current draft STP
- (b) investigate and seek to ameliorate factors having a negative influence on the career opportunities of health professionals in the North East.

33 New Ways of Working (Vanguard)

Siobhan Brown and Dr Robin Hudson of the Northumberland Clinical Commissioning Group presented an overview of the proposed New Models of Care, focussing on:

- Building capacity in Primary Care
- Blyth Multidisciplinary Pilot
- New workforce solutions.

Discussion was noted as follows:

- the intended impact was to build capacity, sending the patient to the right provider at the right time
- there were 800 GP's in Northumberland, and with the increased demand on primary care services, there had been 1.7 million primary care appointments in 2015/2016
- ongoing discussions with GP practices concerned initiatives to build best practice, pre-booked appointments, when to review patients
- patients were indicating greater satisfaction with treatment and care
- under the General Practice Development Programme, NHS England had initiated 10 high impact actions to release capacity, one of which was

Active Signposting (providing patient with first point of contact directing them to most appropriate source of help, web and app-based portals providing signposting to most appropriate professional). The VCS was pivotal in this

- metrics for improvements, for example in signposting, were due in January 2017. Anecdotal evidence from GP's was that improvements were happening, for example many GP's reported that first contact within the four hour target now rivalled that of Accident and Emergency services
- in order to bring about the proposed reconfiguration the 44 GP practices in Northumberland would need to form a county-wide alliance
- measuring progress, milestones included 80 per cent of patient records to be covered by a single system and available to the clinician within 12 months, access to multiple services on the same day, 7 per cent of the population seen by the doctor each week, and all patients having access to 30 min. appointments when required
- the CCG was open to ideas but was seeking to acquire a new workforce that embedded the appropriate resources in GP practices
- the CCG dissemination event in February 2017 would build on work of the GP's and would be well advertised
- the Blyth pilot whole system approach was progressing at a moderate pace, multi disciplinary team meetings being held weekly
- a Member reported that communication about changes to the access system in his local surgery had been insufficient, and suggested that messages distributed to the wider patient lists would be helpful. It was also suggested that global news releases were less costly than individual communications.

It was **RESOLVED** that:

- (a) the presented information be noted
- (b) in order to keep Members informed of progress, the Board review one workstream from the planned New Models of Care at each meeting.

34 Northumberland Accountable Care Organisation

Julie Ross of the Northumberland CCG and Birju Bartoli of Northumbria Healthcare gave a presentation on the roadmap for the new Northumberland Accountable Care Organisation (ACO), planned for inception in April 2017, under the following headings:

- Primary and Acute Care Systems (PACS) Programme
- The PACS work leads us to the Accountable Care Organisation (ACO)
- Three Building Blocks of the ACO:
 - Strategic commissioning
 - Health and wellbeing outcomes
 - The ACO (tactical commissioning)
- Our big milestones.

The following points were noted during discussion:

- the proposed Committee timetable for decision-making on the ACO was that the Care & Wellbeing Overview and Scrutiny Committee would receive a pre-scrutiny report on 31 January 2017, and Cabinet on 7 February 2017
- the ACO would arrange for services to be provided but would not commission them
- competitive tendering had been invited from peer organisations to act as strategic commissioner but none had tendered for the contract, hence CCG would continue as the final decision-making body on NHS funding
- constituent members of the ACO as body corporate would be jointly responsible for stewardship of the budget, delivering outcomes in accordance with the relevant standards
- the process of change from current funding arrangements to a capitated contract was expected to be completed by April 2017, however the current process would continue in the event this milestone was not reached. The advantage of the capitated funding would be that the ACO would control it
- Northumberland had already delivered positive outcomes, including the lowest ever smoking prevalence, an asset based approach to service provision, and the general trend of public health indicators positive (excepting obesity)
- the ACO should adopt a positive stance, for example tackling alcohol issues directly and in a partnership approach through the Board
- determinants of health should not be the only focus of the Board, which should encourage a whole systems approach to individuals' health information and practice. There was evidence of a cultural shift in society, for example attitudes to smoking
- development of the ACO was an ongoing dialogue which should focus on partnership working.

It was **RESOLVED** that:

- (a) the presented information be noted
- (b) future presentations be circulated in hard copy in advance of the Meeting.

35 HEALTH AND WELL-BEING BOARD WORK PROGRAMME

The Board considered the Work Programme (copy attached to signed Minutes as Appendix B), and

RESOLVED that the following be added to the Work Programme:

- Comparison of CYPS Benchmarking Data with peers, both regional and national
- Ongoing updates on development of STP
- Ongoing updates on development of ACO

36 Consultations

There were no consultations for comment from the Board.

CHAIRMAN

DATE